



**LEGAL PARENT/GUARDIAN INFORMATION**

1.

Parent /Guardian Information:      Mother       Father       Guardian

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Michigan Zip Code \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

With whom does the child live with?      Mother       Father       Both

2.

Parent /Guardian Information:      Mother       Father       Guardian

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Michigan Zip Code \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

With whom does the child live with?      Mother       Father       Both

**How did you first find out about Caniff Liberty Academy?**

- |  |                                    |                                       |  |
|--|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Friend        | <input type="checkbox"/> Neighbor  | <input type="checkbox"/> Billboard    | <input type="checkbox"/> Postcard/mailings |
| <input type="checkbox"/> Family        | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Internet     | <input type="checkbox"/> Other             |
| <input type="checkbox"/> OIA called me | <input type="checkbox"/> Radio     | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> _____             |

Space is available based on the number of seats not filled by returning CLA students. When the application is received, the date and time will be recorded in the "For Office Use Only" box, and will be the proof that the application was submitted within the New Student Enrollment period. If the number of students applying within the enrollment period exceeds the number of seats available, all new students applying by the deadline will be entered into a lottery, by grade level. Students will be assigned a number and drawn randomly until seats are filled. The remaining student names will be drawn and will be placed on a waiting list in the order in which their names are drawn. As seats become available, these students will be notified of the vacancy and given a reasonable amount of time to decide if they wish to take that vacancy. Should they decline, their name will be removed from the waiting list and should they chose to gain enrollment at OIA at a later date, would be required to begin the enrollment process from the start.

Oakland International Academy is a public school academy. Oakland International Academy does not discriminate on the basis of gender, race, religion, disability or national and ethnic origin in administration of its educational policies, admissions policies, athletic and other school-administered programs.

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

*By signing, I am verifying that the required information I have given is true to the best of my knowledge and that I have read, understood, and agree to the terms listed in this application.*



# Student Emergency Form 2025-2026

*\*Please fill in all information completely. 1 form per student*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: MI Zip \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell # \_\_\_\_\_ Alter# \_\_\_\_\_

Does your child have any health issues/ or allergies? Yes \_\_\_\_\_ *If yes, please list.* No \_\_\_\_\_

What language does your child speak at home? English  Arabic  Spanish  Other

Are there any other siblings attending Caniff Liberty Academy? Yes \_\_\_\_\_ *If yes, please list the names of the siblings.* No \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With whom does the child live? Both Parents  Mother  Father  Other

**Father's Name** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
Cell # \_\_\_\_\_ Work # \_\_\_\_\_  Same As Above

**Mother's Name** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
Cell # \_\_\_\_\_ Work # \_\_\_\_\_  Same As Above

**Guardian's Name** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
Cell # \_\_\_\_\_ Work # \_\_\_\_\_  Same As Above

***In case of an emergency, whom do we call?***

Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

*If none of the parties can be contacted, I instruct the school to contact:*

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

**OR, THE EMERGENCY STAFF AT \_\_\_\_\_ EMERGENCY HEALTH CLINIC/HOSPITAL.**

*If the designated parties are unavailable, I understand that appropriate emergency care deemed advisable by the school authorities will be sought. Any special directions appropriate to my child/children have been listed above. I will not hold Caniff Liberty Academy or any other affiliates responsible in the case of injury or death.*

*I certify that this information is true and accurate, to the best of my ability.*



STATE BOARD OF EDUCATION APPROVED  
HOME LANGUAGE SURVEY \*

The Caniff Liberty 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. Would you please help by providing the following information?

Thank you very much for your cooperation.

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

School Building \_\_\_\_\_

1. Is your child's native tongue a language other than English?

Yes  No What is that language? \_\_\_\_\_

Country of Origin: \_\_\_\_\_ Date enrolled in US School: \_\_\_\_\_

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? \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

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

\* Translation of this survey form in Spanish, Arabic, French, Italian and Ojibwa is available at the Office of Field Services at 517-373-6066.





