OPEN ENROLLMENT
Star International Academy
PRE-K-12 - TUITION FREE
Dearborn Heights & Canton Township

PREK-2 George Building  ♦  3-12 Hass Building  ♦  PREK-8 Geddes Building

All Students are welcome - No Geographical Restrictions

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)

NEW LOCATION COMING UP 2020-2021

24480 George Street, Dearborn Heights
For More Information contact: Phone (313) 724 - 8060

45081 Geddes Road, Canton Township
For More Information contact: Phone (734) 331 - 3081

24425 Hass Street, Dearborn Heights
For More Information contact: Phone (313) 724 - 8990

info@starpsa.org

Public Lottery at the Academy
April 24, 2020 at 8:30 PM

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 2 - 31, 2020
9:00 AM - 3:30 PM
Friday, March 6, 2020
10:00 AM - 6:00 PM
Saturday, March 7, 2020
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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Age</th>
<th>D.O.B</th>
<th>Grade</th>
</tr>
</thead>
</table>

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)

- 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: __________________________
- 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: __________________________
- City, State: __________________________
- Date Last Attended: __________________________
- Last Grade Attended: __________________________

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

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 Township, MI 48188
Ph.: 734.331.3081

Application for: [ ] New Enrollment [ ] Board Enrollment [ ] Sibling Enrollment [ ] Re-Enrollment [ ] Staff Enrollment

To Grade: __________________________

Student Enrollment Application_2019-11-25
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):

<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</td>
<td>Other</td>
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<td>Father</td>
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<td>Mother</td>
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<td>Home:</td>
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</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!

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 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-2nd
24480 George St., Dearborn Heights, MI
Fax: 313.724.8082

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

☐ Grades: Pre-k-8th
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: ________________
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.
The school district collects information on the primary language of each of its students. This information is used by the county to determine the number of students who need dual language programs under provisions of Michigan’s 1995 school law (380.1152-380.1157) and the two language education. Thank you for your cooperation.

Name of student: __________________________________________________________________________

Grade: ___________________________________________________________________________________

Age: ___________________________________________________________________________________

School: __________________________________________________________________________________

1. Is the primary language of your child English?

   ☐ Yes ☐ No

   What is this language? ___________________________________________________________________

2. Is the primary language spoken in your child’s home or environment other than English?

   ☐ Yes ☐ No

   What is this language? ___________________________________________________________________

3. Is your child a United States citizen?

   ☐ Yes ☐ No

   Date of arrival in the United States: ________________________________________________________

Signature and title: _______________________________________________________________________

*The primary language or the language used to conduct classes as determined by the principal of the school.

From the original, a translation in Spanish, Arabic, French, or Italian is available by contacting the main office of the school.
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, campground, 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.

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

Grades: Pre-K-2nd
George St, Dearborn Heights, MI
Fax: 313.724.8082

Grades: 3-12th
Hass St., Dearborn Heights, MI
Fax: 313.724.8994

Grades: Pre-K-8th
Geddes St., Canton, MI
Ph.: 734.331.3081
**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 Information

<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)</td>
</tr>
<tr>
<td></td>
<td>(ZIP Code)</td>
</tr>
<tr>
<td>MI</td>
<td>TODAY’S DATE (mm/dd/yy)</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)</td>
</tr>
<tr>
<td></td>
<td>(ZIP Code)</td>
</tr>
<tr>
<td>MI</td>
<td>WORK TELEPHONE NUMBER</td>
</tr>
</tbody>
</table>

### Section I - Health History

- 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: ____________________________  
  Does child take any medication(s) regularly?  
  Yes ☐ ☐ No ☐ ☐  
  Was the health history reviewed by a health professional?  
  Yes ☐ ☐ No ☐ ☐  
  Examiner’s Initials: ____________________________

### Section II - Physical Examination, Inspection, Tests and Measurements

#### Tests and Measurements

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Normal</th>
<th>Referral</th>
<th>Under Care</th>
<th>Date</th>
<th>Referral</th>
<th>Under Care</th>
<th>Date</th>
<th>Referral</th>
<th>Under Care</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISION</td>
<td>Visual Acuity</td>
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<tr>
<td>HEARING</td>
<td>Audimeter</td>
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<td>URINALYSIS</td>
<td>Sugar</td>
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<td>BLOOD LEAD LEVEL</td>
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</tbody>
</table>

**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:** / /  

**MDHHS/BCAL-3305 (formerly OCAL 3305/BRS-3305)**  
Page 1 of 2  
Rev. July 2015
### 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</th>
<th>DATE ADMINISTERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B (HepB)</td>
<td></td>
</tr>
<tr>
<td>DTaP/DTP/DT/Td</td>
<td></td>
</tr>
<tr>
<td>Haemophilus Influenzae type b (HiB)</td>
<td></td>
</tr>
<tr>
<td>Polio (IPV/OPV)</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Conjugate (PCV7/PCV13)</td>
<td></td>
</tr>
<tr>
<td>Rotavirus (RV1/RV5)</td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>DATE ADMINISTERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A (HepA)</td>
<td></td>
</tr>
<tr>
<td>Influenza (IIV/LAIV)</td>
<td></td>
</tr>
<tr>
<td>Meningococcal (MCV4 / MPSV4)</td>
<td></td>
</tr>
<tr>
<td>Human Papillomavirus (HPV9/HPV4/HPV2)</td>
<td></td>
</tr>
</tbody>
</table>

**History of Chickenpox Disease?**

- **Yes**
- **No**

If yes, date:

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

**Health Professional’s Signature**

/ / 

### SECTION IV - RECOMMENDATIONS

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

- 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 **child's name**’s teeth. As a result of this examination, my recommendation for treatment is: ________________________________

**Dentist’s Signature**

/ / 

**PHYSICIAN’S SIGNATURE**

<table>
<thead>
<tr>
<th>Examiner’s Signature</th>
<th>Date</th>
<th>Examiner’s Name (Print or Type)</th>
<th>Degree or License</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**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.