



**Hanley International Academy**  
**2024-2025 Enrollment Application**  
Please submit one form for EACH child to be enrolled.



Grade Applying for 2024-2025 (Circle one)   K   1st   2nd   3rd   4th   5th   6th   7th   8th

**Student's Information - PLEASE PRINT CLEARLY**

Student's Name: \_\_\_\_\_  
(As printed on Birth Certificate)   Last Name   First Name   Middle Name

Student's Gender   ☐ Male   ☐ Female   Date of Birth (mm/dd/yyyy) \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

**Student's Ethnicity**

Please identify the student regarding ethnicity and race. Failure to do so will result in the school making this determination.

Which of the following groups describes your child's race? (Select all that apply)

- ☐ American Indian or Alaskan Native   ☐ Native Hawaiian or other Pacific Islander   ☐ Asian   ☐ Caucasian/White   ☐ Black or African American  
☐ Hispanic/Latino   ☐ Other

**Parent/Legal Guardian's Information**

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name   First Name

Home Phone #: \_\_\_\_\_ 2nd Contact #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ Highest Grade Level Completed: \_\_\_\_ Grade Sch \_\_\_\_ High Sch \_\_\_\_ College

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name   First Name

Home Phone #: \_\_\_\_\_ 2nd Contact #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ Highest Grade Level Completed: \_\_\_\_ Grade Sch \_\_\_\_ High Sch \_\_\_\_ College

Student's Address \_\_\_\_\_  
Street Address   City   State   Zip Code

Is the family currently homeless or would be interested in homeless services?   YES   NO

**STUDENT EDUCATIONAL HISTORY**

Student Born in the U.S.   ☐ YES   ☐ NO   If NO, What is the Student's date of entry to the U.S. \_\_\_\_\_

How many years of schooling in the U.S. \_\_\_\_\_

Last Grade Completed?   K   1st   2nd   3rd   4th   5th   6th   7th   8th

Name of the last school attended: \_\_\_\_\_

City/ State of the last school attended? \_\_\_\_\_

Has your child has ever been expelled from a school?   ☐ YES   ☐ NO   If Yes, please list when and give a brief reason: \_\_\_\_\_

Has your child ever been retained?   ☐ YES   ☐ NO   If Yes, what grade(s)?   K   1st   2nd   3rd   4th   5th   6th   7th   8th

This signature represents my permission to request records from any previous educational institution my student attended:

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Student resides with:   ☐ Both Parents   ☐ Father   ☐ Mother   ☐ Guardian   ☐ Other: \_\_\_\_\_

Does this student have a sibling that is currently enrolled at Hanley International Academy?   ☐ Yes   or   ☐ No

If yes, what is the sibling's name? If there is more than one sibling, you only need to list one name: \_\_\_\_\_

How did you hear about us?   ☐ Mailing   ☐ Friend/Relative   ☐ Website/Internet   ☐ Previously attended Hanley   ☐ Other \_\_\_\_\_

Do you need to utilize a school bus?   ☐ YES   ☐ NO

Return Application to:   2400 Denton St. Hamtramck, Michigan 48212   313-875-8888 phone   313-875-8889 fax

Completed by school personnel only:

Date/ Time application was received: \_\_\_\_\_ Immunization MCIR# \_\_\_\_\_ Waitlist Date/Number \_\_\_\_\_

Date received: BC: \_\_\_\_\_ Immunization Record: \_\_\_\_\_ Report Card: \_\_\_\_\_ UIC: \_\_\_\_\_



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*"Educating your child like our own".*

Dear Parent/Guardian:

Thank you for choosing Hanley International Academy for your child's educational Institution. After review of your child's application, we will contact you regarding the next step for enrollment.

