OPEN ENROLLMENT

Star International Academy

PRE-K-12 - TUITION FREE

Dearborn Heights

All Students are welcome - No Geographical Restrictions

Free Chromebook for every enrolled student

State Accredited Academy

Ranked as #2 of 25 top-scoring public high schools in the state

- AP Classes
- Dual Enrollment
- Scholarships Programs

STEM Certified & Highly qualified Staff

- ESL Special Education
- Foreign Languages (Arabic)

All Students are welcome - No Geographical Restrictions

24425 Hass Street, Dearborn Heights

Phone (313) 724 - 8990

info@starpsa.org

Lottery Date:
April 22, 2022 at the Academy
At 8:30 AM

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

We continue to accept applications throughout the year based on openings

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
ENROLLMENT APPLICATION
Star International Academy (SIA)
Email to: enrollsia@starpsa.org

Grades: Pre-K-2nd
24480 George St,
Dearborn Heights, MI 48127
Ph.: 313.724.8060, Fax: 313.724.8082

Grades: 3-12th
24425 Hass St,
Dearborn Heights, MI 48127
Ph.: 313.724.8990, Fax: 313.724.8994

Grades: Pre-k-8th
45081 Geddes Rd.,
Canton, MI 48188
Ph.: 734.331.3081

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, where you wish to enroll your child. You may also e-mail the application forms to the e-mail address listed above for the Academy where you wish to enroll your child. 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 INFORMATION:** (Confidential information required for Federal/State Reports - Please print clearly/select appropriate responses)

<table>
<thead>
<tr>
<th>(Last Name)</th>
<th>(First Name)</th>
<th>(Middle Name)</th>
<th>(Age)</th>
<th>(Date of Birth)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Temporary Housing: ☐ Yes ☐ No          Born in US: ☐ Yes ☐ No    _________________________________________________  ___________________________ (Date of Entry to US schools)

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

(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: ___________

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

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 your 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):

<table>
<thead>
<tr>
<th>Name (First Middle Last)</th>
<th>Home Address (Street/APT#, City, Zip)</th>
<th>Relationship to Child</th>
<th>Contact Number</th>
<th>Occupation/Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mother  Other  Father</td>
<td>Day: Home:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mother  Other  Father</td>
<td>Day: Home:</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Mother  Other  Father</td>
<td>Day: Home:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mother  Other  Father</td>
<td>Day: Home:</td>
<td></td>
</tr>
</tbody>
</table>

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.
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!

AUTHORIZED:

Requesting From: ________________________________ School
Student’s Name: ____________________________________
Birth Date: ______________________ Last Grade attended: _______

The following records may be sent:

☐ TRANSCRIPTS
☐ TESTS SCORES
☐ HEALTH RECORD
☐ CUMULATIVE 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 Star International Academy to the address that is checked above.
PARENT INVOLVEMENT CHECKLIST

Which Academy building would you be interested in helping at:

☐ Grades: Pre-K-2\textsuperscript{nd}  
24480 George St., Dearborn Heights, MI  
Fax: 313.724.8082

☐ Grades: 3-12\textsuperscript{th}  
24425 Hass St, Dearborn Heights, MI  
Fax: 313.724.8994

☐ Grades: Pre-k-8\textsuperscript{th}  
45081 Geddes Rd., Canton, MI  
Ph.: 734.331.3081

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

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

Signature: _______________________________ Date: __________

Grades: Pre-K-2\textsuperscript{nd}  
24480 George St., Dearborn Heights, MI  
Fax: 313.724.8082

Grades: 3-12\textsuperscript{th}  
24425 Hass St, Dearborn Heights, MI  
Fax: 313.724.8994

Grades: Pre-k-8\textsuperscript{th}  
45081 Geddes Rd., Canton, MI  
Ph.: 734.331.3081
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.
يقوم مجلس المدارس العامة بجمع معلومات تتعلق 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.

شكراً جزياً على تعاونكم.

إسم الطالب: ________________________________

الصف: ________________________________

العمر: ________________________________

اللغة الأم للولد: ________________________________

المنزل: ________________________________

1. هل اللغة الأم للولد هي غير اللغة الإنجليزية؟

□ نعم  □ لا

ما هي هذه اللغة؟ ________________________________

2. هل اللغة الأساسية المستخدمة في منزل ولدكم هي غير اللغة الإنجليزية؟

□ نعم  □ لا

ما هي هذه اللغة؟ ________________________________

3. هل ولد ولدكم في الولايات المتحدة الأميركية؟

□ نعم  □ لا

ما هو تاريخ الدخول إلى مدارس الولايات المتحدة الأميركية؟ ________________________________

