



"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 313-875-8888.

With regards,

Office Staff

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

"EQUIPPING STUDENTS TO BE AUTHORS OF THEIR DESTINY"



"تعليم طفلك مثل أطفالنا"

عزيزي ولي الأمر/الوصي:

نشكرك لاختيارك أكاديمية هانلي الدولية لمؤسسة طفلك التعليمية. بعد مراجعة طلب طفلك، سنتواصل معك بشأن الخطوة التالية للتسجيل.

يرجى التأكد من إرفاق المستندات التالية مع الطلب:

- | | |
|--|--|
| <input type="checkbox"/> استمارة بيان صحفي | <input type="checkbox"/> نسخة من شهادة الميلاد |
| <input type="checkbox"/> استبيان اللغة | <input type="checkbox"/> سجل التطعيمات (مُحدّث) |
| <input type="checkbox"/> استبيان حول وجبات الغداء المنزلية | <input type="checkbox"/> فحص النظر (لطلاب الروضة فقط) |
| <input type="checkbox"/> الإفصاح عن التطعيمات | <input type="checkbox"/> نسخة من هوية ولي الأمر الصادرة من الولاية |
| <input type="checkbox"/> استمارة (GVSU FERPA) | <input type="checkbox"/> نسخة من آخر تقرير/شهادة دراسية للطلاب |
| | <input type="checkbox"/> استمارة الاتصال في حالات الطوارئ |

يمكن توجيه أي أسئلة أو استفسارات إلى المكتب الرئيسي على 313-875-8888.

مع تحياتنا،

موظفي المكتب

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

www.hanleyacademy.org

"إعداد الطلاب ليكونوا مؤلفي مصيرهم"



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

**PLEASE NOTE: Hanley International Academy Enrollment is a 3-step process;
Students are NOT ENROLLED until all documentation & steps have been completed.**

STEP 1: Enrollment Application & Required Documentation Submitted

STEP 2: Submit all required documentation by August 2nd

STEP 3: Attend Parent/Student Mandatory Orientation – Dates will be given once process is completed.

The following information and documentation must be provided before enrollment will be considered COMPLETE:

REQUIRED DOCUMENTATION

GRADES PREK - K

- **Proof of Birth:** Copy of birth certificate, hospital record (sworn statement), non-U.S. passport, or Baptismal record (indicating date and place of birth).
- **Proof of Vision Screening:** Health Appraisal Form or Dr. Note
- **Proof of Updated Immunizations:** Immunization record with Dr. Signature or Health Waiver Form (signed).

GRADES 1 - 5

- **Proof of Birth:** Copy of birth certificate, hospital record (sworn statement), non-U.S. passport, or Baptismal record (indicating date and place of birth).
- **Proof of Grade-level completion:** FINAL Report Card
- **Proof of Updated Immunizations:** Updated Immunization record with Dr. Signature or Health Waiver Form (signed).

GRADES 6 - 8

- **Proof of Birth:** Copy of birth certificate, hospital record (sworn statement), non-U.S. passport, or Baptismal record (indicating date and place of birth).
- **Proof of Grade-level completion:** FINAL Report Card
- **Proof of Updated Immunizations:** Updated Immunization record with Dr. Signature or Health Waiver Form (signed).
- **Proof of State Test Scores:** MEAP/MSTEP/ Michigan Department of Education Testing Score Report
- **Proof of Student Discipline:** School Discipline Form (provided by our office – MUST be filled out by current School Administrator).
- **2 Letters of Recommendation:** Letter #1 – School Administrator Letter #2 – Current School Teacher
(Letter must include a contact name, phone number and/or email address).

If you would like this communication translated into Arabic, Russian, or Polish, please contact the main office at 313.875.8888 .

Если Вы хотели бы перевести этот документ, пожалуйста свяжитесь с главным офисом в 313.875.8888 .

إذا كنت تريد منا أن نترجم هذه الرسالة ، يرجى الاتصال بالمكتب الرئيسي في (313)875-8888

Jezeli pani by chciala ta komunikacje przetulmaczona, prosze sie zkontaktowac z glownym offisem o numerze (313).875.8888.



