OPEN ENROLLMENT

Universal Academy - DETROIT, MI

PRE-K-12 - TUITION FREE

All Students are welcome - No Geographical Restrictions

Free Chromebook for every enrolled student

مدرسة أمريكية معترف بها من قبل الولاية من صف الحضانة إلى المرحلة الثانوية.

www.universalpsa.org

4833 Ogden Street,
Detroit, MI 48210

Phone (313) 581 - 5006

Lottery Date
April 22, 2022 at the Academy
At 1:00 PM

HAMADEH EDUCATIONAL SERVICES , INC
Pre-K-12th EDUCATIONAL SERVICES PROVIDER
* Email: info@hesedu.com
* Website: www.hesedu.com

Open Enrollment Dates:
March 1 – 31, 2022
9:00 AM – 3:30 PM
Friday, March 11, 2022
9:00 AM – 6:00 PM
Saturday, March 12, 2022
9:30 AM – 12:00 PM

APPLY ONLINE NOW !
www.universalpsa.org/admissions/

We continue to accept applications throughout the year based on openings

ENROLLMENT APPLICATION

Universal Academy (UA)

Email to: enrollua@universalpsa.org

Grades: Pre-K-12th
4833 Ogden St.,
Detroit, MI 48210
Ph.: 313.581.5006, Fax: 313.581.5514

Last Name	First Name	Middle Name	Age	D.O.B	Grade

Dear Parents,

Thank you for your interest in enrolling your child at our Academy! Enclosed are the forms and items that are needed in order for your child to be considered for enrollment at the Academy.

_____ Enrollment Application – (Must be completed and signed)
_____ Birth Certificate
_____ Immunizations Record
_____ Physical
_____ Copy of Last Report Card
_____ Transfer of Records (Upon Enrollment)
_____ Home Language Survey
_____ Free Reduced Lunch Form (Post-Enrollment)

Please Bring the requested forms to the main office of the academy. You may also e-mail the application forms to the e-mail address listed. The above forms are needed by _____ so that we may process your child's enrollment application accurately and accordingly. It is critical that we hear back from you with a response by the noted date so that we may finalize the enrollment of your child. If we do not hear back from you with the specified date, we will consider you as no longer interested in enrolling your child(ren) at the Academy.

Please note that students are admitted based on spaces available. The Academy will not discriminate in its student admissions policy or practices on the basis of intellectual or athletic ability, measures of achievement of aptitude, status as a handicapped person, or any other basis that would be illegal if used by a school district.

Thank you for your attention and cooperation!

Sincerely,

Academy Administration

Student Enrollment Application Form
Universal Academy (UA)

Email: enrollua@universalpsa.org

Grades: Pre-K-12th
4833 Ogden St.,
Detroit, MI 48210
Ph.: 313.581.5006, Fax: 313.581.5514

Application for: ☐ New Enrollment ☐ Board Enrollment ☐ Sibling Enrollment ☐ Re-Enrollment ☐ Staff Enrollment **to Grade:** _____

STUDENT INFORMATION: (Confidential information required for Federal/State Reports - Please print clearly/select appropriate responses)

_____ _____ _____ _____ _____
(Last Name) (First Name) (Middle Name) (Age) (Date of Birth)

Temporary Housing: ☐ Yes ☐ No Born in US: ☐ Yes ☐ No _____
(Date of Entry to US Schools)

_____ _____, MI_____ Student lives with: ☐ Both Parents ☐ Father ☐ Mother ☐ Other: _____
(Home Address/Street/Apt#) (City) (Zip Code)

_____ _____ _____ _____
(Home Phone) (Alternate Phone 1/Mother's cell or work) (Alternate Phone 2/Father's cell or work)

District of Residence (school district where you live): _____ Student UIC#: _____ ☐ Male ☐ Female

Last School Attended:_____Date Last Attended:_____Last Grade Attended: _____
(Name of School) (City, State)

What other information you would like the Academy to have to better assist your child? _____

The Academy, as required by Federal and State Laws, is collecting information regarding the immigrant status of each of its students. This information will be used by the Academy to determine the number of families who may be provided grant funded support for new immigrants.

