



Hamadeh Educational Services, Inc.

PreK - 12th Educational Services Provider

Website: www.hesedu.com

Promoting Academic Excellence, Leadership & Cultural Diversity

ENROLLMENT APPLICATION

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



Star International Academy

Fax: 313.724.8994

Email: enrollsia@starpisa.org



Universal Learning Academy

Fax: 313.724.8082

Email: enrollula@ulapsa.org



Noor International Academy

Fax: 313.565.0705

Email: enrollnia@niapsa.org



Universal Academy

Fax: 313.581.5514

Email: enrollua@universalpsa.org

Dear Parents,

Thank you for your interest in enrolling your child at one of our academies. Enclosed are the forms and items that are needed in order for your child to be considered for the enrollment at the noted Academy.

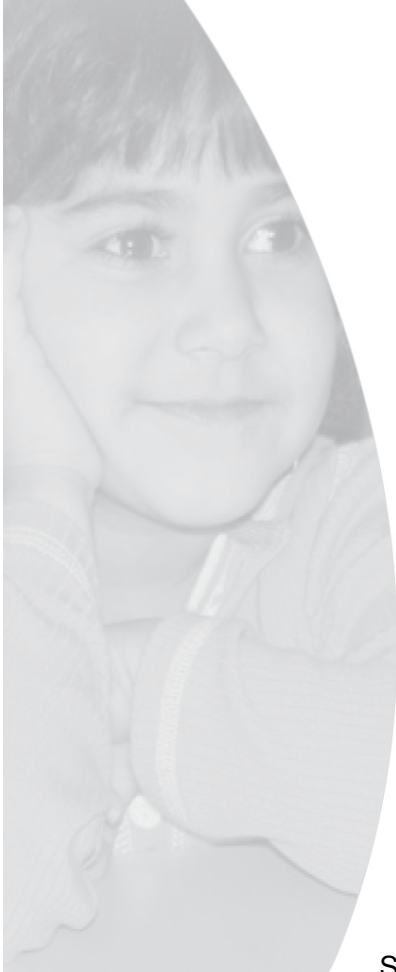
- _____ Enrollment Application - *(Must be completed and signed)*
- _____ Birth Certificate
- _____ Social Security Card
- _____ Immunizations Record
- _____ Physical
- _____ Copy of Last Report Card
- _____ Transfer of Records
- _____ Home Language Survey
- _____ Free Reduced Lunch Form
- _____ Check Stub or 1040 *(to verify Title I and/or Free & Reduced Lunch)*

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.

Please note that students are admitted based on spaces available. The academies will not discriminate in their student admissions policy or practices on the basis of intellectual or athletic ability, measures of achievement or 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,

School Administration





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- Star International Academy - PreK - 12th Grade**
Fax: 313.724.8994 ▪ Email: enrollsia@starpssa.org
- Universal Learning Academy - PreK - 7th Grade**
Fax: 313.724.8082 ▪ Email: enrollula@ulapsa.org
- Universal Academy - PreK - 12th Grade**
Fax: 313.581.5514 ▪ Email: enrollua@universalpsa.org
- Noor International Academy - K - 5 (Coming soon-Sterling Heights, MI)**
Fax: 313.565.0705 ▪ Email: enrollnia@niapsa.org

Application for:	<input type="checkbox"/> New Enrollment	to Grade:	<input type="checkbox"/> PreK	<input type="checkbox"/> K	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th	<input type="checkbox"/> 5th
<input type="checkbox"/> Sibling Enrollment	<input type="checkbox"/> Re-Enrollment	<input type="checkbox"/> 6th	<input type="checkbox"/> 7th	<input type="checkbox"/> 8th	<input type="checkbox"/> 9th	<input type="checkbox"/> 10th	<input type="checkbox"/> 11th	<input type="checkbox"/> 12th	

STUDENT INFORMATION: (Confidential information needed for Federal/State Reports - Please print clearly/select appropriate responses)

(Last Name)	(First Name)	(Middle Name)	(Age)	(Date of Birth)	(City of Birth, State/Country)	(Date of Entry to USA)
Social Security Number: _____			Refugee: <input type="checkbox"/> Yes <input type="checkbox"/> No			
_____,MI		_____,MI		Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____		
_____ (Home Address/Street/Apt#)		_____ (City)		_____ (Zip Code)		
_____ (Home Phone)			_____ (Alternate Phone 1/ Mother's cell or work)		_____ (Alternate Phone 2/ father's cell or work)	

