



Pansophia
ACADEMY
UNIVERSAL KNOWLEDGE

Enrollment Packet

Thank you for choosing to enroll your child at Pansophia Academy!

Please bring this completed packet along with a copy of your child's most recent immunization/shot records, your child's birth certificate and proof of your current address.

For School hours or to schedule a tour call the main office at 517-279-4686

Student Information:

Legal Name: _____

First

Middle

Last

DOB: _____ / _____ / _____ Gender ☐ Male ☐ Female Grade: _____

Home Address: _____

City

State

Zip

Parent/Guardian Information:

The first parent or guardian listed will be the main contact for the school. They will receive automated attendance calls, discipline calls, and report cards. Please provide a cell phone and work number so that you may be reached throughout the school day if necessary.

Name: _____ Relationship to Student: _____

Home Address: _____

Leave blank if the same as student address above

City

State

Zip

Contact Numbers: Cell: _____ Home: _____

Work: _____ Ext _____

Email: _____

Emergency Contacts

List any adults authorized to pick-up your child from Pansophia including additional parents or guardians below. Photo ID will be required for all person(s) picking up a student who is not a parent or guardian.

Name: _____ Relationship to Student: _____

Phone: _____ Secondary Phone: _____

Name: _____ Relationship to Student: _____

Phone: _____ Secondary Phone: _____

Name: _____ Relationship to Student: _____

Phone: _____ Secondary Phone: _____



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Health Profile

Does your child have:

Yes No

- ☐ ☐ History of anaphylaxis; if yes does your child have an EpiPen? ☐ Yes ☐ No
- ☐ ☐ History of asthma; if yes does your child have an inhaler? ☐ Yes ☐ No
- ☐ ☐ Allergies to milk/dairy; describe: _____
- ☐ ☐ Allergies to medications; describe: _____
- ☐ ☐ Medications they need to take during the school day; if yes, please list the medications below and request a medication form, to be filled out by a doctor, from the office staff.
- _____
- _____
- _____
- _____

Special Needs

Does your child have a current Individualized Education Plan (IEP)? ☐ Yes ☐ No

If yes, please select ☐ Cognitive Impairment (CI) ☐ Emotional Impairment (EI) ☐ Otherwise Health Impaired (OHI)

☐ Traumatic Brain Injury (TBI) ☐ Speech Language Development (SLD) ☐ Other _____

Are you able to provide a copy of the most recent IEP if necessary? ☐ Yes ☐ No

Does your child have a current 504 Plan? ☐ Yes ☐ No

If yes to either having an IEP or 504 please check all the services currently in their plan:

- ☐ Speech/Language ☐ Social Work ☐ Occupational Therapy
- ☐ Physical Therapy ☐ Other _____



Home Language Survey

Pansophia Academy 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 who speak more than one language. It will also be used to see which students require additional English language services according to Sections 380.1151 – 380.1158 of the School Code of 1976, Michigan's Bilingual Education Law.

Legal Name: _____

DOB: _____ / _____ / _____ Gender ☐ Male ☐ Female Grade: _____

Relationship of person completing survey: ☐ Mother ☐ Father ☐ Guardian ☐ Other _____

Parent/Guardian Name _____

- | | English | Other(s), please specify |
|--|---------------------------|-----------------------------|
| 1. What language did your child learn first? | <input type="radio"/> | <input type="radio"/> _____ |
| 2. What language does the family speak at home <u>most</u> of the time? | <input type="radio"/> | <input type="radio"/> _____ |
| 3. Is your child bilingual? (speaks English and another language fluently) | <input type="radio"/> Yes | <input type="radio"/> No |

The following questions should only be completed if either question 1 or 2 above are answered with "Other". Otherwise skip to the bottom, sign and date the form.

