



# DETROIT LEADERSHIP ACADEMY

## K-12 Enrollment Application

Thank you for your interest in taking the Cougar Commitment! The following documents need to be turned in along with this form in order for your application to be considered complete and ready to be submitted:

- ☐ **UPDATED** Immunization Records
- ☐ Birth Certificate
- ☐ Proof of Residency
- ☐ Parent/Guardian Identification
- ☐ Student's Last Report Card (Grades 1-9)
- ☐ Student's TRANSCRIPT (Grades 10-12)
- ☐ Behavior Report (Grades 1-8)

Please note we **CANNOT** accept applications without every document above in hand.

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## After Your Application Is Submitted:

Please allow **24-48** business hours for your application to be processed. During this time, please do NOT officially drop your student from their previous school, as they are not officially approved yet. We accept applications year-round regardless of seats available.

After a review of your application, you will be notified of your student's status from our office staff.

Student Last Name _____	Student First Name _____	Grade _____
Parent Signature _____	Date _____	
School Official Signature _____	Date _____	

Records may be scanned/emailed to:

**PK-8 Campus:**  
officepk8@detroitleadership.org

**High School Campus:**  
office@detroitleadership.org



# DETROIT LEADERSHIP ACADEMY PK-12

## Request for Release of Student Records Form

Records for following student are to be released to:

Detroit Leadership Academy PK-8

13550 Virgil St.

Detroit, MI 48223

Attn: Student Records

Phone (313)242-1500 Fax (313)769-2072

**officepk8@detroitleadership.org**

Detroit Leadership Academy High School

5845 Auburn St.

Detroit, MI 48228

Attn: Student Records

Phone (313)769-2015 Fax (313)769-2071

**office@detroitleadership.org**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Grade \_\_\_\_\_

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

### RECORDS TO BE RELEASED FROM:

School Name \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Please FAX or MAIL the following documents to the attention of **STUDENT RECORDS**

- ☐ FULL CA-60 File
- ☐ Birth Certificate
- ☐ Immunization Records
- ☐ Official transcripts
- ☐ Standardized test scores
- ☐ Attendance records
- ☐ Disciplinary records
- ☐ IEP/SPED records - if applicable
- ☐ Other: \_\_\_\_\_

School Official Signature \_\_\_\_\_ Date \_\_\_\_\_

The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to

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enroll.

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**High School Campus:**  
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# DETROIT LEADERSHIP ACADEMY PK-12

# FAX

Detroit Leadership Academy PK-8  
13550 Virgil St.  
Detroit, MI 48223  
Attn: Student Records  
Phone (313)242-1500 Fax (313)769-2072

Detroit Leadership Academy High School  
5845 Auburn St.  
Detroit, MI 48228  
Attn: Student Records  
Phone (313)769-2015 Fax (313)769-2071

TO \_\_\_\_\_ FROM \_\_\_\_\_

Fax Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Number of Pages \_\_\_\_\_

Subject \_\_\_\_\_

Comments:

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Records may be scanned/emailed to:

**PK-8 Campus:**  
officepk8@detroitleadership.org

**High School Campus:**  
office@detroitleadership.org



# Detroit Leadership Academy K-12

## New Student Application

School Year: \_\_\_\_\_

### PREVIOUS ENROLLMENT

Re-enrolling in a Michigan Public School? ☐ Yes ☐ No

Date last attended a Michigan Public School: \_\_\_\_\_

School District last attended: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
(First) (Middle) (Last)

Gender: ☐ Male ☐ Female Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Has the student been previously suspended or expelled? Yes No

If Yes, please explain \_\_\_\_\_

If Yes, which district? \_\_\_\_\_

Current Physical Address: \_\_\_\_\_  
(STREET ADDRESS) (CITY) (STATE) (ZIP) (COUNTY)

Current Mailing Address: \_\_\_\_\_  
(if different) (STREET ADDRESS) (CITY) (STATE) (ZIP)

Does the student have any siblings currently attending DLA?