If my child qualifies, I would be interested in the following programs and/or services for my child (please check all that apply):

☐ **ELL Instructional Services** ☐ **Computer Assisted Instruction/Technology** ☐ **Counseling Services**
☐ **Tutorial Program** ☐ **Summer School** ☐ **After School**
☐ **Test Taking Skills** ☐ **Nursing/Mental Health/Health Services** ☐ **Social Work Services**

Please help us understand more about your family needs and why you have selected our Academy (check all that apply and provide additional information if needed):

☐ Yes ☐ No You support the mission of the school and have common education goals for your child.

☐ Yes ☐ No You want classes with instruction targeted to individual student's needs.

☐ Yes ☐ No Your child has strengths, special interests, and/or talents in _____

☐ Yes ☐ No Your child has had academic difficulty in another school and needs assistance with: _____

☐ Yes ☐ No You want an accommodating environment for your child who ☐ Wears Glasses ☐ Uses a Hearing Aid ☐ Other: _____

☐ Yes ☐ No You want a safe environment for your child who ☐ Has Allergies to: _____ ☐ Takes Medication: _____

☐ Yes ☐ No Your child has a family doctor (name/location/number): _____

☐ Yes ☐ No You want a more rigorous curriculum for you child and are interested in: ☐ Advanced Placement ☐ Dual Enrollment

☐ Yes ☐ No You are seeking greater parental involvement in your child's education and are interested in: ☐ Parent Support Group ☐ Volunteering ☐ School improvement.

I understand that the Academy does not provide transportation and my child will travel by: ☐ Family ☐ Carpool ☐ Other: _____

PARENT/LEGAL GUARDIAN & FAMILY/EMERGENCY CONTACT INFORMATION (Please list parent/legal guardian(s) first and up to 3 emergency contacts):

Name (First Middle Last)	Home Address (Street/APT#, City, Zip)	Relationship to Child	Contact Number	Occupation/Employer
		☐ Mother ☐ Father ☐ Other	Day: Home:	
		☐ Mother ☐ Father ☐ Other	Day: Home:	
		☐ Mother ☐ Father ☐ Other	Day: Home:	
		☐ Mother ☐ Father ☐ Other	Day: Home:	
		☐ Mother ☐ Father ☐ Other	Day: Home:	

I understand that upon acceptance of enrollment we will receive a Parent/Student Handbook. We have an open-door policy and welcome comments/feedback from parent/guardian(s). The handbook includes the school policies and procedures for the following: FERPA, Rights of Homeless Students, Title IX Coordinator, MI Revised Statutes pertaining to educational institutions, and the school policy on releasing directory information.

☐ **I DO NOT WANT** FERPA directory information about my child disclosed. (http://www2.ed.gov/policy/gen/guid/fpco/brochures/elsec.html)