**Hanley International Academy
Student Application for Admission
2026-2027 School Year**



Student Information

Last Name _____ First Name _____ Middle Initial _____
 Gender _____ Age _____ Date of Birth _____ Place of Birth _____
 Address _____ City _____ Zip _____ County _____
 Home Phone _____ Work Phone _____ Cell Phone _____

Grade applicant will enter in 2025-2026 school year: (circle one): K 1 2 3 4 5 6 7 8

Is the family currently homeless or would be interested in homeless services? ____ Yes ____ No

Previous School Information

School Name _____ School District _____

Current Grade _____

Has your child ever been retained? ____ Yes ____ No If yes, what grades? _____

How did you hear about Hanley International Academy? _____

Has your student ever been suspended or expelled from any school? _____ (If yes, please explain)

Is the student currently facing a long term suspension or expulsion from any school? _____ (If yes, please explain)

Sibling Information

Is a sibling of the applicant currently attending this school? ____ Yes ____ No

If yes, please indicate the name and current grade _____

Will a sibling(s) of this applicant be applying to this school? ____ Yes ____ No

If YES, please indicate name(s) _____

Parent Information

Mother/Guardian Last Name _____ First Name _____

Address and Phone (if different from applicant) _____

Father/Guardian Last Name _____ First Name _____

Address and Phone (if different from applicant) _____

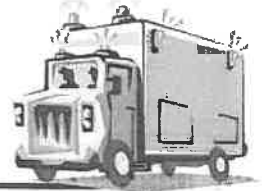
Student resides with: ____ both parents ____ father ____ mother ____ guardian ____ other (please list): _____

To the best of my knowledge, the above information is correct and complete. I understand that official enrollment is contingent upon review of previous school records.

Parent/Guardian Signature

Date

**Hanley International Academy
Release/Emergency Contact Information 2026-2027**



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: _____

EDUCATION BENEFITS FORM SY 2025 - 2026

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 \$20,345	<input type="checkbox"/> Between \$20,346 and \$28,953	<input type="checkbox"/> At or above \$28,954
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below \$27,495	<input type="checkbox"/> Between \$27,496 and \$39,128	<input type="checkbox"/> At or above \$39,129
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below \$34,645	<input type="checkbox"/> Between \$34,646 and \$49,303	<input type="checkbox"/> At or above \$49,304
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below \$41,795	<input type="checkbox"/> Between \$41,796 and \$59,478	<input type="checkbox"/> At or above \$59,479
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below \$48,945	<input type="checkbox"/> Between \$48,946 and \$69,653	<input type="checkbox"/> At or above \$69,654
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below \$56,095	<input type="checkbox"/> Between \$56,096 and \$79,828	<input type="checkbox"/> At or above \$79,829
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below \$63,245	<input type="checkbox"/> Between \$63,246 and \$90,003	<input type="checkbox"/> At or above \$90,004
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below \$70,395	<input type="checkbox"/> Between \$70,396 and \$100,178	<input type="checkbox"/> At or above \$100,179

*** 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.



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

Name of Student _____ Grade _____ Age _____

1. What language is used most at home? _____
2. What language is used most by the student? _____
3. Did your child receive EL services at a previous school?
_____ Yes _____ No Name of school: _____

Signature of Parent or Guardian _____ Address _____ Date _____

“EL” means an English Learner receiving support 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, activities, including employment opportunities.

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.

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: _____



HANLEY INTERNATIONAL ACADEMY

Hanley International Academy, in partnership with home and community, will provide a safe learning environment that promotes the academic, physical, social, and emotional development of our diverse learning community.

STUDENT MEDIA RELEASE

This form provides permission for the image, audio and/or school work of your child on the official school website and/or other school business (yearbook, social media, videos, press releases, etc.). Parents/Guardians are to understand that any such photographs, audio recordings, academic work, and/or video recordings done on school property and/or school sponsored event becomes 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.

By checking yes, I authorize Hanley International Academy to use, publish, and copyright audio and/or visual reproductions of the above-named student's voice and/or image, and/or original student work alone or with other persons, with or without the use of the student's name connected with an authorized project. I hereby release and hold harmless Hanley International Academy from any liability, any and all injuries, claims, damages or costs arising from the use of images or recordings of any type and waive any request for remuneration. If a student fails to return this media release form it will be assumed you have granted permission.

