
DETROIT ACADEMY OF ARTS AND SCIENCES 2016-2017 ENROLLMENT CRITERIA

Only **completed** applications will be considered. An application is not considered complete until all required documentation has been submitted to the Registrar's Office.

The following documents must be submitted with the attached application:

- **Immunization Record (vaccines must be current)**
- **Student Health Questionnaire**
- **Birth Certificate**
- **Report card from the most recent semester completed (grades 1-8)**
- **Current Documentation of a Special Education Plan (IEP, 504, etc.), if appropriate**
- **Completed Affirmation of Discipline**
- **Parent/Legal Guardian Driver's License or Photo Identification**
- **Legal Documents showing proof of guardianship, custody court orders, etc.. if appropriate**

Completed applications must be submitted by a parent/guardian. **Students cannot submit applications.** A separate application must be completed for each student applicant.

When all documents have been completed and submitted to the Registrar's Office, the application will be processed. Admitted students will receive a written notification of their acceptance along with an invitation to interview with district administrators during the summer orientation session. Attendance at an orientation session is required of all new and returning students.

***Guardianship/Custody:** Must provide proof of guardianship if the student is currently residing with someone other than a parent or relative.

***Foster Home:** An individual enrolling a child who has been placed in a foster home must show their Foster Home License, issued by the State of Michigan, as well as a letter from the agency placing the child in the home of the individual who is submitting the application.

For questions regarding the application process, please contact the Registrar's Office at 313.259.1744.

DETROIT ACADEMY OF ARTS AND SCIENCES

Program Description

DAAS is a competitive academic leader in the Detroit metropolitan community and provides a non-traditional program for a diverse population of students. Each of our campus centers – elementary and middle school – focuses upon academic achievement through the use of continuous improvement strategies as well as strategies that support the development of the whole child.

Organizationally, we maintain smaller class sizes with integrated teacher teams to meet the academic, social, emotional and intellectual needs of our student body. Our certified teachers are innovative and creative and follow curriculum standards that exceed state expectations.

Curriculum

DAAS offers a comprehensive curriculum that is inquiry and discovery based with a strong emphasis on the arts and sciences. While studying the core academics, our students are exposed to laboratory exploration and performing and visual arts. Our Kindergarten through eighth grade learning experience *not only* aims to broaden a student's knowledge base, but to cultivate and enhance their creativity. With technology embedded in evidence-based instructional practices, our program of study is designed to prepare students to be global citizens and lifelong learners.

Elective course options are available for all grades in the performing and visual arts – which include orchestra, choir, dance, drama, and art. Students in the sciences are encouraged to extend their knowledge by participating in courses such as robotics and environmental science. Our athletic program includes soccer, girls' and boys' basketball, track and field, and cheerleading. Other electives include the study of world languages, the Chess Club, and Academic Games.

Student Expectations

DAAS students are expected to be respectful, responsible, and committed to excellence. DAAS has a zero tolerance policy for fighting and bullying. In order to be successful, parents and students must commit to the following standards:

- All students must be on-time and attend school on all scheduled days.
 - All students must be in compliance with the appropriate grade-level uniform.
 - All students are expected to uphold the Student Code of Conduct.
 - All parents must be engaged in their child's education.
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DETROIT ACADEMY OF ARTS AND SCIENCES 2016-2017 STUDENT APPLICATION

STUDENT INFORMATION

Name: _____ Grade Entering: _____
(Print first and last name)

Address: _____ City: _____ Zip Code: _____

Date of Birth: _____ / _____ / _____ Age: _____ Place of Birth: _____ / _____
Month Day Year City State

Gender: Female Male Race: African-American Caucasian Other: _____

Previous School Attended (2014-15) _____

Has your child attended DAAS previously? Yes No When? _____

Reason for Leaving _____

PARENT/GUARDIAN INFORMATION

Name: _____ Relation to Child: _____ Phone: _____
(Print first and last name) (Mother/Father/Guardian)

Email: _____

Name: _____ Relation to Child: _____ Phone: _____
(Print first and last name) (Mother/Father/Guardian)

Email: _____

Emergency Contact: _____ Relation to Child: _____ Phone: _____

ADDITIONAL INFORMATION

Are you interested in transportation for your student to/from school? Yes No

Does the student have an IEP/504? (If yes, please provide a copy of the current IEP.) Yes No

Are there other children in household who attend or are enrolling DAAS? (Please list the students below) Yes No

Name _____	Gr _____	Name _____	Gr _____
Name _____	Gr _____	Name _____	Gr _____
Name _____	Gr _____	Name _____	Gr _____

How did you hear about our school?

Family/Friend
 Brochure/Flier
 Radio ad/News
 School Signage
 Personal Research
 Previous School
 Magazine
 Website

I certify by my signature below that the contents of this application are true and accurate to the best of my knowledge. I agree to abide by these rules and regulations should my son/daughter be admitted to the Detroit Academy of Arts and Sciences.