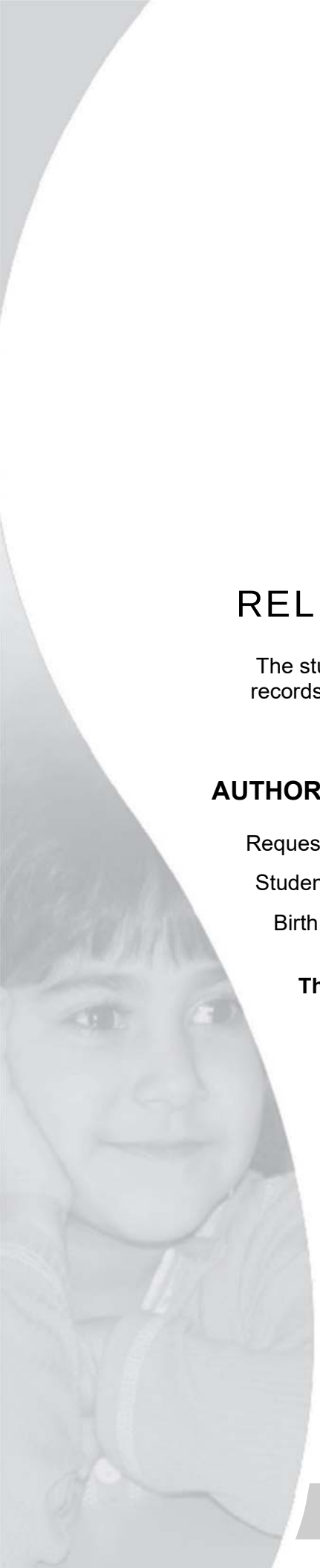
☐ **I DO NOT GIVE** the Academy permission to use my child's first name, photograph, and/or work on a District/School publications including web page.

☐ **I DO GIVE** the Academy permission to use my child's first name, photograph, and/or work on a District/School web page. The material will be used for school-related activities. First names and photographs will not be used together on the same page.

The signature below indicates that all the information provided on this form is accurate.

Parent/Legal Guardian Signature _____ Printed Name _____ Date _____

IMPORTANT: A copy of your child's birth certificate must be provided to the Academy to complete the enrollment application process. Proof of Immunizations must also be provided before new entrants may be admitted to school.



Universal Academy

Email: enrollua@universalpsa.org

Grades: Pre-K-12th
4833 Ogden St.,
Detroit, MI 48210
Ph.: 313.581.5006, Fax: 313.581.5514

RELEASE OF CUMULATIVE RECORD

The student below has been enrolled at the Academy. Please forward all records or other information pertaining to this student so that we may best service his/her interests in a timely manner. Thank You!

AUTHORIZATION:

Requesting From:_____School

Student's Name: _____

Birth Date:_____Last Grade attended: _____

The following records may be sent:

- ☐ TRANSCRIPTS
- ☐ TESTS SCORES
- ☐ HEALTH RECORD
- ☐ CUMMULATIVE REPORT
- ☐ PSYCHOLOGICAL REPORT
- ☐ SOCIAL WORKER REPORT
- ☐ DISCIPLINE RECORD
- ☐ OTHER

Parental permission is no longer required when records are requested by authorized school personnel in compliance with "Federal Education Rights & Privacy Act, Final Rule on Educational, Records, Federal Register, June 17, 1976, Volume 41, No. 118 Page 24675."

Please mail records to **Universal Academy**.

Universal Academy (UA)

Email: enrollua@universalpsa.org

PARENT INVOLVEMENT CHECKLIST

Grades: Pre-K-12th

4833 Ogden St.,
Detroit, MI 48210
Ph.: 313.581.5006, Fax: 313.581.5514

Name of Parents: _____Phone:_____

Address: _____Parent's E-mail Address: _____

Your Personal talents, experiences and interests could add great benefits to your child's school experience. The school depends on the parents' support in many different ways, and we may need someone just like you.

Please take the time to fill out this form in order to help us identify the experiences and talents of the parents in our school community.

What are your major and minor areas of training and/or experiences?_____

_____

Are you employed or in the work force? If so, what are your position and name of employer?

_____

What organization(s) do you belong to?

_____

Days / Hours Available:

_____

Please check each of the following activities in which you have experience or interest. (You do not have to be an expert)

- ☐ Accounting
- ☐ Administration
- ☐ Arts & Crafts/ Music
- ☐ Baking
- ☐ Career Day
- ☐ Carpentry
- ☐ Computer
- ☐ Field Trip
- ☐ Gardening
- ☐ Graphics
- ☐ Library/Book Fair
- ☐ Lunch Helper
- ☐ Medical/ First Aid
- ☐ Photography
- ☐ PTC
- ☐ Safety/ Traffic
- ☐ School Events
- ☐ School Store
- ☐ Secretarial
- ☐ Sewing Sports
- ☐ Teaching
- ☐ Yearbook

Thank you in advance for your valuable support to our Academy!