**SECTION III - PHYSICAL EXAMINATION, INSPECTION, TESTS, AND MEASUREMENTS**  
**EXAMINATIONS AND/OR INSPECTIONS**

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

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		TESTS AND MEASUREMENTS					Normal	Under Care	Referred
Vision Tested? <input type="checkbox"/> Visual Activity <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ <input type="checkbox"/> Ocular Muscle <input type="checkbox"/> Other _____					Ur/analysis Done? <input type="checkbox"/> Sugar <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ <input type="checkbox"/> Albumin <input type="checkbox"/> Microscopic				
Hearing Tested? <input type="checkbox"/> Audiometric <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ <input type="checkbox"/> Other _____					Blood Pressure Measured? <input type="checkbox"/> Yes <input type="checkbox"/> No Reading _____				
Hemoglobin/Hematocrit Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No					Height _____ Weight _____ Other:				
Blood Lead Level Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Reading _____					Blood Lead level recommended for all children age six and under				

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

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Tuberculin Test (if given)      Date \_\_\_\_\_      Type \_\_\_\_\_       Negative       Positive \_\_\_\_\_ mm.

**SECTION IV - RECOMMENDATIONS**

Is there any defect of vision, hearing, or other condition for which the school could help by seating or other action?  Yes  No  
 If yes, please explain:

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Should the student's activity be restricted because of any physical defect or illness?  Yes  No    If yes, check below and explain degree of restriction:  
 Classroom     Playground     Gymnasium     Swimming Pool     Competitive Sports     Camp     Other

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Examiner's Signature \_\_\_\_\_ Date \_\_\_\_\_ Examiner's Name (print or type) \_\_\_\_\_ Degree or License \_\_\_\_\_  
 Number & Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)**

I have examined \_\_\_\_\_ tooth and make the following recommendations as for treatment:  
 Child's Name \_\_\_\_\_

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Dentist's Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMMENTS**

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# Student Residency Form

Name of student \_\_\_\_\_

Teacher Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Date \_\_\_\_\_

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The question below is to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.

Where does the student stay at night?

\_\_\_\_\_ in a shelter

\_\_\_\_\_ in a motel/hotel

\_\_\_\_\_ in a car

\_\_\_\_\_ at a campsite

\_\_\_\_\_ in another location that is not appropriate for people (e.g., an abandoned building)

\_\_\_\_\_ temporarily with more than one family in a house, mobile home, or apartment (because the family does not have a place of its own)

\_\_\_\_\_ other (in an arrangement that is not fixed, regular, and adequate and is not described by the other choices)

\_\_\_\_\_ in a permanent home

Did your parent(s) serve in any United States Military Branch? If so, please list whom and indicate which branch

\_\_\_\_\_

**If you checked in a permanent home, do not complete the bottom.**

**If you checked another option, please complete the rest of the form:**

Name of school: \_\_\_\_\_

Name of student: \_\_\_\_\_ Student's date of birth \_\_\_\_\_

I, (parent name) \_\_\_\_\_ declare as follows:

I am the parent/legal guardian of (name of student) \_\_\_\_\_, who is of school age and is seeking enrollment in (name of school) \_\_\_\_\_.

Since (date) \_\_\_\_\_, our family has not had a permanent residence.

Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so.

Name of person completing the form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail address \_\_\_\_\_

I can be reached for emergencies at : \_\_\_\_\_





**Technology Agreement**

To be filled out and returned to school prior to student use of the Internet, wide area network, computers and related equipment provided and/or maintained by the Caniff Liberty Academy.

Teacher Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Room Number: \_\_\_\_\_

Student Grade: \_\_\_\_\_

I understand and will abide by the Caniff Liberty Academy Acceptable Use Policy for the Internet, wide area network, computers, and related equipment. I further understand that any violation of the policy will require response from the school district as outlined by the Caniff Liberty Academy Discipline Code.

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

As the parent or guardian of this student, I have read the Caniff Liberty Academy Acceptable Use Policy for the Internet, wide area network, computers, and related equipment. I have discussed appropriate use of the Internet and the rights and responsibilities outlined in the district's Acceptable Use Policy with my child. I understand that student access is intended for educational purposes and that the Caniff Liberty Academy has taken precautions to eliminate access to controversial and inappropriate materials. I will not hold the Caniff Liberty Academy responsible for materials acquired via the Internet/Network. I agree to indemnify, and hold the District harmless, for any monetary liabilities or obligations incurred by the student identified above through his/her unauthorized activity while using the District's computer systems. I accept full responsibility for supervision if and when my child accesses a Caniff Liberty Academy home page/website while not in a school setting. I hereby give permission for my child's use of this resource.

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian





Parent Media Release Form

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I, the undersigned, do hereby grant or deny permission to Caniff Liberty Academy to use the image of my child, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Caniff Liberty Academy Website.

