

Hanley International Academy Release/Emergency Contact Information (2021/2022)



Student's Information

Student's Name: _____ Grade Level: _____ Date of Birth: _____ Male / Female (circle one)

Student Address: _____
(Street address) (City) (Zip)

Sibling(s)'s Name _____ Grade Level _____

Name: _____ Grade Level _____

Name: _____ Grade Level _____

Name: _____ Grade Level _____

Name: _____ Grade Level _____

Parent / Guardian's Information

Father's Name: _____ Mother's Name: _____

Father's Home Phone Number: _____ Mother's Home Phone Number: _____

Father's Cell Phone Number: _____ Mother's Cell Phone Number: _____

Father's Email: _____ Mother's Email: _____

Release/Emergency Contact Information *(Any not listed MUST show ID before student is released)*

	Name	Relationship to CHILD	Telephone Number
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

Medical Information *(if more space is needed, please attach a separate sheet)*

Family Doctor/Pediatrician: _____ Doctor's Phone Number: _____

Insurance Carrier: _____ Policy Number: _____ Employer Providing Insurance: _____

List any existing medical condition/allergies(s) that we should be made aware of: _____ Prescription Medications: _____

STUDENT TRANSPORTATION PERMISSION

I understand that Hanley International Academy does not recommend for any students to walk home alone and should be accompanied by an older student that a parent/guardian designates in the spaces provided above. If in the event your student is left at the school after hours, the Hamtramck police will be notified for further assistance.

YES, my child has permission to walk home daily. NO, my child can NOT walk home.
 YES, my child has permission to take the school/public bus. NO, my child can NOT utilize a bus.
PLEASE NOTE: School Bus Registration must be on File and Approved Prior to student access.

Important: I understand that by signing this form I am authorizing the person's listed above as my child's Emergency Contacts to make decisions on behalf of my child in the event of an emergency, if the school is unable to reach me.
 Also, in the event the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions for medical purposes only. If it's impossible to contact this physician, the school may make whatever arrangements are necessary, up to and including ambulance services; the family will be responsible for any finances related.

Parent/Guardian Signature: _____ Date: _____



2400 Denton St. Hamtramck, MI 48212 • Telephone: 313-875-8888 • Fax: 313-875-8889

Special Permission for Technology, Use of Student's Image and/or School Work

This form provides permission for my child to use the internet for educational curricula purposes and for the image and/or school work of your child on the official school web site and/or for other school business (videos, press release, etc.). Parent/Guardians are to understand that any such photographs, audio recordings, academic work, and/or video recordings become the property of the local school or district and may be used by the school, district, or others with their consent, for educational, instructional, or promotional purposes determined by the district in broadcast and electronic media formats now existing or in the future created.

Student images are used to promote a wide range of student activities. The use of student images is strictly controlled to assure the safety and confidentiality of our pupil population.

Students whose work is selected to appear on any web page of our authorized website will be identified by first name only. Students whose image is selected to appear on any page of our web site will not be identified. No demographic information will appear. School and/or classroom affiliation may be a part of the web page design.

NOTE: We ask that all parents/guardians return this form making your wishes clear to the school whether or not we have your permission to use your son/daughter's image or school work on the school's website or for other school business.

(Please check one of the options below.)

____ Yes, I give my consent. ____ No, I do not give my consent. Date: _____

As the parent/guardian of:

Student First and Last Name: _____ Student's Grade: _____

- I hereby **grant permission** for my child to use the internet in the classroom as a part of the education curriculum. I also allow Hanley International Academy to display the image and/or school work of my child on the school's official web site and/or for official school business. I understand that this permission will remain in effect every school year that my child is enrolled at Hanley International Academy. **I can withdraw my permission at any time in writing.**
- I hereby **deny permission** for my child to utilize the internet for classroom education curriculum and for Hanley International Academy to display the image and/or class work of my child on the school's official web site and/or for official school business at any time, and this applies to the 2021/2022 school year. I understand that if I should change my mind at a later date that I need to submit a new permission slip granting permission.