If yes, please list name and grade \_\_\_\_\_

### ETHNICITY (Part A) and RACE (Part B)

Race and Ethnicity (Both Part A and Part B) of the question must be answered. If either part is not answered, the US Department of Education requires the district to supply an answer on your behalf.

Part A: Ethnicity  
(choose only one)

Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.) ☐ Yes ☐ No

Part A refers to ethnicity, not race. No matter which box you selected above, please continue to answer Part B (below) by marking one or more boxes to indicate what you consider your student's race to be.

Part B: Race  
(choose one or more)

- ☐ American Indian or Alaska Native (Origins from any of the original peoples of N, S, or Central America)
- ☐ Asian (Origins from any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent)
- ☐ Black or African American (Origins from any of the black racial groups of Africa)
- ☐ Native Hawaiian / Other Pacific Islander (origins from any of the original peoples of any Pacific Island)
- ☐ White (Origins from any of the original peoples of Europe, the Middle East or N Africa)

### PRIMARY LANGUAGE INFORMATION

Is the primary language used in your child's home or environment a language other than English? ☐ Yes ☐ No

If yes, what is that language? \_\_\_\_\_

Is your child's native tongue a language other than English? ☐ Yes ☐ No

If yes, what is that language? \_\_\_\_\_

Is the primary language used in your child's home or environment a language other than English? ☐ Yes ☐ No

If yes, What is that language? \_\_\_\_\_

### PRIMARY HEAD(S) OF HOUSEHOLD (With whom does the child reside?)

- ☐ Adoptive Parents
- ☐ Birth Parent(s)
- ☐ Father/Stepmother
- ☐ Mother/Stepfather
- ☐ Mother Only

- ☐ Father Only
- ☐ Legal Guardian
- ☐ Emancipated Minor
- ☐ Shelter
- ☐ Foster Home (less than 6 months?)
- ☐ Yes ☐ No

- ☐ Relative \_\_\_\_\_
- ☐ Double-Up
- ☐ Hotel/Motel
- ☐ Grandparents
- ☐ Other \_\_\_\_\_

PRIMARY HOUSEHOLD DATA	PRIMARY GUARDIAN 1	PRIMARY GUARDIAN 2
Head of Household Name (Last, First)		
Relationship Type		
Email Address (required)		
Cell Phone Number (required)		
Home Phone Number		
Employer Phone Number		

## SECONDARY HEAD(S) OF HOUSEHOLD

Does the child have a second parent/second residence? Yes No If yes, with whom?

☐ Stepmother/Father  
☐ Stepfather/Mother

☐ Other: \_\_\_\_\_

Joint Custody? ☐ Yes ☐ No

Current Physical Address: \_\_\_\_\_  
(STREET ADDRESS) (CITY) (STATE) (ZIP) (COUNTY)

Current Mailing Address: \_\_\_\_\_  
(if different) (STREET ADDRESS) (CITY) (STATE) (ZIP)

Should this household be included in all mailings? Yes No

Okay to release student to second household parent Yes No

Please attach legal guardian documentation; specific to this child and legal documentation; specific to communication with the Secondary Household parent.

## EMERGENCY CONTACT INFORMATION (other than Parent/Guardian)

Name	Relationship to Student	Phone Number

## HEALTH INFORMATION

Medical information is confidential and will be shared with personnel on a need to know basis.

If a medical emergency exists, the school is authorized to take appropriate action on behalf of the child. The family will assume all medical costs.

Yes No Preferred Hospital \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies Insects/Bee Stings Medication Food Environmental

(Explain) \_\_\_\_\_

Special Health Conditions Diabetes Heart Asthma Seizures Other

(Explain) \_\_\_\_\_

Is the student currently taking any prescription medications? Yes No

Please list:

If YES to any of these questions please complete the "MEDICAL MANAGEMENT PLAN" paperwork and submit back to main office.

## SPECIAL NEEDS INFORMATION

Special Program Received at Prior School: IEP Speech/Language 504 Plan Title 1 Services  
Other

(Explain) \_\_\_\_\_

### MICR Authorization

I authorize Detroit Leadership Academy to release my child's immunization record and personally identifiable information 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.

You may withdraw your consent to share this information in writing at any time.