Signature:_____Date: _____

Universal Academy

enrollua@universalpsa.org

STATE BOARD OF EDUCATION APPROVED

HOME LANGUAGE SURVEY *

Grades: Pre-K-12th

4833 Ogden St. ♦ Detroit ♦ MI 48210
Phone: 313.581.5006 ♦ Fax: 313.581.5514

The Public School 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 should be provided bilingual instruction according to Sections 380.1152 - 380.1157 of the School Code of 1995, Michigan's Bilingual Education Law.

Please complete the following information with much appreciation 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 language[1] used in your child's home or environment a language other than English?

☐ Yes ☐ No What is that language? _____

3. Was your child born in the United States? ☐ Yes ☐ No What is the entry date to the US Schools? _____

_____ _____ _____
Signature of Parent or Guardian Address Date

[1]"Primary language" means the dominant language used by a person for communication.

* Translation of this survey form in Spanish, Arabic, French is available per request at the Main Office of the Academy.

إستبيان اللغة الأم المقرر من قبل المجلس التربوي في ولاية ميتشيغان

الأكاديمية/الموقع:

أكاديمية يونيفرسال
صف Pre-K-12
❑ 4833 Ogden Street, Detroit, MI 48210
هاتف: 313-581-5006 أو فاكس: 313-581-5514
enrollua@universalpsa.org

يقوم مجلس المدارس العامة بجمع معلومات تتعلّق باللغة الأم لكل من طلابها. وهذه المعلومات ستُستخدم من قبل المقاطعة لتحديد عدد الطلاب الذين يجب توفير برنامج تعليم ثنائي اللغة لهم وفقاً للمواد 380.1152- 380.1157 من قانون المدارس لعام 1995، وهو قانون ولاية ميتشيغان للتعليم الثنائي اللغة.

شكرا جزيلاً على تعاونكم.

إسم الطالب: ---------- الصف: ---------- العمر: ----------

المدرسة: ----------

1- هل اللغة الأم لولدكم هي غير اللغة الإنكليزية؟
□ نعم □ لا ما هي هذه اللغة؟ ----------

2- هل اللغة الأساسية المستخدمة في منزل ولدكم أو بيئته هي غير اللغة الإنكليزية؟
□ نعم □ لا ما هي هذه اللغة؟ ----------

3- هل وُلد ولدكم في الولايات المتحدة الأميركية؟
□ نعم □ لا ما هو تاريخ الدخول إلى مدارس الولايات المتحدة الأميركية؟ ----------

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توقيع ولي أمر الطالب **العنوان** **التاريخ**

*اللغة الأصلية أو اللغة الرئيسية المستخدمة للمحادثة.
من أجل الحصول على نسخة مترجمة من هذه الإستمارة باللغة الإسبانية، العربية، الفرنسية والإيطالية يرجى الإتصال بالمكتب الرئيسي للأكاديمية.

Universal Academy (UA)

Email: enrollua@universalpsa.org

STUDENT INFORMATION

(Confidential Information needed for Federal/State Reports)

Grades: Pre-K-12th

4833 Ogden St.,
Detroit, MI 48210
Ph.: 313.581.5006, Fax: 313.581.5514

Last Name	First Name	Middle Name	Age	D.O.B	Grade

The answers given below will help determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney- Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school record, immunization records, or birth certificate.

1. Is the Student living in permanent housing? (Please check *ONE* box.)

   ❑ YES ❑ NO

2. What type of temporary housing is the student living in? N/A

   ❑ Doubled-Up (temporary due to loss of housing or economic hip

   ❑ Homeless/Youth/Victim Shelter

   ❑ Motel/Hotel

   ❑ Transitional Housing

   ❑ Temporary Foster Care/Awaiting Placement

   ❑ Unsheltered (car, park, bus, campsite, rest area, parking lot, etc.)