 Parent/Guardian Signature Date

DETROIT ACADEMY OF ARTS AND SCIENCES AFFIRMATION OF STUDENT HISTORY

Directions:

Please complete the box(es) that apply, provide all appropriate information, and then sign this document. Failure to provide truthful information may result in expulsion from the Detroit Academy of Arts & Sciences.

The undersigned affirms that _____ **HAS NEVER BEEN** suspended or expelled from any public or private school in Michigan or any other state.

Parent/Guardian Signature: _____ Date: _____

The undersigned affirms that _____ **HAS BEEN SUSPENDED OR EXPELLED** from a public or private school in Michigan or another state.

The reason for the suspension/expulsion was (CHECK ALL THAT APPLY):

- | | | |
|--|--|--|
| <input type="checkbox"/> Weapons | <input type="checkbox"/> Alcohol or drugs | <input type="checkbox"/> Criminal Misconduct outside of School |
| <input type="checkbox"/> Sexual Assault/Harassment | <input type="checkbox"/> Verbal Assault/Harassment | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> The willful infliction of injury to another person (fighting). | <input type="checkbox"/> Gang Activity | |
| <input type="checkbox"/> Any act of violence against persons and/or property committed on school premises, at any school-sponsored activity, or on a vehicle providing transportation to/from school or a school-sponsored activity. | | |

Other: _____

Explain the circumstances in detail. Include the school name, dates of suspension, and a description of the incident. If necessary, attach an additional sheet of paper.

Parent/Guardian Signature: _____ Date: _____

The undersigned affirms that _____ **HAS BEEN** previously identified as eligible for special education programs or services.

Explain the nature of services in detail. Include the school name, dates of service, and a description of the services provided. If necessary, attach an additional sheet of paper.

Parent/Guardian Signature: _____ Date: _____

The undersigned affirms that _____ **HAS NEVER BEEN** identified as eligible for special education programs or services.

Parent/Guardian Signature: _____ Date: _____

Detroit Academy of Arts and Sciences
2985 E. Jefferson

Detroit, MI, 48207
Phone: 313-259-1744
Email:

Household Information Survey

SCHOOL USE ONLY
Approved for:
1 2

_____ (school name) is participating in the Community Eligibility Option (CEO) provision under the National School Lunch Program. Under CEO, all children in the school will receive a breakfast/lunch at no charge regardless of completion of this form. However, 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).

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: _____

INSTRUCTIONS: Complete survey and return to your child's school or mail to the address listed above.

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

- 1. SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children _____
- 2. STUDENT INFORMATION** - Complete for each student Pre-K through 12th Grade

Last Name	First Name	Birth Date MM-DD-YYYY	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.

3. 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	\$ _____	<input type="checkbox"/>
2. Monthly Welfare Payments, Child Support, Alimony	\$ _____	<input type="checkbox"/>
3. Monthly Payments from Pensions, Retirement, Social Security	\$ _____	<input type="checkbox"/>
4. Monthly Dividends or Interest on Savings	\$ _____	<input type="checkbox"/>
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	\$ _____	<input type="checkbox"/>
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$ _____	<input type="checkbox"/>
Total Monthly Household Income (Add lines 1-6)	\$ _____	

4. 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 be eligible for certain federal and/or state funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

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

Transportation Request 2016- 2017

Student Name(s) _____ Grade ___ Teacher _____
 _____ Grade ___ Teacher _____
 _____ Grade ___ Teacher _____
 _____ Grade ___ Teacher _____

Parent/ Guardian Name _____
 Home Address _____ Zip Code _____
 Home Phone No. _____ Work No. _____ Cell _____
 Emergency Contact _____ Phone _____ Relationship _____

Did your child(ren) ride the bus 2015-2016 school year _____ No _____ Yes on bus # _____

Requested PICK UP days for my child(ren) are:

Monday Tuesday Wednesday Thursday Friday
 Requested Stop: _____ & _____

An older Adult/ Sibling will be at the stop until the bus leaves ___ Yes ___ No Initial _____

Requested DROP OFF days for my child (ren) are:

Monday Tuesday Wednesday Thursday Friday

My Child (ren) will be allowed to walk from the bus stop without an adult ___ Yes ___ No Initial _____

DAAS Transportation service is being offered FREE to those students who qualify for Free and Reduced lunch. Therefore, in order to be approved to receive this free bus service, you must complete and sign the attached Free/Reduced Lunch Survey for verification.

NOTE: Receipt of this form is required to be eligible for Transportation

If you have any Questions regarding this application, please contact Mrs. Robinson @ (313) 259-1744, ext. 1415

Please Read and Sign Back Page

Assigned Bus # _____

Assigned Bus Stop _____

Additional Comments: _____

DAAS TRANSPORTATION AND DISCIPLINE POLICY

Any rule infractions will be brought to the attention of the **Transportation Manager**, who in turn will notify appropriate parents/guardian. Repeated violators of rules or gross misconduct will result in discipline including temporary or permanent suspension from DAAS transportation by the **Transportation Manager**.