I certify that all information is true and valid and that I am authorized to enroll this student:

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

## DETROIT LEADERSHIP ACADEMY FIELD TRIP PERMISSION FORM

**STUDENT'S NAME** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

THIS AGREEMENT IS FOR PARENTS/GUARDIANS WHO AUTHORIZE THEIR STUDENT TO TRAVEL DURING THE SCHOOL DAY FOR NONATHLETIC SCHOOL ACTIVITIES SUCH AS DAYTIME FIELD TRIPS AND TRAVEL TO AND FROM DIFFERENT SCHOOL BUILDINGS AND/OR FACILITIES. EACH PARENT MUST REVIEW AND SIGN THIS FORM, WHICH RELEASES DETROIT LEADERSHIP ACADEMY AND ALL OF ITS AGENTS FROM ANY AND ALL LIABILITY RELATING TO THE TRIP, EVENT, TRAVEL, OR ACTIVITY.

Dear Parents:

Throughout the school year, classes take part in educational field trips as part of the curriculum. To avoid sending a permission form for each individual trip, we are asking for blanket permission to be given by you.

I, \_\_\_\_\_, (Parent or Guardian) give permission for my child, \_\_\_\_\_, (Student) to attend all school related field trips during the school year.

You will always be notified in advance of the trip via the Academy. At your discretion you may withdraw your child from participating, simply by calling or writing your child's teacher.

By signing below, I release DETROIT LEADERSHIP ACADEMY and staff members from and against any liability, damages, claims or causes of actions arising from my child participating in this event. All in exception of what is provided by law.

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

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

Phone: \_\_\_\_\_

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

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



## **DETROIT LEADERSHIP ACADEMY PK-12**

### **Student Photo and Publicity Release and Authorization**

Dear Parents/Guardians:

On occasion, the commercial media (television, newspapers, and websites) or other approved video, photographic and/or audio production crews may be present at your school or at a Detroit Leadership Academy -approved activity your child attends. Also, teachers may videotape/record their instruction techniques for professional development in the classroom. If you approve of your child's participation in the video/photographic/audio productions/interviews/activities for publication or production on television news, videos, print media, the school website or school social media sites (Facebook/Twitter/Instagram), please sign below after reading the following.

#### **Release to Photograph, Video and Publish Images of Your Child and His/Her Student Work**

**Student's Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

☐ I hereby release and hold Detroit Leadership Academy and their management company Champion Education Network, harmless from any liability and waive any request for remuneration, i.e., no payment will be expected from the use of my child's image or student work. I hereby authorize Detroit Leadership Academy, our management company Champion Education Network, members of the commercial media and non-commercial production crews, acting through their authorized employees or agents and in their discretion, to use, re-use, publish, re-publish, and copyright audio and/or visual reproductions of my child's voice and/or image, alone or with others, with or without the use of the student's name. I further allow for the supervision and participation of the above named student in any school/station activities structured to promote and/or train students of Detroit Leadership Academy.

☐ No, I do not authorize Detroit Leadership Academy to photograph use my child's photo for any reason or event.

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

This release is in effect from the date your child enrolls in Detroit Leadership Academy Pk-12 until he/she graduates or withdraws from the school.



## DEVICE LOAN AND ACCEPTABLE USE POLICY AGREEMENT DETROIT LEADERSHIP ACADEMY

### Dear Parents/Guardians:

For the K- 8 building, it may be necessary for us to make a switch from in person learning to virtual learning at any moment. To better prepare for this possibility, your student has been assigned a loaner chrome book to facilitate their learning both at school and at home for the current school year. Chrome books will mostly be used at school but may be taken home for virtual learning days. The 9<sup>th</sup> -12<sup>th</sup> grade students will be assigned a Chromebook for use at home and school for the school year. Your signature below indicates that you have received and reviewed the Detroit Leadership Academy policies for and the fee schedule for damaged devices. This form will be saved in your child's official record. This form must be completed in its entirety in order for your student to receive a device. **All Detroit Leadership Academy PK-12 devices must be returned at the end of the year.** For questions, contact the school's Main Office

### Device Damage Fees

Fees	Chrome book	Tablet
Total Replacement Fee:	\$200.00	\$50.00
Cracked Screen repair	\$50.00	\$40.00
Keyboard replacement	\$65.00	N/A
Charger Replacement	\$35.00	\$15.00

### Please choose an option below:

\_\_\_ Allow my student to bring home a loaner device.