Parent/Legal Guardian Signature: _____ Date: _____

Presenting a false record or falsifying records is an offense punishable by Federal and State Law.
By signing above, you attest that all information provided on this form is true and accurate at the time this form is dated.

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. (**BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION**.)

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	WORK TELEPHONE NUMBER ( )

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?
☐	☐	☐	1 Allergies or Reactions (for example, food, medication or other)
☐	☐	☐	2 Hay Fever, Asthma, or Wheezing
☐	☐	☐	3 Eczema or Frequent Skin Rashes
☐	☐	☐	4 Convulsions/Seizures
☐	☐	☐	5 Heart Trouble
☐	☐	☐	6 Diabetes
☐	☐	☐	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)
☐	☐	☐	8 Trouble with Passing Urine or Bowel Movements
☐	☐	☐	9 Shortness of Breath
☐	☐	☐	10 Speech Problems
☐	☐	☐	11 Menstrual Problems
☐	☐	☐	12 Dental Problems: Date of Last Exam / /
☐	☐	☐	Other (please describe): _____
☐	☐		Does your child take any medication(s) regularly?
Reason for Medication			

Birth History:

Are there any current or past diagnosis(es) ☐ Yes ☐ No

If yes, please describe:

If yes, list medications:

_____ / / Was the health history reviewed by a health professional?

Parent/Guardian Signature Date ☐ Yes ☐ No ***Examiner's Initials:*** _____

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	VISION Date: / /	Visual Acuity			
			Muscle Imbalance			
			Other:			
☐	☐	HEARING Date: / /	Audiometer			
			Other:			
☐	☐	URINALYSIS Date: / /	Sugar			
			Albumin			
			Microscopic			
☐	☐	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl ⇨			

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	HEIGHT & WEIGHT	Height			
			Weight			
		Other: _____	Other			
☐	☐	HEMOGLOBIN / HEMATOCRIT	⇨			
☐	☐	BLOOD PRESSURE	Reading: _____			
☐	☐	TUBERCULIN Date: / /	Type: _____ Neg.: ☐ Pos.: ☐ _____ mm			

NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.

Examinations and/or Inspections

Essential Findings Deviating from Normal:

Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3
	2	
DTaP/DTP/DT/Td	1	4
	2	5
	3	6
Tdap	1	
Haemophilus Influenzae type b (HIB)	1	3
	2	4
Polio (IPV/OPV)	1	3
	2	4
Pneumococcal Conjugate (PCV7/PCV13)	1	3
	2	4
Rotavirus (RV1/RV5)	1	3
	2	
Measles,Mumps, Rubella (MMR)	1	2
Varicella (Chickenpox)	1	2

History of Chickenpox Disease? ☐ Yes ☐ No If yes, date:

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis A (HepA)	1	2
Influenza (IIV/LAIV)	1	3
	2	4
Meningococcal (MCV4 / MPSV4)	1	2
Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
	2	
	Type of Vaccine(s)	Date of Vaccine(s)
OTHER Vaccines Specify Date & Type	1	
	2	
	3	

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable

*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.

Parent/Guardian refused immunizations: ☐

I certify that the immunization dates are true to the best of my knowledge

_____ _____ ___/___/___

Health Professional's Signature Title Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
☐	☐	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
☐	☐	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): ☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ Other

Other Recommendations

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ 's teeth. As a result of this examination, my recommendation for treatment is: _____

child's name

_____ ___/___/___

Dentist's Signature Date

PHYSICIAN'S SIGNATURE

_____ ___/___/___ _____ _____

Examiner's Signature Date ***Examiner's Name (Print or Type)*** Degree or License

_____ _____ MI _____ (___) _____

Number & Street City ZIP Code Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

****

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

UNIVERSAL ACADEMY

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 _____ *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: _____