

Last Name: _____ First Name: _____ Applying Grade: _____

Date of Application _____



Advanced Technology Academy

A Michigan Public Charter School District

4801 Oakman Blvd., Dearborn, MI 48126

Phone: (313) 625-4701

Fax: (313) 582-3499

enrollment@my.atafordpas.org

Falsification or misrepresentation in response to any question on this application or any document submitted with this application may result in the student not being admitted to the Advanced Technology Academy or if the falsification or misrepresentation is discovered after admission, the student may face being removed from the school.

The Advanced Technology Academy prohibits unlawful discrimination on the basis of race, color, religion, sex, national origin, age, height, weight, marital status handicap, or disability in any of its educational programs or activities.

Signature _____

Date _____

Relationship to Student _____

HOW DID YOU BECOME AWARE OF THE ADVANCED TECHNOLOGY ACADEMY?

(Check all that apply)

- Sign/Walk-In
- Family/Friend Referral
- Staff Referral
- Day Care Provider
- Postcard/Flyer
- Television Ad
- Internet/Social Media
- Newspaper/Magazine
- Community Event
- Billboard
- Movie Theater
- Other _____

CODE _____

If your student has an **INCOMPLETE APPLICATION**
(missing any of the required documentation listed on the following page),
your child **WILL NOT** have their **APPLICATION PROCESSED** and
WILL NOT BE ENROLLED.

Please be sure to carefully review these documents.

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY



APPLICATION FOR ENROLLMENT

By SUBMITTING this application with my legal signature, I and my student agree to follow... *(please initial)*

- _____ policies in the Student Investment Agreement - ATA's REACH Values;
- _____ policies in the Parent / Guardian Pledge;
- _____ policies in the Chromebook Checkout & Technology Agreement; and
- _____ all other policies in the Welcome Booklet and the Student Handbook (available at orientation).

I will immediately provide the Advanced Technology Academy, the following information / documentation.

Your child can not be accepted until ALL documentation is received.

DOCUMENTS REQUIRED WITH APPLICATION

– Please do not write on or remove this page. For ATA staff use only. –

- _____ Copy of up-to-date Michigan Immunization Record; - **REQUIRED**
- _____ Copy of up-to-date Michigan Health Appraisal; - **REQUIRED**
- _____ Copy of child's Birth Certificate; - **REQUIRED**
- _____ Copy of parent(s) / legal guardian(s) Driver's License / a State of Michigan ID card - OR -
Copy of Valid Passport. - **REQUIRED**
- _____ Copy of most recent and final Report Card; - **REQUIRED**
- _____ Copy of Kindergarten Waiver, if applicable
- _____ Copy of Home School Documents, if applicable
- _____ Official copy of transcripts; (10th through 12th grade Only)
- _____ Copy of most recent assessment data:
PSAT / SAT, ACT Plan / Explore, MSTEP, and NWEA / SCANTRON - as applicable;
- _____ Copy of ELPA / WIDA Results - as applicable;
- _____ Copy of Power of Attorney, Court Orders, Custody Arrangements / Rulings or other relevant
documents - if applicable;
- _____ Copy of Expulsion / Voluntary Withdrawal Attachments - if applicable;
- _____ **Copy of IEP - MET Results / 504 Documents - if applicable; and**
- _____ **Medication Documentation - if applicable.**

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APPLICATION FOR ENROLLMENT

Has this student ever attended Advanced Technology Academy? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, last year attended: _____	SHIRT SIZE YOUTH <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Medium ADULT <input type="checkbox"/> Small <input type="checkbox"/> XL <input type="checkbox"/> Medium <input type="checkbox"/> 2XL <input type="checkbox"/> Large <input type="checkbox"/> 3XL SPECIAL ORDER <input type="checkbox"/> 4XL <input type="checkbox"/> 5XL
Has this child ever been expelled from another school district? <input type="checkbox"/> No <input type="checkbox"/> Yes Has this child voluntarily withdrawn from a school district? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, Date: _____ (Attach any agreements) Describe Why: _____ _____ _____	

Student's First Name _____ Middle Name _____ Last Name _____ Address _____ Bldg/Apt# _____ City _____ Zip Code _____ Birthdate: _____ Month/Day/Year Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Enroll In Grade: _____ (Actual Grade may be determined by Assessment) Does the student live with foster parent(s) or legal guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, attach Power of Attorney or other documentation, i.e. Court Order, etc.	CURRENT LIVING ARRANGEMENTS <i>Completing this section in no way impacts child's enrollment.</i> <input type="checkbox"/> Single Family Home / Apartment <input type="checkbox"/> Living w/ Family or Friends <input type="checkbox"/> Shelter / Motel <input type="checkbox"/> Currently No Permanent Housing
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PARENT(S) OR LEGAL GUARDIAN WITH WHOM THE STUDENT RESIDES:

Primary Contact	Secondary Contact	Emergency Contact
Name: _____	Name: _____	Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
Cell Phone: (____) _____	Cell Phone: (____) _____	Cell Phone: (____) _____
E-mail: _____	E-mail: _____	E-mail: _____
Employer: _____	Employer: _____	Employer: _____
Work Phone: (____) _____	Work Phone: (____) _____	Work Phone: (____) _____
<input type="checkbox"/> Served in the Military	<input type="checkbox"/> Served in the Military	<input type="checkbox"/> Served in the Military
Branch _____	Branch _____	Branch _____
<input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> NA	<input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> NA	<input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> NA

NON-CUSTODIAL PARENT/DUAL RESIDENCY INFORMATION (IF APPLICABLE)

Name: _____	Relationship: _____	<input type="checkbox"/> Served in the Military
Address: _____	Home Phone: (____) _____	Branch _____
City: _____	Cell Phone: (____) _____	<input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> NA
State / Zip: _____	Work Phone: (____) _____	
E-mail: _____	Dual Mail: <input type="checkbox"/> No <input type="checkbox"/> Yes	

PRIOR ENROLLMENT LOCATION

Please List the School District of Residence: _____

School Last Attended _____ Reason for Leaving: _____

School Address: _____

City _____ State _____ Date Left: _____ Month _____ Day _____ Year

Home Schooled Dates _____ (please contact ATA's Main Office for required form)

KINDERGARTEN (complete this section if applying for Kindergarten)

If you are enrolling a Kindergartner, the child must be five years old by September 1, 2025, toilet trained (no pull-ups) and able to feed his/her self - unless there is a documented medical condition.

The Academy will require a Kindergarten Readiness Assessment / Observation to provide a recommendation for placement.

If your child will be 5 after September 1, 2025 and before December 1, 2025 you must fill out the kindergarten enrollment waiver request form.

Please check only **ONE** box

My child will be five years old:

- by Sept. 1, 2025.
- after Sept. 1, 2025 and before Dec. 1, 2025.
(must complete Kindergarten Enrollment Waiver Form)
- after Dec. 1, 2025.

HIGH SCHOOL

(complete this section if applying for High School)

If applying for 9th Grade and completed the 8th Grade last year:

Did child receive credit for Algebra I?

- Yes No Unsure

Did child receive credit for Foreign Language?

- Yes No Unsure

If YES, specify language _____

If applying for High School grade 10th - 12th, please choose a career track preference:

- Business
- Engineering/Mechatronics
- Health Care
- Computer Science

Was your child enrolled in an Early Middle College (EMC) program at the previous school? Yes No

If YES, please list what program. _____

Did child play an MHSAA sanctioned sport at the previous school? Yes No

If YES, what sport? _____

Will child play sports at ATA? Yes No

SPECIAL EDUCATION NEEDS

Please indicate if your child currently has an IEP or a 504?

- Yes No Unsure If YES, When? _____

Please list any Supplemental Services needed or that were given to your child at their prior school

Please attach copy of latest IEP and MET

HEALTH CARE NEEDS

Please list any medical or other health issues that your child may experience while at school.

You may also need to complete a Medical Management Plan, if applicable before the school starts.

The Academy will need documentation from the child's pediatrician and the medication in its original container.

Does your child require medications be administered during school hours?

- Yes No If YES, Please List _____

If there is anything else you would like the Academy to know about your child, please describe. _____

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DEMOGRAPHICS

- American Indian/Alaska Native
- Asian American
- Black/African American
- Caucasian/White
- Hispanic/Latino
- Native Hawaiian/Pacific Islander
- Other: _____

Birth Country: USA Other: _____

If other, date of entry into US Schools: _____

Date of entry in Michigan Schools: _____

Language you prefer to receive written communications from the school? _____

Language you prefer to receive phone calls from the school? _____

Has anyone in your household worked in agriculture, poultry, dairy, and/or a food processing /packing house within the last three years? Yes No

Have you lived or worked in another school district, even for a short time, in the last three years? Yes No

NAME OF SIBLINGS:

SCHOOL:

BIRTHDATES:

NAME OF SIBLINGS:	SCHOOL:	BIRTHDATES:	<input type="checkbox"/> Attending ATA	<input type="checkbox"/> Applying to ATA	<input type="checkbox"/> Other
_____	_____	_____	<input type="checkbox"/> Attending ATA	<input type="checkbox"/> Applying to ATA	<input type="checkbox"/> Other
_____	_____	_____	<input type="checkbox"/> Attending ATA	<input type="checkbox"/> Applying to ATA	<input type="checkbox"/> Other
_____	_____	_____	<input type="checkbox"/> Attending ATA	<input type="checkbox"/> Applying to ATA	<input type="checkbox"/> Other
_____	_____	_____	<input type="checkbox"/> Attending ATA	<input type="checkbox"/> Applying to ATA	<input type="checkbox"/> Other
_____	_____	_____	<input type="checkbox"/> Attending ATA	<input type="checkbox"/> Applying to ATA	<input type="checkbox"/> Other
_____	_____	_____	<input type="checkbox"/> Attending ATA	<input type="checkbox"/> Applying to ATA	<input type="checkbox"/> Other

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Signature _____

Date _____

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REQUEST FOR RELEASE OF ALL STUDENT RECORDS

I hereby authorize you to send the following documents for the student below to the above named school, where he/she has recently enrolled.

- Cumulative Records (CA-60)
- Assessment Results
- Attendance / Behavior Records
- Transcript / Report Card
- IEP
- Medical Records
- Psychological Tests
- Other: _____

Name: _____

Grade: _____

Birthdate: _____

School Previously Attended: _____

Phone: _____

Fax: _____

Parent/Guardian Signature: _____

AFFIRMATION OF PRIOR SUSPENSION / EXPULSION RECORD

STUDENT NAME: _____

To comply with Public Act 328 (Section 750.82), I certify that the above named student has not been suspended or expelled for one of the named violation infractions listed.

Parent/Guardian Signature: _____

Name of School: _____

School Official Name: _____

Signature: _____

Title: _____

Date: _____

The above named student was suspended / expelled for the violation infraction checked below. Please attach an explanation as to the current status of the student.

Date of Violation: _____

Date of Expulsion: _____

Parent/Guardian Signature: _____

Name of School: _____

School Official Name: _____

Signature: _____

Title: _____

Date: _____

VIOLATION INFRACTION:

- Arson
- Alcohol/Drugs
- Willful infliction of injury to another person
- Weapons
- Sexual Assault
- An act of violence against person and/or property

The release of student records is ruled by the Family Education Rights and Privacy act (FERPA). The Advanced Technology Academy will forward any and all education records to other education agencies or institutions that have requested the records and in which your son or daughter seeks or intends to enroll.

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 Education Records, (FERPA) (20U.S.C. G 1337g; 34 CFR Part 99). FERPA allows schools to disclose those records without consent, to the following parties or under certain conditions (34 CFR g 99.31).



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PARENT/GUARDIAN PLEDGE

The Advanced Technology Academy is committed to high standards for high achievement. The Academy has instituted the Ford Partnership for Advanced Studies (Ford PAS), the Amistad Model and the Michigan Model Code of Student Conduct. In order to develop the habits of success in each student, the home as well as the school must be committed to the mission of developing those habits. In furtherance, thereof, I/we the parents/guardians of _____ a student at the Advanced Technology Academy pledge the following:

1. Make every effort to insure that my/our student(s) arrives at school on time each morning to begin class when the bell rings. (The student should be in the building 10 minutes prior to the start of class.)
2. Insure that the student is in compliance with the dress code before leaving for school.
3. Instill in the student the obligation to comply with all school rules and regulations.
4. Monitor and assist the student in insuring that all homework and other assignments are completed on time and in a quality fashion.
5. Commit myself to attending all parent teacher conferences.
6. Cooperate with the school in implementation of all remedial education efforts required of the student by the Academy.
7. Support Academy actions relating to student conduct.
8. Lead by example in displaying the highest level of conduct including language and demeanor in all relations with Academy faculty, administration and employees.
9. Contact the student's teachers, deans, principals or counselors with any concerns regarding the student's academic or social progress.
10. Report to Academy administration any knowledge of criminal activity or Level III violations of the Model Code of Conduct occurring at the Academy.
11. Reinforce the REACH values.
12. Commit all my efforts to the goal of college for my son or daughter.

Parents Printed Name

Date

Parent/Guardian Signature

Students Printed Name

Grade



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STUDENT INVESTMENT AGREEMENT

The Advanced Technology Academy is committed to developing students so they will be able to compete in the global economy. This means that students attain high levels of academic achievement and exhibit habits of success. The acronym **R.E.A.C.H** stands for **RESPECT, ENTHUSIASM, ACHIEVEMENT, CITIZENSHIP** and **HARDWORK**. These values exemplify the necessary ingredients for a student to be successful at the Advanced Technology Academy.



