



IMLAY CITY SCHOOLS
**VENTURE
HIGH SCHOOL**

Ross Gauthier
Dean of Students

VENTURE HIGH SCHOOL
2061 S. Almont Avenue
Imlay City, MI 48444
(810) 724-9814
www.icschools.us

Venture High School Enrollment Packet

Venture High School provides an excellent alternative learning environment for students to earn their High School Diploma

To schedule an appointment for enrollment contact Mr. Gauthier by calling the Venture High School Office at (810) 724-9814. PLEASE LEAVE A MESSAGE IF YOU DON'T GET THROUGH. THE MESSAGES WILL BE CHECKED THROUGHOUT THE SUMMER.

Please fill out everything below and bring to your appointment

Enrollment Process:

Please fill out everything below and bring to your appointment

- 1) Birth Certificate (original)
- 2) Proof of Residence (EX: License, utility bill, property taxes statement. Etc.)
- 3) Transcripts
- 4) Student Success Contract
- 5) Parent Success Contract
- 6) Immunization Records
- 7) Request of Records sheet.
- 8) Student Application

If printed off our website remember to print and sign the Parent Success Contract and Student Success Contract found under the enrollment process tab on the left.



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Request: **Release of Records**
Family Rights & Privacy Act.

To: _____ School.

Last Name First Name Middle Name

Grade _____ Birth date _____

Has enrolled at Venture High School, Imlay City Community Schools.

Please send the students complete **CA60** and all other records as indicated to:

Imlay City High School
1001 Norlin Dr.
Imlay City, MI 48444

- _____ Cumulative Records
- _____ Report Cards/Progress Reports/Exit Grades
- _____ Health/Immunization Records/Medications
- _____ Test Data including MEAP/Michigan Merit Award
- _____ Counseling/Guidance Records
- _____ Special Education Files including Active/Inactive IEP's.
- _____ All Discipline Records and Behavioral Referrals (as per NCLB)

Please Fax Immediately to (810) 724-2315:

- _____ Transcripts
- _____ Immunizations

I hereby authorize the release of all above requested school records.

Signature of Parent/Guardian or Adult Student

Signature of School Official



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Imlay City Community Schools Registration 9-12

Student # _____
Family # _____
UIC _____

<i>Office Use: Revised 5/11/12</i>		
Enrollment Date _____	Teacher _____	Birth Certificate _____
Starting Date _____	Room # _____	Immunizations _____
Bus # _____ Time _____ AM _____ PM _____	Course # _____	Proof of Residence _____
		Instant Alert _____

(Student Information --- Please Print)

Name of Student _____
(Last)
(First)
(Middle)

Grade _____ Male Female Phone # () _____ Unlisted: Yes No

Date of Birth _____ Birthplace _____
(mm/dd/yy)
(City)
(State)
(Country)

Address _____
(Number)
(Street name)
(Apartment #)
(City)
(State)
(Zip)

County of Residence: _____ Email Address _____

Where does this student stay at night? Please check one box:

<input type="checkbox"/> in a home that we own/rent <input type="checkbox"/> in a motel/hotel <input type="checkbox"/> in a car <input type="checkbox"/> at a campsite	<input type="checkbox"/> temporarily with more than one family in a house, mobile home, or apartment (because the family does not have a place of its own.) <input type="checkbox"/> in a shelter <input type="checkbox"/> in another location that is not intended for living quarters (i.e., an abandoned building). <input type="checkbox"/> other (in an arrangement that is not fixed, regular, and adequate and is not described by the other choices)
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Special Education: Yes No Speech Student: Yes No Please attach most recent IEP.

IF YES, STOP HERE. Contact the Consortium for Exceptional Children's office @ 810-724-9853.

Title I: Yes No Bilingual Student: Yes No

Language Spoken by Child _____ Language Spoken at Home _____

Is student currently suspended or expelled from previous school? Yes No

Ethnicity: Is this student (or are you) Hispanic/Latino? (Choose only one)

No, not Hispanic/Latino

06 Yes, Hispanic/Latino

Race: (Choose one or more.)

01 American Indian or Alaska Native

02 Asian

03 Black or African American

04 Native Hawaiian or Pacific Islander

05 White

Medical Information:

Has your child had Chicken Pox? Yes No If yes, give month and year: _____

Does student have any special health considerations or medications? Yes No If yes, please list:

Parent/Guardian Information:

Mother's Full Name _____
(Last) (First) (Middle)

Resides with student Yes No

Employer _____ Work Phone () _____

Occupation _____ Cell Phone () _____

Father's Full Name _____
(Last) (First) (Middle)

Resides with student Yes No

Employer _____ Work Phone () _____

Occupation _____ Cell Phone () _____

Guardian/Step-Parent Full Name _____
(Last) (First) (Middle)

Resides with student Yes No

Address _____
(Number) (Street name) (Apartment #) (City) (State) (Zip)

Employer _____ Work Phone () _____

Occupation _____ Cell Phone () _____

COURT DOCUMENTATION MUST BE PROVIDED AND INCLUDED IN CHILD'S SCHOOL RECORD IF EX-SPOUSE IS NOT TO HAVE CONTACT WITH CHILD AT SCHOOL AND/OR RECEIVE SCHOOL INFORMATION.