STUDENT RESPONSIBILITY

DAAS Transportation is an extension of the school, and all school rules and regulations which pertain to student conduct in the school are applicable to student conduct on the bus. Students are not to Fight, Push, Trip, throw objects out the window, wrestle, or use profanity. Students shall stay in their assigned seats with their feet on the floor. Students shall be respectful and obey instructions from the Driver and Bus Aide at all times. No smoking, eating or drinking is allowed on the school bus. No sexual or solicit actions on the bus. Initial _____

PARENT/GUARDIAN RESPONSIBILITY

It is the parent's responsibility to ensure that their child(ren) ARE at the bus stop on time. Students should arrive to the stop at least 10 minutes prior to the bus expected time of arrival. It is the parents' responsibility to make sure a responsible adult/ sibling is at the stop to receive your child when they are dropped off. If no one is at the stop the child will be brought back to DAAS and placed in our latch key program. If a child is brought back to the school you will responsible for a \$25.00 (per child) fee each time the student is brought back, the student will not be allowed to ride the bus until the fee is paid. If a student is continuously brought back they will be removed from DAAS transportation. The bus will NOT double back! If your child(ren) incurs three or more unexcused absence from the bus, they will be replaced.

Initial: _____

PLEASE NOTE: Students are only allowed to get on and off at their designated stops. There will be NO exceptions to this policy. Initial: _____

VANDALISM

Students and parents are responsible for any damages they cause on the bus. There will not be any marking, graffiti or defacing of the bus. Parents will be charged for any damages to seats and windows.

Initial _____

DISCLAIMER

The Detroit Academy of Arts & Sciences School District (DAAS) is NOT responsible for items lost or stolen aboard buses. DAAS is not responsible for any sudden illness incurred by a student or any injuries due to an accident. The parent/ guardian is solely responsible for medical insurance for their child. In the unlikely event of illness or injury the parent/ guardian on record will be immediately notified.

I, _____ have read and fully understand the policies written above and commit to abide by these rules and regulations for the 2016- 2017 school year.

I also will keep the school informed of any change of address, phone numbers or special circumstances:

Print Name

Date

Signature



DETROIT ACADEMY OF ARTS AND SCIENCES SCHOOL DISTRICT

SCHOOL DRESS CODE POLICY

All Kindergarten through Eighth Grade students are **required** to comply with the district's Dress Code Policy. The goal is to establish a school climate that focuses on academic pursuits. Students are expected to be dressed and groomed in a neat fashion, reflecting pride in themselves and their school—at all times.

General Requirements for Clothing and Accessories for students in grades K through 8:

Girls

White Oxford Shirt (No Polos)
Navy Blue Slacks
DAAS Plaid or Navy Blue Skirt, Skort or Jumper
DAAS Plaid or Navy Blue Criss-Cross Tie
Black Shoes
Black Belt (if worn)

Boys

White Oxford Shirt (No Polos)
Navy Blue Slacks
DAAS Plaid or Navy Blue Tie
Black Shoes
Black Belt

**Optional Navy Blue Cardigan Sweater, Pullover, Blazer, or Vest for Boys or Girls for Winter months*

ADDITIONAL DRESS CODE INFORMATION

- Denim, sweats, or yoga pants may **not** be worn
- Skirts must rest no more than two inches above the knee
- Pants should fit properly for girls and boys.
- Sunglasses, bandanas, hats or any other types of headgear are **not** to be worn during school
- Open toe sandals are **not** allowed
- All boys must wear shirt tucked in at all times
- Students are **not** allowed to wear coats or hoodies in class
- Visible socks or tights must be white, navy blue or black
- Boys may **not** wear earrings
- Shorts or capris are **not** allowed
- Boots above the ankle may **not** be worn in class
- Polo Shirts may **not** be worn
- Visible shirts underneath uniform must be a solid and neutral color
- Watches and bracelets must be modest in quantity, size and color

OUR SCHOOL UNIFORM IS SOLD AT THE STORES LISTED BELOW

P & D Uniforms
15262 E. 7 Mile
Detroit, MI 48202
313-881-3881

For Kids Only
23101 Coolidge Hwy
Oak Park, MI 48237
248-546-6260

Millers Uniforms
9449 Livernois
Detroit, MI 48221
313-862-0003

Tree House Uniforms
9532 Jos Campau
Hamtramck, MI
313-871-2515

School Belles
Westland Crossing Plaza
34770 Warren Rd.
Westland, MI 48185
734-522-0829

Specials Signup Form

Student Name: _____

Grade: _____

Date: _____

Parent Signature:

Specials Lead Teacher Signature:

Administrator Signature:

Choices: Circle 1st choice (Band, Choir, Dance, Art 1, Art 2, Drama/Strings) **Write 2nd choice:**

Specials Add/Drop/Transfer Form

Student Name: _____

Grade: _____

Date: _____

Drop/Transfer from (if applicable): _____

Add/Transfer to: 1^{s t} Choice _____ 2^{n d}

Choice _____ Parent Signature:

Specials Lead Teacher Signature:

Administrator

Signature: _____

Choices (Band, Choir, Dance, Art 1, Art 2, Drama/Strings)