التاريخ: ________________________________

توقيع ولي أمر الطالب: ________________________________

اللغة الأصلية أو اللغة الرئيسية المستخدمة للمحادثة

* من أجل الحصول على نسخة مترجمة من هذه الاستمارة باللغة الإسبانية، العربية، الفرنسية والإيطالية يرجى الاتصال بالمكتب الرئيسي للأكاديمية.
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: ______________
**PERSONAL**

<table>
<thead>
<tr>
<th>CHILD’S NAME (Last, First, Middle)</th>
<th>DATE OF BIRTH (mm/dd/yy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (Number &amp; Street)</td>
<td>(City) MI ZIP Code</td>
</tr>
<tr>
<td>PARENT/GUARDIAN (Last, First, Middle)</td>
<td>HOME TELEPHONE NUMBER</td>
</tr>
<tr>
<td>ADDRESS (Number &amp; Street)</td>
<td>(City) MI ZIP Code</td>
</tr>
<tr>
<td></td>
<td>WORK TELEPHONE NUMBER</td>
</tr>
</tbody>
</table>

**SECTION I - HEALTH HISTORY**

<table>
<thead>
<tr>
<th>#</th>
<th>Problem</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
<th>Resolved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Allergies or Reactions (food, medication)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Hay Fever, Asthma</td>
<td></td>
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<tr>
<td>3</td>
<td>Eczema or Frequent Skin Rashes</td>
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<tr>
<td>4</td>
<td>Convulsions/Seizures</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>5</td>
<td>Heart Trouble</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td>Diabetes</td>
<td></td>
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<td></td>
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<tr>
<td>7</td>
<td>Frequent Colds, Sore Throats, Earaches</td>
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<tr>
<td>8</td>
<td>Trouble with Passing Urine or Bowel Movements</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>9</td>
<td>Shortness of Breath</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>10</td>
<td>Speech Problems</td>
<td></td>
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<tr>
<td>11</td>
<td>Menstrual Problems</td>
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<tr>
<td>12</td>
<td>Dental Problems: Date of Last Exam</td>
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</tbody>
</table>

Is your child taking any medications regularly? If yes, please describe: 

Was the health history reviewed by a health professional? 

Parent/Guardian Signature: Date: 

**SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS**

Required for Child Care and Head Start / Early Head Start

<table>
<thead>
<tr>
<th>Test</th>
<th>Test results:</th>
<th>Normal</th>
<th>Referred</th>
<th>Under Care</th>
<th>Yes</th>
<th>Was child tested for:</th>
<th>Test results:</th>
<th>Normal</th>
<th>Referred</th>
<th>Under Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISION</td>
<td></td>
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<tr>
<td>HEARING</td>
<td></td>
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<td></td>
<td>Yes</td>
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<td>Date: / / /</td>
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<tr>
<td>URINALYSIS</td>
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<td>Date: / / /</td>
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<td></td>
</tr>
<tr>
<td>BLOOD LEAD LEVEL</td>
<td></td>
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<td></td>
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<tr>
<td>Date: / / /</td>
<td>Level ______ ug/dl</td>
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</tbody>
</table>

**Examinations and/or Inspections**

**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.

**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)

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>DATE ADMINISTERED MM/DD/YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B (HepB)</td>
<td>1 3</td>
</tr>
<tr>
<td>DTaP/DTP/DT/Td</td>
<td>1 4</td>
</tr>
<tr>
<td>Haemophilus Influenza type b (Hib)</td>
<td>1 3</td>
</tr>
<tr>
<td>Polio (IPV/OPV)</td>
<td>1 3</td>
</tr>
<tr>
<td>Pneumococcal Conjugate (PCV7/PCV13)</td>
<td>1 3</td>
</tr>
<tr>
<td>Rotavirus (RV1/RV5)</td>
<td>1 2</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td>1 2</td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td>1 2</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Vaccine(s)</th>
<th>Date of Vaccine(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A (HepA)</td>
<td>1 2</td>
</tr>
<tr>
<td>Influenza (IIV/LAIv)</td>
<td>1 3</td>
</tr>
<tr>
<td>Meningococcal (MCV4 / MPSV4)</td>
<td>1 2</td>
</tr>
<tr>
<td>Human Papillomavirus (HPV5/HPV4/HPV2)</td>
<td>1 3</td>
</tr>
</tbody>
</table>

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

---

### SECTION IV - RECOMMENDATIONS

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

☒ ☐ 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:

---

Dentist’s Signature  / / Date

---

### PHYSICIAN’S SIGNATURE

Examiner’s Signature  / / Date

Examiner’s Name (Print or Type) ___________________________  
Degree or License ___________________________

Number & Street ___________________________  
City ___________________________  
MI ___________________________  
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.

***************


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MDHHS/BCAL 3305 (formerly OCAL 3305/BRS-3305)  
Page 2 of 2  
Rev. July 2015
STAR INTERNATIONAL 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: __________________________

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