- | | | |
|---|---------------------------|--------------------------|
| 4. Was the child born in another country? | <input type="radio"/> Yes | <input type="radio"/> No |
| 5. When did they first attend a U.S School? _____ | | |
| 6. Did the child attend school in another country? | <input type="radio"/> Yes | <input type="radio"/> No |
| If yes, how many years and in what country? _____ | | |
| 7. Have there been any gaps in the child's education? | <input type="radio"/> Yes | <input type="radio"/> No |
| If yes, how many years? _____ | | |
| 8. Are there other children enrolling in the district? | <input type="radio"/> Yes | <input type="radio"/> No |
| 9. What language do you prefer to receive communication in? _____ | Written | Verbal |

Printed Name of Parent/Guardian _____ Signature _____ Date _____

OFFICE USE ONLY
TO BE COMPLETED FOR ALL NEW STUDENTS

ESL File Opened ☐ Yes ☐ No ESL Test Date: _____ Today's Date: _____

ESL Evaluator: _____ ESL Level: _____ Notification Sent: _____



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Race: Mark all that apply

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White/Caucasian

This questionnaire is intended to address the McKinney-Vento Act:

Presently where is the student living? Check all that apply.

- ☐ With parent/guardian
- ☐ With family members or friends (other than parent/guardian)
- ☐ More than one family
- ☐ Waiting foster care
- ☐ In a shelter
- ☐ Motel, car or campsite

Field Trip Permission

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant the School Leader or his or her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed above and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present. This authorization is valid for the current school year or until such time as I withdraw the authorization. Permission is granted for the student listed above to participate in out-of-school activities that support the educational program. I understand that parents will be notified in advance of all trips. I hereby release Pansophia Academy, and all adult leaders and drivers from any liability and from any and all claims against them, individually and collectively, for any injuries which might occur to the above-named child at any time and place during participation in out-of-school activities.

Parent/Guardians initials_____

Student/Parent Handbook Acknowledgement

I understand that it is my responsibility to read and understand the Student/Parent Handbook, it is available on Pansophia Academy website for my review. The handbook contains all the rules and regulations, including but not limited to, the Anti-Bullying Policy, the Internet Use Policy and the Student Attendance Policy and Procedures.

Parent/Guardians initials_____

I affirm that all the information provided is complete and accurate to the best of my knowledge.

Parent/Guardian Signature:_____ **Date:**_____



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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 Pansophia 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: _____

Printed Parent/Guardian Name: _____ Date: _____

HOUSEHOLD INFORMATION REPORT – LETTER TO HOUSEHOLDS



Dear Parent or Guardian:

We are pleased to inform you that *Pansophia Academy* will be participating in the Community Eligibility Provision (CEP) as part of the National School Lunch and School Breakfast Programs for the School Year 2023-2024.

The GREAT NEWS is that ALL students enrolled at our school can receive a healthy breakfast and lunch at NO CHARGE to your household each day.

In place of the Free and Reduced-Price Meal Application we still need your household to **fill out and sign the Household Information Report**. This report is critical in determining the amount of money that our school receives from a variety of State and Federal supplemental programs like Title I A, At-risk (31a), Title II A, E-Rate, etc.

These supplemental programs have the potential to offer supports and services for our students including, but not limited to:

- Instructional supports (staff, supplies & materials, etc.)
- Non-instructional services (counseling, social work, health services, etc.)
- Professional Learning for staff
- Parent and Community engagement supplies and activities
- Technology

We are asking that you please complete and submit it as soon as possible to ensure that additional funding for our school is available to meet the needs of our students. All information on the report submitted is confidential. Without your assistance in completing and returning the attached report, our school cannot maximize the use of available State and Federal funds.

If we can be of any further assistance, please contact us at 517-279-4686.

Sincerely,

A handwritten signature in black ink, reading 'Sheree Silva'. The signature is written in a cursive, flowing style. The first name 'Sheree' is written with a large, looped 'S' and the last name 'Silva' follows in a similar cursive script.

Sheree Silva
Food Service Director
517-279-4686 Ext. 305
ssilva@pansophia.us

INSTRUCTIONS FOR COMPLETING THE EDUCATION BENEFITS FORM

This form is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

If any member of your household receives benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

Part A: Student Information – For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received – If any household member, including adults, receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), provide the name and case number. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Part C: Household Size - Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Annual Household Income – Skip this part

Part E: Certification - Sign the form. Print your name and date.

If your household does not receive benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received – Skip this part

Part C: Household Size – Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Annual Household Income – Moving across the same row as the household size check box, check the box that shows the range of annual income for all people in your household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

Part E: Certification - Sign the form. Print your name, date, and contact information.

