

# COMMONWEALTH COMMUNITY DEVELOPMENT ACADEMY

13477 Eureka Rd., Detroit, MI 48212, (313)366.9470 office ~ (313)366.9471 fax

~ Mrs. Angela Moore, Principal/ Superintendent

Website – [www.cwdacademy.com](http://www.cwdacademy.com)

~ HOME OF THE PANTHERS ~



CCDA STUDENT I.D. \_\_\_\_\_

STATE UIC# \_\_\_\_\_

## KINDERGARTEN ENROLLMENT APPLICATION 2024 - 2025

**\*Note** – Beginning with the 2020-2021 school year **and beyond** (unless the law changes), a student must be 5 years old by September 1 of that school year to enroll. However, a parent or legal guardian may notify a district of their intention to enroll their child for that school year as long as the child will be 5 not later than December 1 of that school year [Section 6(4)(l)(iii)]. **At this time there is no sunset for this provision** Waiver required \_\_\_\_ Yes \_\_\_\_ No

Parent Signature : \_\_\_\_\_

**\*To avoid delay in processing your application, all sections must be completed.**

**[STUDENT INFORMATION]** Must be completed by parent or legal guardian (**with proof**).

DATE: \_\_\_\_\_ GRADE (2024-2025 Year): \_\_\_\_\_

MALE: \_\_\_\_ FEMALE: \_\_\_\_ ETHNIC ORIGIN: [ ] AFRICIAN AMERICAN [ ] OTHER \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH (CITY, ST): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_

(Complete Address, City, State & Zip Code)

**[CONTACT INFORMATION]** – HOME NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

**(NOTE-IT IS IMPORTANT THAT YOU KEEP CCDA AWARE OF CURRENT CONTACT INFORMATION)**

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS? IF YES, PLEASE EXPLAIN \_\_\_\_\_

Did your child have an I.E.P.C. assessment completed (Special Education)? [ ] Yes [ ] No, if yes, please supply a copy of the report.

Has your child ever received a Support Team Intervention Plan? [ ] Yes [ ] No

Has your child ever had Chickenpox? [ ] Yes [ ] No

Are there any family members in the United States Military? [ ] Yes [ ] No

If yes, who is the person: \_\_\_\_\_ Relationship \_\_\_\_\_

The following items **MUST** be complete and attached to this enrollment application

1. Birth Certificate (Original)
2. Immunization Record (all shots must be up to date)
3. Health Appraisal (completed by physician). Any child age 6 and under must have a vision screening, hearing test, and blood lead level drawn, before school starts.

**[STUDENT INFORMATION CONTINUED]**

DOES STUDENT HAVE SIBLINGS ATTENDING COMMONWEALTH ACADEMY? IF YES, PLEASE LIST BELOW:

NAME	AGE	RELATIONSHIP	GRADE

**[PARENTAL INFORMATION]**

MOTHER/LEGAL GUARDIAN NAME: \_\_\_\_\_ Child lives with ☐

MOTHER/LEGAL GUARDIAN ADDRESS: \_\_\_\_\_  
(Complete Address, City, State & Zip Code)

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK/ALTERNATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_  
(OPTIONAL)

FATHER/LEGAL GUARDIAN'S NAME: \_\_\_\_\_ Child lives with ☐

FATHER/LEGAL GUARDIAN'S ADDRESS: \_\_\_\_\_  
(Complete Address, City, State & Zip Code)

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK/ALTERNATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_  
(OPTIONAL)

**[EMERGENCY CONTACT & RELEASE INFORMATION]**

Name	Telephone Number	Relationship

I agree that if the school cannot reach me in an emergency, I authorize the school's Principal or designee to contact and or release my child to the emergency contact person (s) I have listed above. \*Note if name not listed phone verification & proper I.D. will be required, otherwise child will not be released.

\*If by Court Order, this child may not be legally released into the custody of: \_\_\_\_\_  
(We will need a copy of the Court Order for our file)

How did you hear about **Commonwealth Community Development Academy**?

[ ] Relative or Friend whose child attends CCDA [ ] Special Event [ ] Walk In [ ] Other

**SUMMER ENRICHMENT**

To ensure a seat at **Commonwealth Academy**, it is strongly recommended that your child attend our **Summer Enrichment** program prior to the school year. This five (5) week program provides an essential foundation in preparing your child for the next school year.