Who has legal custody? _____ Are parents divorced? _____ If yes, does the ex-spouse have visitation rights and the right to receive information? _____ If so, non-custodial parent must supply pre-addressed envelopes with postage for mailings. Is student allowed to leave with non-custodial parent? _____

<u>Brothers</u>	(First & last name)	<u>Birth Date</u>	<u>Sisters</u>	(First & last name)	<u>Birth Date</u>
_____			_____		
_____			_____		
_____			_____		

Emergency Contacts (Someone who may pick up child in case of illness or injury other than parent/guardian):

#1 _____	Relationship _____	Phone () _____
#2 _____	Relationship _____	Phone () _____
#3 _____	Relationship _____	Phone () _____

Last School Attended _____ Date Left _____

School Address _____
(Number) (Street) (City) (State) (Zip)

Comments and/or additional information:

Parent/Guardian Signature _____ Date: _____



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Student Information:

What is the last high school you attended with Date (M/D/Y)?

Have you ever dropped out or quit attending high school? YES _____ NO _____

If yes, please explain why and for how long:

Have you ever been suspended for more than 5 days? YES _____ NO _____

If yes, please state the reason, and the approximate dates of the suspension:

Have you ever been expelled from a school district? YES _____ NO _____

Are you currently expelled from any school district right now? YES _____ NO _____

If yes, please state the reason and school district expelled from:

Are you currently on Court Supervised probation? YES _____ NO _____.

If yes, please provide the offense along with name and phone number of your probation officer:

Have you ever been on probation in the past? YES _____ NO _____.

If yes, explain:



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Have you ever been certified for, or received, any Special Education services? **YES** _____ **NO** _____

If yes, please check the specific classification:

EI _____ **LD** _____ **PI** _____ **ASD** _____ **OHI** (also known as ADD/ADHD/Diabetic) _____

Are you currently taking any medications for these classifications? **YES** _____ **NO** _____

If yes, please write medications below:

What type of job or career are interested in for after high school?

Do you know, or are you acquainted with any current Venture Students? **YES** _____ **NO** _____.

If so, Who?

What classes did you like the best at your last high school? _____.

What classes did you like the least at your last high school? _____.

In your own opinion, what is your biggest reason for lack of success in school?

Check the subject area where you need the most help?

MATH _____ **READING** _____ **WRITING** _____ **SCIENCE** _____ **SOCIAL STUDIES** _____.

Below, write down what your hobbies, interests, and things you like to do in your spare time:



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In the space below, please describe your personal demeanor. Tell us what you like and what you do not like about school:

In the space below, please explain why you should be accepted into Venture High School and if accepted, what you hope to accomplish here at VHS.

How did you hear about Venture High school?

- Referred by High School Counselor
- Referred by a friend. If so, who? _____
- Referred by Court/Social Services
- TV/Radio Advertisement

(DON'T WRITE BELOW: FOR ADMINISTRATION USE ONLY)

Student is accepted to Venture High School _____. Start Date: _____

Student is Denied Acceptance to Venture High School: _____

Reason: _____

Signed by Administration: _____ Date: _____



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Imlay City Community Schools
Educational Service Center
634 Borland Rd.
Imlay City, MI 48444
Ph: 810-724-2765 Fax: 810-724-9895
<http://imlay.k12.mi.us>

Student Home Language Survey

School Building: Imlay City High School

The Imlay City Community School District is collecting information regarding the language background of each of its students. This information will be used by our district to determine the children who should be provided bilingual instruction according to Section 380.1151-380.1158 of the School Code of 1976, Michigan's Bilingual Education Law.

Name of Student _____ Grade Level: _____
Last name First name

Date of Birth _____ Today's Date: _____

1. Is your child's native language a language other than English? Yes No

If yes, what is that Language? _____

2. Is the *primary language** used in your child's home a language other than English? Yes No

3. Does your child read in your *primary language**? Yes No

**Primary Language means the dominant language used by a person for communication.*

Please print the following information:

Name of Parent or Guardian Home Phone

Address City State Zip

Father Name Place of Employment Work Phone

Mother Name Place of Employment Work Phone

Imlay City Community Schools
Educational Service Center
634 Borland Road
Imlay City, MI 48444
Ph: 810-724-2765 Fax: 810-724-4307
<http://imlay.k12.mi.us>

Encuesta Sobre El Idioma Del Hogar

Nobre de su escuela: Imlay City High School

El Distrito Escolar de Imlay City Schools necesita información acerca del idioma que cada estudiante habla o entienden; y acerca del idioma nativo; aunque aparentemente no lo hable o entienda. Esta informacion sobre su hijo/hija sera usada por el distrito escolar para determinar cuales estudiantes califican para recibir educacion bilingue.

Muchas gracias por su cooperación.

Nombre Del Estudiante _____ Grado _____

Fecha de Nacimiento: _____ Edad _____

1. ¿Se habla otra idioma aparte de Inglés en casa? Si No

¿Cuál idioma? _____

2. ¿Puede leer su hijo/a en su *idioma principa*?* Si No

**Idioma principal* significa el idioma dominante usado por una persona para comunicarse.

Por favor complete la siguiente información:

Nombre del Padre, Guardian o Tutor

Domicilio calle, número y ciudad

Teléfono

Padre: Lugar de trabajo y ocupación

Teléfono

Madre: Lugar de trabajo y ocupación

Teléfono



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CHICKENPOX DISEASE FORM

DATE: _____

To whom it my Concern:

I verify that my child, _____, has had the Chickenpox Disease on

MM/DD/YEAR

Sincerely

Parent or Guardian's name/signature



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