- NO, I deny permission to use my child's image at all.
- YES, I grant permission to use my child's image in the following ways (mark all that apply):
  - Limited usage:** I want my child's image used within the Caniff Liberty Academy setting only (not in the larger community).
  - Limited usage:** I want my child's image used for educational materials only (not marketing). This could be either within Caniff Liberty Academy or in the larger community. One example of this could be videos in parent education classes.
  - Limited usage:** I want my child's image used on printed materials only (no digital or video use).
  - Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Caniff Liberty Academy for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ (Please Print)

Parent/guardian signature

Date

If you have any questions, please contact the office: 313-872-2000.



School District Name  
 Address 1  
 Address 2  
 City, State Zip  
 Phone:  
 Email:

# Household Information Survey

**SCHOOL USE ONLY**  
 Approved for:  
 1  2

To determine eligibility for various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return this application to \_\_\_\_\_ (school name).

**These sections must be completed by the head of household or designee.**

**PART A. SIZE OF FAMILY** - Enter the total number of individuals living in your household, including all adults and children →

**PART B. CURRENT BENEFITS** - Complete below 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. STUDENT INFORMATION** – Complete for each student Pre-K through 12th Grade

Last Name	First Name	Birth Date XX-XX-XXXX	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as a **Page 2**.

**PART D. TOTAL MONTHLY HOUSEHOLD INCOME** – Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
<b>Total Monthly Household Income (Add lines 1-6)</b>		\$

**PART E. SIGNATURE** - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal/state funds based on the information I give. I understand that sponsor officials may verify (check) the information.

Sign Here: X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last Four (4) Digits of Adult Social Security Number: XXX-XX-\_\_\_\_  I do not have a Social Security Number

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

By providing your email address you may be contacted via email by the district





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## **Textbook Policy**

- 1. All textbooks and recreational reading books are furnished free of charge to pupils and shall remain the property of Caniff Liberty Academy. When distributed to students shall be retained for normal use only during the period they are engaged in a course of study for which the textbooks are selected.**
- 2. At the completion of each course, such textbooks shall be returned as directed.**
- 3. A receipt shall be required from each pupil, parent or guardian upon issuance of textbooks. This receipt shall be retained until the return of all textbooks.**
- 4. Books are to be used only by the student to whom the books are issued to. Students are not to loan their books to friends or classmates. If they lose the book, the student to whom the book was checked out will still be charged for it.**
- 5. Parents or guardian will be liable for any loss, abuse, or damage in excess of that damage which would result from the normal use of such textbooks.**
- 6. Students will be charged the replacement cost of the book at normal market value.**
- 7. If such parent, guardian, or person having custody of such student to whom the textbook was issued failed to pay such assessed damaged within 30 days after notification such student shall not be entitled to further use of such textbooks until remittance of the amount of loss or damage shall be made. All remittances shall be made payable to Caniff Liberty Academy and shall be used for the direct replacement of said book(s).**
- 8. If a parent or guardian or person having custody does not remit payment for lost or damaged books, a student's records may be withheld until arrangements for payment are made.**
- 9. All parents must sign the agreement BEFORE any books will be assigned to their respective students.**



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## Textbook Policy

### Textbook Policy Acknowledgment and Agreement

I acknowledge I have read and reviewed the textbook policy with my child for Caniff Liberty Academy and we agree to adhere to the rules mandated in the policy.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Name

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\*\*\*\*Please note: This form must be signed and returned to the student's homeroom teacher before students will be issued textbooks for use outside the classroom.

## Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

### UNDERSTANDING CONCUSSION

#### Some Common Symptoms

Headache	Balance Problems	Sensitive to Noise	Poor Concentration	Not "Feeling Right"
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	"Feeling Down"	Sleep Problems
		Grogginess		

#### WHAT IS A CONCUSSION?

A **concussion** is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

#### IF YOU SUSPECT A CONCUSSION:

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY** – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY** – Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

#### SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

#### CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

#### HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to [www.cdc.gov/concussion](http://www.cdc.gov/concussion).

# CONCUSSION AWARENESS

## EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by \_\_\_\_\_

Sponsoring Organization

\_\_\_\_\_  
Participant Name Printed

\_\_\_\_\_  
Parent or Guardian Name Printed

\_\_\_\_\_  
Participant Name Signature

\_\_\_\_\_  
Parent or Guardian Name Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.