\_\_\_ **DO NOT** allow my student to bring home a loaner device. We have an acceptable working device at home suitable for learning.

### Technology Responsibility/Internet Use:

**For Parents or Guardians of Students under age 18:** As the parent/guardian of this student, I have read the District's Internet Use Policy and Technology Procedures and I accept full responsibility on behalf of my child for damages to devices and for any actions that are not in accordance with the District's Internet Use Policy and Technology Procedures.

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

\_\_\_\_\_  
Parent Email Address

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

\_\_\_\_\_  
Phone

### FOR OFFICE USE ONLY

Damaged: \_\_\_ YES \_\_\_ NO If yes, list damage \_\_\_\_\_

Date Returned: \_\_\_\_\_

Device #: \_\_\_\_\_

## Detroit Leadership Academy

### TECHNOLOGY RESPONSIBILITY/INTERNET USE AGREEMENT

Please read the [Technology Responsibility/Internet Use](#) for Detroit Leadership Academy and answer the below question.

I Agree

- ☐

Part A- For Parents or Guardians of Students under age 18- As the parent/guardian of this student, I have read the District's Internet Use Policy and Technology Procedures and I accept full responsibility for supervision if and when my child's use is not in a school setting. I give permission to issue an account for my child.

- ☐

Part B- Students age 18 or older- As an adult over 18, I have read and understand and will abide by the District's Internet Use Policy and Technology Procedures. I understand any violation of the Policy or Procedures is prohibited and may constitute a criminal offense. If I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be initiated.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Signature of Parent/Guardian Eligible Student: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Printed Parent/Guardian Name: \_\_\_\_\_

# Detroit Leadership Academy Bus Rules

At DLA, the Take Care Community Expectations are 1) Take Care of Ourselves, 2) Take Care of Each Other, and 3) Take Care of our Space. We approach these community expectations seriously so that all students, families, and staff can have a safe place to go to school and work every day including when using school provided transportation.

Please note that school bus transportation is a community investment, opportunity and privilege offered to DLA families, to ensure that all students meet the goal of attending school every day. In order to have a safe riding experience for all students, DLA and Student Transportation Services (STS) request that the following rider safety and eligibility expectations are reviewed at home.

## **School Bus Expectations for Riders:**

**The violation of any of the following expectations from STS or academy Code of Conduct will immediately place the student into the bussing consequence continuum.**

**Any violation of the following expectations may result in:**

- First Non-Violent Infraction = Warning and student must move to the front seat
- Second Infraction = 2–5 days bus privileges suspended
- Third Infraction = Bus privileges suspended for the remainder of the Semester
- Fourth Infraction = Bus privileges permanently revoked
- All infractions are consecutive.

## **"Student Transportation Services ZERO TOLERANCE THREAT POLICY"**

*STS management has recently put into practice a **ZERO** tolerance policy on threats. Some staff said they sometimes fear for their safety or security and the safety or security of the passengers, due to threats from passengers, family or parents of passengers. Student Transportation Services is committed to a safe and secure workplace for employees and ride space for students. STS has a **ZERO** tolerance policy that prohibits violence and acts of threatening behavior. STS's policy requires that any act or threat of violence be promptly reported, investigated and, if substantiated, dealt with appropriately. STS presumes that any threat made is a statement of intent to do harm. This policy applies equally to everyone on STS property (Bus terminal and on/off school buses) – employees, teachers, scholars, parents and anyone outside the school bus.*

### **Prohibited behavior includes:**

- *Engaging in threatening or assaultive behavior or urging others to engage in such activity.*
- *Any threat to do harm to a person or property.*
- *Carrying or displaying firearms or explosives.*
- *Carrying or displaying an item with intent to use it as a weapon or to do physical harm.*