Parent Name (PRINTED): _____ Signature: _____

Hanley International Academy reserves the right to restrict or terminate anyone's Network, Internet, WWW access at anytime for any reason. Further, Hanley International Academy has the right to monitor Network activity in any form that is deemed necessary to maintain the integrity of the Network.



STATE BOARD OF EDUCATION APPROVED

HOME LANGUAGE SURVEY 2021-2022

Hanley International Academy School District is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children should be provided bilingual instruction according to Sections 380.1152 – 380.1157 of the School code of 1995, Michigan’s Bilingual Education Law.

Please help by providing the following information. Thank you very much for your cooperation.

Name of Student _____ Grade _____ Age _____

1. Is your child’s native tongue a language other than English?
 Yes No What is that language: _____
2. Is the primary language¹ used in your child’s home or environment a language other than English?
 Yes No What is that language: _____
3. Did your child receive EL¹ services at previous school?
 Yes No Name of school/WIDA score: _____

Signature of Parent or Guardian Address Date

¹“Primary language” means the dominant language used by a person for communication.¹ “EL” means English Learner receiving help to learn the English language at school.

Hanley International Academy **STATEMENT OF NON DISCRIMINATION & EQUAL EMPLOYMENT OPPORTUNITY** Hanley International Academy does not discriminate on the basis of race, color, religion, national origin, sex, disability, age, height, weight, marital status, genetic information or any other legally protected characteristic, in its programs and activities, including employment opportunities.

HOUSEHOLD INFORMATION REPORT SY 2020 - 2021

District: _____ School: _____

Part A. Student Information - Complete for each student Pre-K through 12th Grade

Student's Last Name	Student's First Name	Grade Level	School	Identify H If Homeless M If Migrant R If Runaway F if Foster

Part B. Benefits Received (if applicable)

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: _____ Case Number: _____

Part C. Household Size
Part D. Household Income - Select the appropriate range of combined annual income for all people in the household (Include all income sources before taxes.)

Part C	Part D		
<input type="checkbox"/> 1 →	<input type="checkbox"/> At or below - \$16,588	<input type="checkbox"/> Above \$16,588 & at or below \$23,606	<input type="checkbox"/> Above \$23,606
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below - \$22,412	<input type="checkbox"/> Above \$22,412 & at or below \$31,894	<input type="checkbox"/> Above \$31,894
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below - \$28,236	<input type="checkbox"/> Above \$28,236 & at or below \$40,182	<input type="checkbox"/> Above \$40,182
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below - \$34,060	<input type="checkbox"/> Above \$34,060 & at or below \$48,470	<input type="checkbox"/> Above \$48,470
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below - \$39,884	<input type="checkbox"/> Above \$39,884 & at or below \$56,758	<input type="checkbox"/> Above \$56,758
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below - \$45,708	<input type="checkbox"/> Above \$45,708 & at or below \$65,046	<input type="checkbox"/> Above \$65,046
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below - \$51,532	<input type="checkbox"/> Above \$51,532 & at or below \$73,334	<input type="checkbox"/> Above \$73,334
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below - \$57,356	<input type="checkbox"/> Above \$57,356 & at or below \$81,622	<input type="checkbox"/> Above \$81,622

*** Special Instructions for households with more than 8 people: DO NOT check the boxes above. Instead, fill in items below:**
 Household size (# people): _____ Total annual income: _____

Part E: Certification - The head of household or adult designee who completed this form must complete this certification section

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

 (Signature) (Printed Name) (Date)

 (Address) (City) (Zip)

 (Email Address) (Home Phone) (Work Phone)

Do NOT fill out this section. This is for school use only.
 Status: F _____ R _____ N _____ Determining Official's Signature: _____ Date: _____



Consent for Disclosure of Personally Identifiable Information and Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information and immunization information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize Hanley International Academy to release my child's immunization record and personally identifiable information to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____ Date of Birth: __/__/__

Signature of Parent/Guardian
or Eligible Student: _____ Date: __/__/__

Printed Parent/Guardian Name: _____