District of Residence (voting District where you live): _____ Student UIC#: _____ Male Female

Last School Attended: _____ (Name of School) _____ (City, State) Date Last Attended: _____ Last Grade Attended: _____

This student has been enrolled in any public school for (check one box in each column):

	USA	MI	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Less than 12 months
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One full school year (2 count periods – September/February)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Two school years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Three school years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four school years or more

Is your child's native tongue a language other than English? Yes No What is that language? _____

Is the Primary language used in your child's home or environment a language other than English? Yes No What is that language? _____

If my child qualifies, I would be interested in the following Title I/Section 31a At-Risk programs and/or services for my child (please check all that apply, some are automatic upon qualification and already selected):

- | | | | |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input checked="" type="checkbox"/> Bilingual/ELL Instructional Services | <input checked="" type="checkbox"/> Certified Teacher – English/Language Arts | <input checked="" type="checkbox"/> Computer Assisted Instruction/Technology | <input checked="" type="checkbox"/> Counseling Services |
| <input type="checkbox"/> Tutorial Program: | <input type="checkbox"/> Summer School | <input type="checkbox"/> During School | <input type="checkbox"/> After School |
| <input type="checkbox"/> Kindergarten, Full Day | <input type="checkbox"/> Test Taking Skills | <input type="checkbox"/> Nursing/Mental Health/Health Services | <input type="checkbox"/> Social Work Services |

Please help us understand more about your family needs and why you have selected our Academy (check all that apply and provided additional information if needed):

- Yes No You support the mission of the school and have common educational goals for your child.
- Yes No You want smaller classes with targeted instruction 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 safer 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: International Baccalaureate Advanced Placement Modified HS Curriculum.
- Yes No You are seeking greater parental involvement in your child's education and are interested in: Parent Support Group Volunteering School Improvement.
- Yes No You want to participate in training/mentoring provide by the school in Student Assessments Bilingual/ELL Technology Health/Wellness Discipline.
- Yes No You are interested in Latchkey services: Before School After School.

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):

Name (First Middle Last)	Home Address (Street/APT#, City, Zip)	Relationship to Child	Contact Number	Occupation/Employer
		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:	Day: Home:	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:	Day: Home:	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:	Day: Home:	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:	Day: Home:	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:	Day: Home:	

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(as). 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. (This also includes denial of access of information to any branch of the US Military.)
- I DO NOT GIVE** the Academy permission to use my child's first name, photograph, and/or work on a District/School 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 I understand and agree to abide by all policies and procedures explained in the handbook.

_____ (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 (or a legal waiver) must also be provided before new entrants may be admitted to school.



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PARENT INVOLVEMENT CHECKLIST

Names of Parents: _____ Phone: _____

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? _____

What do you work and what is your position? _____

What organization(s) do you belong to? _____

Days / Hours Available: _____

Which Academy would you be interested in helping at:

Star International Academy

Fax: 313.724.8994

Email: enrollsia@starpisa.org

Universal Learning Academy

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Email: enrollula@ulapsa.org

Noor International Academy

Fax: 313.565.0705

Email: enrollnia@niapsa.org

Universal Academy

Fax: 313.581.5514

Email: enrollua@universalpsa.org

Please check each of the following activities in which you have experience or interest. (You do not have to be an expert)

- | | | |
|-----------------------------------------------|---------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Gardening | <input type="checkbox"/> School Events |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Graphics | <input type="checkbox"/> School Store |
| <input type="checkbox"/> Arts & Crafts/ Music | <input type="checkbox"/> Library/Book Fair | <input type="checkbox"/> Secretarial |
| <input type="checkbox"/> Baking | <input type="checkbox"/> Lunch Helper | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Career Day | <input type="checkbox"/> Medical/ First Aid | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Photography | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Computer | <input type="checkbox"/> PTO | <input type="checkbox"/> Yearbook |
| <input type="checkbox"/> Field Trip | <input type="checkbox"/> Safety/ Traffic | |

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

Signature: _____ Date: _____



Star International Academy

24425 Hass St.
Dearborn Heights, MI 48127
Tel: 313.724.8990
Fax: 313.724.8994

RELEASE OF CUMULATIVE RECORD

The student below has been enrolled at Star International Academy. Please forward all records or other information pertaining to this student so that we can 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**