**STS local offices will implement some or all of the following consequences immediately after threat and/or threatening behavior occurs.**

- *Students will be removed from bus immediately and permanently*
- *Investigation which could lead to prosecution (Adults including parents, teachers, or any individual involved in the threat(s))*
- *Anyone who experiences a situation where threat of harm or intimidation occurs while involved in STS business should report the incident to STS supervisor or School administrators. Thank you for helping make employee and rider safety a priority and providing a more secure workplace and ride space."*

***\*Threats are exempt from the above continuum and will be subject to the STS ZERO THREAT POLICY\****

## **Detroit Leadership Academy**

- 1) For safety reasons, a student will sit where he/she is assigned to sit either temporarily or permanently at the driver's discretion.
- 2) Students shall only ride their regularly assigned bus; they are not permitted to ride to another bus. Students will get on and off the bus only at the stop to which they are assigned.
- 3) When requested, students must immediately and correctly identify themselves and show an ID if available. For safety reasons, garments that make it difficult to identify students, without ID's, are not permitted.
- 4) Students must arrive at the bus stop ten (10) minutes prior to designated bus pick-up time and wait in a safe and orderly manner out of the roadway and off private property.
- 5) Students must not approach the bus until it has come to a complete stop and signaled by the driver to board the bus.
- 6) Students must enter and leave the bus in an orderly manner, in view of the driver. If they must cross the road, they must do so in front of the bus, never behind it. The driver will indicate when it is safe to cross.

# Detroit Leadership Academy Bus Rules

- 7) Students are to remain properly seated (seat-to-seat: back-to-back) facing the front of the bus at all times. No standing, no moving from seat to seat, no facing backward, no sitting on your knees, no sitting on your back pack or other personal items.
- 8) No student shall extend their head, hands, arms, or any body part out of the windows whether the school bus is in motion or standing still.
- 9) For safety reasons, students will refrain from excessive noise, shouting, boisterous behavior, play fighting, vulgar or obscene language or gestures, racial or sexual harassment or misconduct, gang activity and bullying.
- 10) Students must not have anything in their possession that might cause injury to another; no weapons of any kind, including but not limited to knives, guns, sharps, fighting gear. This also includes animals.
- 11) No smoking, vaping, chewing, or spitting of tobacco or use of any type of flame or sparking devices. No illegal substances such as alcoholic beverages or other paraphernalia.
- 12) Eating or drinking on a school bus is not permissible including gum, candy, or other types of food or confectionaries. Bottled water is permitted.
- 13) For safety reasons, students must maintain clean bus interiors by keeping trash off the floor. Students may not throw garbage out of the windows. Aisles must be kept clear including body parts, personal belongings, books, instruments, projects, etc. must be held on a student's lap. Large items, which cannot be held in the student's lap, will not be transported on the school bus, due to safety reasons.

## **Rider Eligibility Information:**

- 1) Students must be able to get to one of the designated bus stops to be eligible for transportation. Bus stops are determined once transportation forms are submitted during enrollment periods and the areas with the highest concentration of students are determined.
- 2) Bus stops will be in safe areas throughout the community. Students eligible for transportation will be assigned a bus stop and as a reminder permitted to ride the bus from that bus stop only.
- 3) It may be necessary for students to walk or be transported from their homes to the bus stop. Door-to-door pick up of students **cannot** be provided, unless legally required.
- 4) Students should be at their designated stop at least **10 minutes** prior to the stated time. Please note that sometimes delays may occur due to inclement weather or traffic. If the bus is running over 10 minutes late, a robo-call will be made to inform families of the delay.
- 5) Student rider status and/or bus stops are subject to cancellation after five (5) consecutive school days of no ridership. If your child's absent from bus service for more than five (5) days and you would like to keep their status active, please notify the school office. Students must ride at least once every five (5) days in order to remain active.

Please review the Bus Safety Guidelines with your student. Failure of students to comply with the Code of Conduct and the Take Care Community Expectations may result in the revocation of transportation privileges. Thank you for supporting us in this process. In the event that a student feels like they are being harmed on the bus, the student or their parent/guardian shall immediately contact Detroit Leadership Academy's main.