EDUCATION BENEFITS FORM SY 2023 - 2024

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: ANNUAL HOUSEHOLD INCOME - Select the appropriate range of combined annual income for all people in the household (Include all income before taxes)		
<input type="checkbox"/> 1 →	<input type="checkbox"/> At or below \$18,954	<input type="checkbox"/> Between \$18,955 and \$26,973	<input type="checkbox"/> At or above \$26,974
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below \$25,636	<input type="checkbox"/> Between \$25,637 and \$36,482	<input type="checkbox"/> At or above \$36,483
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below \$32,318	<input type="checkbox"/> Between \$32,319 and \$45,991	<input type="checkbox"/> At or above \$45,992
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below \$39,000	<input type="checkbox"/> Between \$39,001 and \$55,500	<input type="checkbox"/> At or above \$55,501
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below \$45,682	<input type="checkbox"/> Between \$45,683 and \$65,009	<input type="checkbox"/> At or above \$65,010
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below \$52,364	<input type="checkbox"/> Between \$52,365 and \$74,518	<input type="checkbox"/> At or above \$74,519
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below \$59,046	<input type="checkbox"/> Between \$59,047 and \$84,027	<input type="checkbox"/> At or above \$84,028
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below \$65,728	<input type="checkbox"/> Between \$65,729 and \$93,536	<input type="checkbox"/> At or above \$93,537

*** 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 Immediate Placement

Date _____

Student Name _____ Date of Birth _____ Grade _____

District Attending _____ Building Attending _____

Transfer In from Out-of-State? ☐ Yes ☐ No Transfer From/Previous School: _____

I request & give consent for my child to receive special education services indicated below. Upon verification of Special Education eligibility the current IEP (Individualized Education Program) will be fully implemented OR within 30 school days I will be invited to an IEP Team meeting which will develop an individualized education program.

Procedural Parental Safeguards are available at <http://branchisd.org/employee-resources> or you may call 279-5804 to request a copy.

Parent/Guardian Signature

Relationship to Student

Date

When completed, please fax to: 517-278-5282 or email to coans@branch-isd.org

FOR ISD OFFICE USE ONLY

Date Received by ISD Special Education Office: _____ Date Consent Form Emailed to Case Manager: _____

Student's Eligibility: ☐ ASD ☐ CI ☐ DB ☐ ECDD ☐ EI ☐ HI ☐ OHI
☐ PI ☐ SLD ☐ SLI ☐ SXI ☐ TBI ☐ VI

Date of Last Re-Evaluation: _____ Date of Last Valid IEP: _____

Information Verified by: ☐ Phone ☐ CA-60 ☐ Other

Signature of person verifying information: _____ Date: _____

Case Manager: _____

Program/Service

Time/Frequency

Provider

_____	_____	_____
_____	_____	_____
_____	_____	_____



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Request for School Records

Date: _____

Former School: _____

Street Address: _____

City and Zip Code: _____

Phone Number: _____ Fax Number: _____

This is a written request for all cumulative records and CA-60's including: report cards, health records, attendance records, all testing results; including special education, psychological reports, and students Michigan UIC codes.

Student Name: _____

Date of Birth: ____/____/____

Last Grade Completed: _____

Parent Signature: _____

Thank you for your cooperation in this matter.

Faxed (1st Attempt): _____

Faxed (2nd Attempt): _____

Faxed (3rd Attempt): _____



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Busing Information

Student's Name: _____ Grade: _____

Sibling: _____ Grade: _____

Sibling: _____ Grade: _____

Sibling: _____ Grade: _____

Parent/Guardian Name: _____ Phone: _____

Student's pick up address: _____

☐ Home ☐ Daycare/Babysitter ☐ Grandparents ☐ Other _____

Nearest Cross Street: _____

Student's drop off address: _____

☐ Home ☐ Daycare/Babysitter ☐ Grandparents ☐ Other _____

Nearest Cross Street: _____

If student(s) are to be picked up or dropped off at a place other than home, please specify location name along with adult(s) name and phone numbers to be contacted if needed:

Please list any medical conditions, allergies, or other concerns for bus driver to be aware of:

Please X on days where busing transportation is needed.

	Monday	Tuesday	Wednesday	Thursday	Friday Early release 1:30 pm
Picked up					
Dropped off					

If student(s) need to be picked up or dropped off at different locations on different days please ask for additional sheets.