RESPECT – To demonstrate respect, we must...

- Treat others as we expect to be treated
- Solve our differences without raising our voices or using physical contact
- Never tease, laugh at or put down others



ENTHUSIASM – To demonstrate enthusiasm, we must...

- Bring a positive and optimistic outlook to the educational process
- Come prepared with all the necessary tools to learn
- Be excited to learn new concepts



ACHIEVEMENT – To demonstrate achievement, we must...

- Strive for top quality in all that we attempt
- Set and continuously assess our goals
- Challenge our selves



CITIZENSHIP – To demonstrate citizenship, we must...

- Model good behavior always
- Take responsibility for our actions at all times
- Be honest and tell the truth at all times



HARDWORK – To demonstrate hardwork, we must...

- Be punctual every day
- Complete all assignments on time
- Treat education as a priceless gift

As a student at the Advanced Technology Academy, I commit myself to the above R.E.A.C.H. values and pledge to follow the Student Code of Conduct in furtherance of those values.

Student Signature

Print Name

Grade

Date



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ADVANCED TECHNOLOGY ACADEMY SCHOOL DISTRICT STUDENT AND PARENT/GUARDIAN CHROMEBOOK CHECKOUT PROGRAM AGREEMENT

For the **2025-2026 school year**, all Advanced Technology Academy (ATA) students will be required to have a Chromebook or laptop with minimum requirements for educational use, both at school and at home. Chromebooks available for checkout are purchased by, and **remain the property of the Advanced Technology Academy School District**.

By signing this agreement, students and their parents/guardians confirm that while enrolled at ATA, they:

1. Have read and understand the need to abide by the Advanced Technology Academy's Digital Citizenship Acceptable use policy agreement and will only use ATA devices and accounts for educational purposes.
2. Understand that the student will be charged for the cost of repairs when a Chromebook or Charger is intentionally damaged or not returned on time, as well as the cost of replacement if more than one Chromebook or Charger is lost, stolen or accidentally damaged beyond repair per school year.
Cost of replacement for 2025/2026 school year: \$200 per Chromebook, \$50 per charger.
(This cost may change each year and will be reflected in the Welcome Booklet and Student Handbook.)
3. Need to return the assigned Chromebook and charger at the end of the school year to be inspected and maintained by ATA technology staff. **All checkouts are due back to ATA the following day, unless another arrangement has been agreed to in writing.**
4. The Student and Parent/Guardian understands they will bring their Chromebook fully charged and ready to work when attending school in person.

The signatures below acknowledge receipt of, and agreement to, abide by the terms of the Chromebook Loan Agreement as outlined above.

Parent/Guardian Signature: _____

Student Signature: _____ Student ID number: _____

Chromebook Model: _____ Tag Number: _____

(Lenovo N21/22/23 or Lenovo 100e Gen1/Gen2/Gen3, 300e)



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ADVANCED TECHNOLOGY ACADEMY ACCEPTABLE COMPUTER AND TECHNOLOGY USE POLICY

Use of communication software and on-line services is an important skill for today's technologically literate students. ATA wants to open this important avenue of telecommunication and research to our students while ensuring their safety. Please review these policies with your son/daughter with attention to #8 and #9. Students need to be reminded that the traditional parent warnings against "talking to strangers" apply in this case for the same safety reasons.

Please understand that the Internet is a non-censored media and the possibility exists for inappropriate material to be displayed. The utmost care will be taken in the classroom and on ATA issued devices to avoid this situation however ATA will not be held liable for any indiscretions involving common/Internet use. Students should never respond to any messages that are suggestive, obscene or threatening. Show such messages to an adult/teacher so they can forward a copy to the service provider or police for further investigation.

1. All use of on-line services (i.e. Internet) must be in support of education and research and must be consistent with the purposes of ATA.
2. Any use of the network for commercial or for-profit purposes is prohibited. Students are not to make purchases on-line from school.
3. Network and E-mail accounts are to be used only by those authorized to use the account for school related purposes.
4. Communications via the network or E-mail should not be assumed to be private or privileged information.
5. Malicious use of the Network, Applications, or Email to develop programs that harass other users, infiltrate a computer network system is prohibited.
6. I understand that any attempt to bypass ATA installed software filters, "jailbreak", "brick" or otherwise render an ATA device or provided service inoperable can result in monetary and/or disciplinary consequences.
7. Use of the network or E-mail to transmit material likely to be offensive or objectionable to recipients is prohibited. (i.e. hate mail, harassment, discriminatory remarks, flaming, slamming and other antisocial behaviors)
8. The illegal installation of copyrighted software for use on our computers is prohibited.
9. When using the Internet, students should not use their full names or give out their home telephone number, home address, or school name. We also recommend that you not give out your social security number, bank account numbers, or credit card numbers.
10. I understand that the school and home computer software cannot be copied by me to use on any other computer because this would violate copyright law.
11. I will not bring in any of my own software to use on the school computers because this would violate copyright law.
12. I will treat all computer equipment with care and will leave it in good working condition when I am finished. I will BE SAFE, RESPONSIBLE, and KIND to the computers when I am using them.