I hereby certify that the information on the application is accurate to the best of my knowledge.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

## Commonwealth Community Development Academy STUDENT RESIDENCY QUESTIONNAIRE

By completing this questionnaire, you help the district comply with the McKinney Vento Act, Title X, and Part C of the **No Child Left Behind Act**. Truthful and accurate answers help the district identify services that the student may be eligible to receive.

STUDENT'S NAME: \_\_\_\_\_

[ ] FEMALE [ ] MALE DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_

PARENT/LEGAL GUARDIAN NAME: \_\_\_\_\_

PERMANENT HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER/CELL NUMBER: \_\_\_\_\_

1. Where is the student living now? (Check one box)

[ ] in a Shelter [ ] in a Motel [ ] with friends or family members [ ] neither

2. Does the living arrangement checked in Question 1 result from a loss of housing or economic hardship

[ ] Yes [ ] No [ ] Unsure

3. The Student lives with:

[ ] 1 Parent [ ] 2 Parents [ ] 1 Parent & another adult [ ] a relative, friend(s) or other adults

[ ] alone with not adult's [ ] an adult who is not the parent or legal guardian

I, \_\_\_\_\_ declare as follows:  
(Name)

I am the parent/legal guardian of \_\_\_\_\_ who is of school age and is seeking enrollment in **Commonwealth Community Development Academy**. Our family has not had a permanent residence since \_\_\_\_\_.

Parent/Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For use if completing enrollment application on-line**

**Mail Completed Form to:**

**Commonwealth Community Development Academy**

**13477 Eureka Rd.**

**Detroit, MI 48212**

**Or fax**

**(313).366.9471**

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**For School Use Only**

☐ Student not covered by McKinney-Vento Act

☐ Student covered by McKinney-Vento-Act

☐ Follow-up Required

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Contact:

Homeless Liaison

(313) 366.9470

# COMMONWEALTH COMMUNITY DEVELOPMENT ACADEMY

Mrs. Angela Moore, Principal, Superintendent

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## STUDENT HEALTH QUESTIONNAIRE

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Male ☐ Female

LAST NAME

FIRST NAME

BIRTHDATE

### HEALTH HISTORY

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Is your child having any of the following problems?	Yes	No
Allergies or reactions to food, medication, bee stings, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Hay Fever, Asthma, wheezing, shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Eczema or frequent skin rashes	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Hearing problems	<input type="checkbox"/>	<input type="checkbox"/>
Vision problems	<input type="checkbox"/>	<input type="checkbox"/>
Other Health Issues/Physical Limitations/Restrictions (Please Explain)	<input type="checkbox"/>	<input type="checkbox"/>

Please explain problems identified above. If your child has health issues (i.e., allergy), what type of reaction will he /she experience, and what type of treatment is necessary?

\_\_\_\_\_

\_\_\_\_\_

Has your child had chicken pox disease? ☐ ☐

If yes, Date of Disease \_\_\_\_\_

If no, Date of Immunization \_\_\_\_\_

Is your child regularly taking any medication? ☐ ☐

If yes, what medication? \_\_\_\_\_

Reason for medication? \_\_\_\_\_

Where is medication administered?

☐ Home

☐ School

☐ Both

If medication is administered at school, an **"AUTHORIZATION TO ADMINISTER MEDICATION"** form **must** be completed by parent and doctor. *Medication will not be dispensed without completed form.*

Does this child have any problems that might influence his or her school adjustment? ☐ Yes ☐ No

If yes, please state: \_\_\_\_\_

\_\_\_\_\_

Has your child been tested for lead paint poisoning?

☐ Yes ☐ No

If you or your spouse cannot be reached in the case of an emergency, would you want the teacher and/or principal to seek medical aid for your child on your behalf?

☐ Yes ☐ No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Student Internet/Computer Acceptable Use Policy**

Internet services are available to all students for the purposes of instruction, curriculum support, and communication. E-mail, network, and Internet access is to be used ONLY for these purposes.

Students are expected to conduct themselves ethically and be mindful of all applicable laws and regulations. They should be familiar with procedures for accessing email and /or the Internet and have participated in training provided by the school. Students should have specific information objectives and/or search strategies formulated before they access the Internet. School policy states that ALL students must have a signed Acceptable Use Policy form on file before they are allowed to use the Internet independently.

The following are unacceptable uses of e-mail/Internet by students who access the network through school accounts using school-owned equipment and may result in the revocation of Internet privileges or, depending on the nature of the offense, suspension or computer use revoked.