Please make sure you have the following documents attached to application:

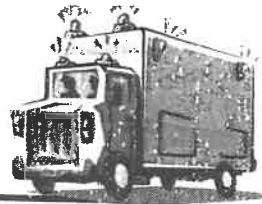
- |   |  |
|---|--|
| <input type="checkbox"/> Copy of Birth Certificate            | <input type="checkbox"/> Media Release Form      |
| <input type="checkbox"/> Immunization Record (Up to date)     | <input type="checkbox"/> Language Survey         |
| <input type="checkbox"/> Vision Screening (Kindergarten only) | <input type="checkbox"/> Household Lunch Survey  |
| <input type="checkbox"/> Copy of Parent's State issued ID     | <input type="checkbox"/> Immunization Disclosure |
| <input type="checkbox"/> Copy of Student's Last Report Card   | <input type="checkbox"/> GVSU (FERPA) Form       |
| <input type="checkbox"/> Emergency Contact Form               |  |

Any questions or concerns may be directed to the main office at 313-875-8868.

With regards,

Hanley International Academy Office Staff

**Hanley International Academy**  
**Release/Emergency Contact Information (2024/2025)**



**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: \_\_\_\_\_



## STATE BOARD OF EDUCATION APPROVED

### HOME LANGUAGE SURVEY

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 language<sup>1</sup> used in your child's home or environment a language other than English?

☐

Yes

☐

No

What is that language: \_\_\_\_\_

3. Did your child receive EL<sup>1</sup> services at previous school?

☐

Yes

☐

No

Name of school/WIDA score: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

<sup>1</sup>"Primary language" means the dominant language used by a person for communication.<sup>1</sup> "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.

# EDUCATION BENEFITS FORM SY 2024 - 2025

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 FDIPIR, 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 \$19,578	<input type="checkbox"/> Between \$19,579 and \$27,861	<input type="checkbox"/> At or above \$27,862
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below \$26,572	<input type="checkbox"/> Between \$26,573 and \$37,814	<input type="checkbox"/> At or above \$37,815
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below \$33,566	<input type="checkbox"/> Between \$33,567 and \$47,767	<input type="checkbox"/> At or above \$47,768
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below \$40,560	<input type="checkbox"/> Between \$40,561 and \$57,720	<input type="checkbox"/> At or above \$57,721
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below \$47,554	<input type="checkbox"/> Between \$47,555 and \$67,673	<input type="checkbox"/> At or above \$67,674
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below \$54,548	<input type="checkbox"/> Between \$54,549 and \$77,626	<input type="checkbox"/> At or above \$77,627
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below \$61,542	<input type="checkbox"/> Between \$61,543 and \$87,579	<input type="checkbox"/> At or above \$87,580
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below \$68,536	<input type="checkbox"/> Between \$68,537 and \$97,532	<input type="checkbox"/> At or above \$97,533

**\* 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: \_\_\_\_\_

## **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.



## ***Hanley International Academy***

### **Consent for Disclosure of 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 students 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 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.

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*I authorize Hanley International Academy to release my child's immunization record 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: \_\_\_\_\_



## **Family Educational Rights and Privacy Act (FERPA) Request to Withhold Directory Information**

FERPA allows the release of certain pieces of "directory information" without the prior written consent of a student's parent/guardian. The parent/guardian (or student if over 18 years of age) has the legal right to "opt out" of the directory so that no information is released to anyone at any time unless written consent is granted.

Directory information includes, but is not limited to, the student's name; address; telephone listing; email address; photograph; date *and place of birth*; *major field of study*; grade level; enrollment status; dates of attendance; participation in officially recognized activities and sports; *weights and height of members of athletic teams*; degrees, honors, and awards received; and the most recent educational agency or institution attended.

From time to time, the GVSU Charter Schools Office (CSO) may publish charter school student directory information in the following ways:

- Photo or video of student in a newsletter, publication, or social media post (a separate media release will be obtained if student is photographed)
- Name, school, and grade in a GVSU CSO newsletter, publication, or social media post (both GVSU CSO original pieces and re-printed stories sent to us by GVSU authorized charter schools)

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### **Instruction to Withhold Directory Information**

☐ Please do not release any of my student's directory information.

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Student's School Name

\_\_\_\_\_  
Parent/Guardian's Printed Name

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

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

If you choose to opt-out, please return this completed form to: GVSU CSO, Attn: Alyson Murphy, 201 Front Avenue SW, Suite 310, Grand Rapids, MI 49504 OR via email at [murphaly@gvsu.edu](mailto:murphaly@gvsu.edu)