Student Name (printed) _____ 2025/26 Grade _____

Student Signature _____ Date: _____

Parent Name (printed) _____

Parent Signature: _____ Date: _____

Last Name: _____ First Name: _____ Applying Grade: _____



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ADVANCED TECHNOLOGY ACADEMY HOMESCHOOL DOCUMENTATION FOR ENROLLMENT

In addition to the Academy's Enrollment Application, if you **homeschooled** your child last year, you must complete this form. **Attach any information on curriculum & mastery documentation and complete the appropriate placement assessment. All of this information is required before the Academy can place your child in the most appropriate grade. Without sufficient information, your child will be required to complete an NWEA assessment in August to ensure appropriate placement.**

Child's Name:	Age of Child:	Dates of Homeschooling:
---------------	---------------	-------------------------

Describe the Weekly Schedule for Instruction:

Monday	Tuesday	Wednesday	Thursday	Friday
Time:	Time:	Time:	Time:	Time:

Describe the Curriculum Used to Homeschool your Child:

	Curriculum	Textbooks	Websites
Reading/Writing			
Mathematics			
Science			
Social Studies			

Attach any of your student's evidence of mastery of Michigan State Standards: portfolio, work samples, and/or tests to represent what your child has mastered during the last year.

Office Use Only

Date Assessed: _____	Proctor: _____
Grade Level Applying for August: _____	
Spring NWEA Reading Score: _____	EOY ELA Exam Score: _____
Spring NWEA Math Score: _____	EOY Math Exam Score: _____
EOY Social Science Exam Score: _____	EOY Science Exam Score: _____

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STATE BOARD OF EDUCATION APPROVED HOME LANGUAGE SURVEY

Michigan welcomes families of all language backgrounds. Speaking more than one language is a valuable asset!

Please answer the two questions below. If your response to either question is a language other than English, the school district will give an assessment to see if your student may benefit from English language support.

Name of Student _____

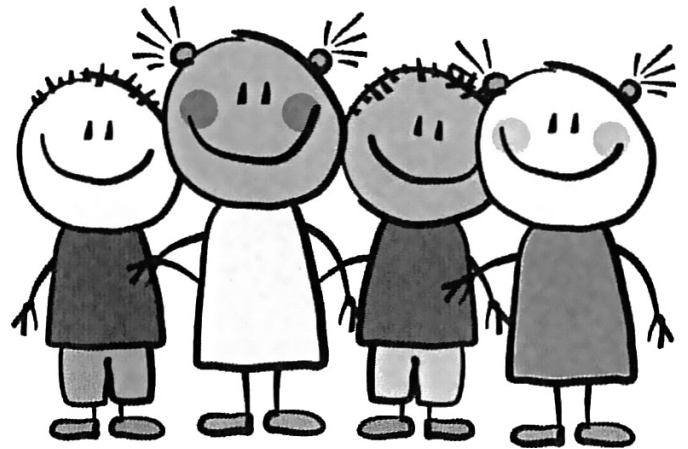
Grade _____ Age _____

1. What language is used most at home? _____
2. What language is used most by the student? _____

Signature of Parent or Guardian

Date

ADVANCED TECHNOLOGY ACADEMY KINDERGARTEN ASSESSMENT & OBSERVATION



Below are the skills your child will be assessed on and what will be observed.

What will be on the assessment?

- * Writing their first name
- * Drawing and coloring a picture of themselves
- * Recognizing uppercase and lowercase letters
- * Recognizing numbers 0-10

What will be observed?

- * Can your child follow 2 step directions?
- * Are they able to sit down and complete their work?
- * Can they stay on task?
- * Do they listen to an adult?
- * Can your child hold a pencil correctly?

If you have any questions, please contact Brittany Frazier ~ a teacher in our top notch Kindergarten Team bfrazier@my.atafordpas.org
Or Call the Grade School Principal Nicole Schenavar @ 313.625.4697