Please check one of the options below. Consent can be revoked at any time.

YES, I give my consent

NO, I do not give my consent

Student's first and last name: _____

Parent's first and last name (printed): _____

Parent Signature: _____

Date: _____

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Hanley International Academy, in partnership with home and community, will provide a safe learning environment that promotes the academic, physical, social, and emotional development of our diverse learning

STUDENT TECHNOLOGY ACCEPTABLE USE AND SAFETY AGREEMENT

To access and use District Information and Technology Resources including a school-assigned email account and/or the Internet at school, students under the age of eighteen (18) must obtain parent/guardian permission and sign and return this form. Use of Hanley International Academy resources is a privilege, not a right. The Academy's resources, including its computer network, Internet connection, and online educational apps/services, are provided for educational purposes only. Unauthorized and inappropriate use will result in loss of this privilege and/or other disciplinary action. Students who sign this Agreement are affirming that they will not use Hanley resources for illegal, unethical, or harassing purposes or to access online content that may be considered obscene, pornographic, or unsuitable for children.

The Academy has implemented technology protection measures that protect against (e.g., block/filter) Internet access to visual displays/depictions/materials that are obscene, constitute child pornography, or are harmful to minors. The Academy also monitors online activity of students in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate, and/or harmful to minors. Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication, and/or services on the Internet that the Academy has not authorized for educational purposes and/or that they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Students using Hanley resources are personally responsible and liable, both civilly and criminally, for unauthorized or inappropriate use of such resources.

The Academy has the right, at any time, to access, monitor, review, and inspect any directories, files, and/or messages received by, residing on, or sent using Hanley resources. Messages relating to or in support of illegal activities will be reported to the appropriate authorities. Individual users have no expectation of privacy related to their use of Hanley resources.

By signing this form, the parent/guardian accepts responsibility for communicating to their student/s the expectations and standards.



Student Residency Questionnaire Form

Date: _____ School Name: _____

Student Name: _____ Gender: Male / Female

Address: _____ Telephone Number: _____

Last School Attended: _____ Current Grade: _____ Date of Birth: _____

Parent / Guardian / Adult Caring for Student: _____ Relationship: _____

Disclaimer: This questionnaire is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C Migrant, Individuals with Disabilities Education Act (IDEA) and/or Title IX, Part A, Federal McKinney-Vento Assistance Act, 42 U.S.C.11435. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this form. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.

1. Did the student receive McKinney Vento (Homeless) Services in a previous school district? YES NO
2. Is the student's address a temporary living arrangement? (Note: If this is a permanent living arrangement or the family owns or rents their home, sign under item 9 and submit form to school personnel.) YES NO
3. Is the temporary living arrangement due to loss of housing or economic hardship? YES NO
4. Does the student have a disability or receive any special education-related services? (Check one) YES NO
5. Where is the student currently living? (Check all that apply.)
 - In an emergency/transitional shelter.
 - Temporarily with another family because we cannot afford or find affordable housing.
 - With an adult that is not a parent or legal guardian, or alone without an adult.
 - In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.
 - Emergency Housing (i.e. FEMA Trailer or FEMA Rental Assistance)
 - In a hotel/motel. Other specific information: _____
6. Does the student exhibit any behaviors that may interfere with his or her academic performance? YES NO
7. Would you like assistance with uniforms, student records, school supplies, transportation, other?
(Describe): _____
8. Migrant – Have you moved at any time during the past three (3) years to seek temporary or seasonal work in agriculture (including Poultry processing, dairy, nursery, and timber) or fishing? YES NO
9. Does the student have siblings)? Note: Use back of page if more space is needed. YES NO

Name _____	School _____	Grade _____	DOB _____
Name _____	School _____	Grade _____	DOB _____
Name _____	School _____	Grade _____	DOB _____
10. The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian/Adult Caring for Student's Name : _____

Signature _____ Date: _____

Phone Number: _____



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)

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 40504 OR via email at murphaly@gvsu.edu