Unacceptable use includes but is not limited to:

- Sending or displaying offensive messages or pictures
- Using obscene, harassing, or insulting language
- Violating copyright laws or fair-use practices
- Trespassing in others folders, documents, or files
- Using the network for commercial or political purposes
- Using the network to access inappropriate materials
- Intentionally damaging computers, computer systems, or computer networks
- Using other's passwords
- Indiscriminate personal use – purchases, personal emailing, or “instant messaging”
- Downloading software without permission of school administration or network technician
- Other behaviors in violation of CCDA policy, state statutes, or federal laws

Communication over networks is not considered private. Network supervision and security maintenance may require monitoring of directories, messages, or Internet activity. CCDA reserves the right to access stored records in cases where there is reasonable cause to expect wrong-doing or misuse of the system.

According to the terms of user, any technology device that you receive from Commonwealth Academy will be considered a loan and is school property. Each device must be returned at the end of the term. You are responsible for any damages/ repairs of the device while in your care up to \$300.00. Please sign below so that we know you understand and agree to the terms of use.

**2024 - 2025**

## **Student Internet/Computer Acceptable Use Policy –SIGNATURE MANDATORY**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

I have read the Student Internet Acceptable Use Policy. I agree to follow the rules contained in this policy with an understanding that consequences could entail revocation of Internet privileges, or depending on the nature of the offense suspension. I will receive a copy of this signed Policy and a copy will be kept in my CA-60.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Special Education Services Questionnaire

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Have you ever attended an I.E.P.C. (Individualized Educational Planning Committee) meeting where your child's eligibility for Special Education was discussed? (Check one) [ ☐ ] YES [ ☐ ] NO

If YES, where and when: \_\_\_\_\_

\_\_\_\_\_

2. Is your child currently enrolled in Special Education or has s/he received special education services in the best? (Circle one) YES/NO
3. Did your child receive any other special services, such as social work referrals to other sources, counseling, tutoring, etc.? Circle one) YES/NO

If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If your child has been a part of a Special Education program, do you have a copy of your child's current I.E.P. (Individualized Education Plan)? (Circle one) YES/NO

If NO, please obtain and provide the I.E.P. to the school before a scheduled I.E. P.C.

5. Do you feel your child is a candidate for Special Services? (Circle one) YES/NO

If Yes, please explain: \_\_\_\_\_

6. Have you ever had discussions with any school personnel regarding your child being tested for academic, behavior, or emotional concerns? (Circle one) YES/NO

If Yes, what was their position: \_\_\_\_\_

7. When is the best time to contact you by phone? \_\_\_\_\_

At what phone number can you be reached? \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_



**COMMONWEALTH COMMUNITY DEVELOPMENT ACADEMY**  
**ELEMENTARY/MIDDLE SCHOOL**  
**ENROLLMENT APPLICATION**  
**CHECK LIST**

**\*ALL DOCUMENTS REQUESTED MUST BE COMPLETE WHEN SUBMITTING APPLICATION**  
Please complete the checklist to ensure you turn in a complete application. Remember, incomplete application will not be accepted.

Kindergarten and Middle School	Complete	Incomplete
<b>Application for Admission</b>	_____	_____
- Front & back, Signature		
<b>Request for Release of Student Records</b>	_____	_____
- Print Clearly all required information, Signature Required		
<b>Student Health Questionnaire</b>	_____	_____
- Complete form, Signature Required		
<b>Student Residency Questionnaire</b>	_____	_____
- Complete form, Signature Required		
<b>Student Internet/Computer Acceptable Use Policy</b>	_____	_____
- Both Parent & Student read and sign & date		
<b>Special Education Services Questionnaire</b>	_____	_____
- Complete Signature Required Student & Parent		
<b>Birth Certificate — (Must be original copy will not be accepted)</b>	_____	_____
<b>Shot Record</b>	_____	_____
<b>*Note Shot records are required for all new students, as well as, STUDENTS currently enrolled in 7<sup>th</sup> grade</b>		
<b>Current Report Card</b>	_____	_____
- May include Progress Reports (optional)		
<b>*Health Appraisal</b>	_____	_____
- For Kindergarten ONLY, *Note application will not be accepted without completed health appraisal		

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**For CCDA Office Use**

**Parent Receipt**

Date Received - \_\_\_\_\_

**\* If Bus Transportation required, please complete Transportation Request form and include with your enrollment application**

Student - \_\_\_\_\_

Received by: \_\_\_\_\_

Thank you for entrusting your child and their education to Commonwealth Community Development Academy. \*You will receive an official letter offering your child/children a seat at **Commonwealth Academy**, along with important information regarding our mandatory parent orientation meeting.