We know your child will have a great educational experience with us. Please know that anytime you have questions about our academy, its school programs, or our support services such as transportation, that we welcome your questions and will do our best to answer them.

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***By signing below parent agrees that he/she has read, reviewed with their student, understands and will adhere to the Bus Safety Guidelines and will reinforce these policies with his/her student.***

**Students Name:** \_\_\_\_\_

**Grade** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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

# Notification of Rights under FERPA for Schools

The Family Educational Rights and Privacy Act (FERPA) affords parents and students who are 18 years of age or older ("eligible students") certain rights with respect to the student's education records. These rights are:

1. The right to inspect and review the student's education records within 45 days after the day the [Name of school ("School")] receives a request for access.

Parents or eligible students who wish to inspect their child's or their education records should submit to the school principal [or appropriate school official] a written request that identifies the records they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

2. The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

Parents or eligible students who wish to ask the [School] to amend their child's or their education record should write the school principal [or appropriate school official], clearly identify the part of the record they want changed, and specify why it should be changed. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

3. The right to provide written consent before the school discloses personally identifiable information (PII) from the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. The criteria for determining who constitutes a school official and what constitutes a legitimate educational interest must be set forth in the school's or school district's annual notification for FERPA rights. A school official typically includes a person employed by the school or school district as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel) or a person serving on the school board. A school official also may include a volunteer, contractor, or consultant who, while not employed by the school, performs an institutional service or function for which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records, such as an attorney, auditor, medical consultant, or therapist;

a parent or student volunteering to serve on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks. A school official typically has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

[Optional] Upon request, the school discloses education records without consent to officials of another school or school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer. [NOTE: FERPA requires a school or school district to make a reasonable attempt to notify the parent or student of the records request unless it states in its annual notification that it intends to forward records on request or the disclosure is initiated by the parent or eligible student.]

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the [School] to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Student Privacy Policy Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202

In order to comply with this legislation, the district requests that parents, emancipated minors and those students 18 years of age and over, who do NOT wish release of this information, mail or personally submit and Opt-Out form to the building principal. Detroit Leadership Academy K-8, 13550 Virgil St. Detroit MI 48223. Detroit Leadership Academy High School, 5845 Auburn St, Detroit, MI 48228

Detroit Leadership Academy  
Notification of Rights under FERPA for Schools  
Agreement

I acknowledge the receipt of the **Notification of Rights under FERPA for Schools.**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Signature of Parent/Guardian Eligible Student: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Printed Parent/Guardian Name: \_\_\_\_\_

## ***Detroit Leadership Academy***

### **Consent for Disclosure of Personally Identifiable Information and 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 student's 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 and immunization 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.

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*I authorize Detroit Leadership Academy to release my child's immunization record and personally identifiable information 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 Eligible Student: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Printed Parent/Guardian Name: \_\_\_\_\_

# Military Recruitment Opt-Out Form

Complete this form to exercise your federal right to privacy for secondary students

If you **do not** want your or your child's personal information released to military recruiters, you must sign this form and return it to the school office by the end of September.

I, \_\_\_\_\_, hereby exercise my federal right, granted to me by the Congress of the United States under section 9528 of the *Elementary and Secondary Education Act of 1965*, as amended by the *No Child Left Behind Act of 2001*, (and any other applicable state, federal or local law or any school policy), and hereby request that the name, address, and telephone listing of \_\_\_\_\_ (name of student), a current student at Detroit Leadership Academy, not be released to military recruiters without prior written parental consent. I do, however, consent to the disclosure of such information to institutions of higher education other than military schools.

Signed by:          Student    ☐    Parent (check one)

\_\_\_\_\_ Signature/Date

\_\_\_\_\_ Print Name

\_\_\_\_\_ Address/city/state/zip

\*The *No Child Left Behind Act*, includes a requirement that high schools provide military recruiters, upon request, the names, addresses and phone numbers of all students unless the student or the student's parent requests that it NOT be released.

This certificate can be signed either by a student OR a parent. A student does not need parental consent to sign this certificate. No information about elementary students will be disclosed to military recruiters.