

Required Documents to Enroll

_____ **Birth certificate** (need to see original and will need copy for enrollment packet)

_____ **Immunization records** (If all immunizations have been received in Michigan, we can print their record from the state system. If waiving, please make an appointment with and receive waiver from your local Health Department prior to enrollment.)

_____ **Proof of residency** (copy of drivers license front & back and a piece of mail with current address that is not junk mail.)

We will also need a copy of the items below. Please pick up these items from the last school attended and submit with this packet:

_____ **IEP/504** (Copy of most recent copy of IEP or 504 if receiving Spec Ed Services)

_____ **Transcripts** (Copy of most current transcript)

_____ **Disciplinary Records** (Please obtain record from the last school attended)

***Please call Jean Sands, Office Manager, at 517-325-5469 if you have any questions.**



Learner and Parent Contract

The guidelines set forth below are the expectations for Learner participation at LifeTech Academy, a Michigan Cyber School of Excellence. By signing below, you agree to abide by these expectations and to accept the ramifications for continued non-compliance.

Learners agree to:

1. Communicate with their Learning Coach once a week regarding coursework, work schedule, participation plan, and a report of weekly time on task;
2. Be present at a remote location or video chat with learning coach weekly;
3. Maintain a full-time Learner schedule of no fewer than four (4) courses at any time during the Fall & Spring semesters;
4. Complete work at a rate consistent with the Learner's vision with a minimum completion of five (5) credits per year;
5. Care for and be responsible for all equipment loaned to the Learner by LifeTech Academy.

Parents agree to:

1. Assist in the monitoring of Learner progress;
2. Participate in their learner's educational processes and projects;
3. Contact LifeTech Academy with questions or concerns regarding their learner, and request Parent meetings as needed;
4. Provide or arrange transportation to and from site visits and testing locations;
5. Learner participation in online/virtual coursework;
6. Support their Learner in their online/virtual coursework;
7. Care for and be responsible for all equipment loaned to the learner by LifeTech Academy.

Learners & Parents agree to:

1. Pay the cost of repairs up to and including \$300 for any accidental damage; pay the full cost of repair for any damage resulting from misuse, abuse or neglect; pay the full cost of replacement for any lost or stolen equipment;
2. Comply with all state and federal guidelines in regards to Learner education;
3. Comply with all LifeTech Academy and Engaged Education rules and regulations.

Learner Name: _____

Parent/ Guardian Signature

Date

Media Release

Name: _____ (“Subject”)

(please print)

Consent and permission to take photographs, pictures or motion pictures of me is hereby granted to LifeTech Academy and Engaged Education their agents and employees and to any person, firm or organization that they may designate (all, collectively the “Organization”).

I further consent to the use of my likeness, quotes, voice and work in electronic, print or other media including but not limited to film, videotape, computer home pages, social media, advertising or other forms of recording (“Communications Media”) produced by the Organization. This consent also includes the use of my name and other pertinent data about me which I am furnishing or may furnish.

Further, I hereby waive and forego any right, entitlement or claim I might otherwise have to any compensation, fees or benefits by reason of any appearance on or publication in any Communication Media in accordance with the above and to the provisions of the Family Education Rights and Privacy Act (“FERPA”) as they may apply to the actions contemplated in this release. I specifically release the Organization from any liability or other obligation arising out of the use of such information and/or photography as I have herein authorized. This release shall remain in effect until permission is revoked in writing by a learner of legal age or by the parent or guardian or for one year following the date the learner exited the program.

If Subject is under 18, parent or guardian signature is required.

Parent/guardian signature

Date:_____

By signing above as parent-guardian of the Subject, I hereby undertake the same permissions and waivers set forth herein on behalf of my child/ward and agree to defend and indemnify the Organization against any claim or claims brought by my child/ward at any time in the future related to same.

Subject

Signature

Date:_____



LifeTech Academy

3101 Technology Blvd, Suite A
Lansing, MI 48910
(517) 325-5469

I hereby acknowledge this application for enrollment at Life Tech Academy.

Printed Name of Parent/Guardian

Signature of Parent/Guardian:

Date:

Medical Consent

If I cannot be contacted during a medical emergency, I authorize Life Tech Academy or its agent to provide medical treatment through whatever means is necessary to protect the well being of the learner name on this application. I understand the parent/guardian is responsible for all costs of medical treatment and transportation to a medical facility.

Printed Name of Parent/Guardian

Signature of Parent/Guardian:

Date:

LifeTech 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 LifeTech 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: _____

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD INFORMATION REPORT

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

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: Enter the total number of individuals living in your household, including all children in the box provided.

Part B: List the case number for any household member (including adults) receiving FAP, FIP, or FDPIR benefits

Part C: List the First and Last name, Birth Date, School that the child is attending, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part D: Skip this part

Part E: 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: List the total number of individuals living in your household, including all children.

Part B: Skip this part.

Part C: List the First and Last name, Birth Date, School that the child is attending, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part D: Enter all gross income for each type of income that applies. If you have no income for any 1 or more of the categories, Circle NONE if no income. Add lines 1-6 and enter the Total Monthly Household Income.

Part E: Sign the form. Print your name and Date.

Address
 Approved for:
 Address
 Phone
 Email

To determine eligibility for various additional state and federal program benefits that your school may qualify for, please complete, sign and return this report to LifeTech Academy.

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

If you need additional lines, attach a second sheet to this report or attach a copy of this report 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 None
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
Total Monthly Household Income (Add lines 1-6)	\$	

PART E. SIGNATURE - I certify (promise) that all information on this report is true and that all income is reported. I understand that the school will get federal/state funds based on the information I give. I understand that school officials may verify (check) the information.

 (Signature) (Printed Name) (Date)

 (Address) (City) (Zip)

 (Home Phone) (Work Phone) (Email Address)