

**FERNDALE  
PUBLIC SCHOOLS**



**UNIVERSITY  
HIGH SCHOOL**

IN PARTNERSHIP WITH  
LAWRENCE TECHNOLOGICAL  
UNIVERSITY

# APPLICATION PACKET

FOR INCOMING 9<sup>TH</sup> AND 10<sup>TH</sup>  
GRADERS  
FOR 2009-2010

SCHOOL STARTS  
SEPTEMBER 8, 2009

**248/586-8846**

[WWW.FERNDALESCHOOLS.ORG](http://WWW.FERNDALESCHOOLS.ORG)

## USE THIS PAGE AS YOUR CHECKLIST

- UHS APPLICATION COVER SHEET (REQUIRED, INCLUDING FOLLOWING DOCUMENTS)
  - Student Essay
  - Parent Letter of Commitment
  - Letter of Reference (Optional)
  - MEAP Results
  - Achievement Test Results
  - Report Card
- STUDENT & PARENT EXPECTATIONS (REQUIRED)
- FERNDALE SCHOOLS ENROLLMENT FORM (CA-60 REQUIRED)
- FERNDALE SCHOOLS HOME LANGUAGE SURVEY & STUDENT DISCIPLINE RECORD FORM (REQUIRED)
- SCHOOLS OF CHOICE APPLICATION (REQUIRED FOR NON-FERNDALE SCHOOLS DISTRICT RESIDENTS)  
IF YOU LIVE IN OAKLAND COUNTY, FILL OUT THE SECTION 105 SIDE OF THE FORM.  
IF YOU LIVE IN WAYNE, MACOMB, LIVINGSTON COUNTIES, FILL OUT THE SECTION 105C SIDE OF THE FORM)
- STUDENTS ENTERING 10TH GRADE:
  - MEAP Test Results from 8th & 9th Grades
  - High School Transcript
  - Report Cards
- STUDENTS ENTERING 9TH GRADE:
  - MEAP Test Results from 7th & 8th Grades
  - Recent Report Cards



# UHS APPLICATION COVER SHEET

## UNIVERSITY HIGH SCHOOL

### DUE ASAP! SPACE IS LIMITED

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Student's Name– Print First and Last Name

---

Parent/Guardian Name – Print First and Last Name

---

Address

---

City

State

Zip

---

Home Phone

Daytime Phone

---

Grade in Fall 2009 - 9th or 10th see notes below

Current Age

Birthdate

---

Current School

School Phone #

Zip

---

Current School District

County of Residence

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**Students interested in admission to University High School will be asked to provide the following information along with this Application Packet:**

- Student Essay:** Please use one full page to describe yourself and why University High School interests you.
- Parent Letter:** Parents/guardians are required to state their commitment to ensuring their student's success as a student at University High School. Please include your commitment to provide timely, regular transportation to and from school and internship opportunities, to provide consistent homework support, and ensure your child maintains good attendance.
- Letter of Reference:** This is an optional letter that you may wish to ask a teacher or mentor to write on your behalf, especially if your grades, MEAP results, or discipline records do not fully represent your potential to succeed at University High School.
- MEAP Results:** 9th Graders submit 7th & 8th scores in English Language Arts (ELA), Math, Science  
*Note: 10th Graders should submit their 8th & 9th Grade MEAP results.*
- Achievement Test Results** (Submit results of one of the following tests: Stanford, Iowa, California, or other nationally normed achievement test in Reading/Language Arts and Math).
- Report Card:** 9th Graders, attach a copy of your most recent report card.  
*Note: 10th Graders should submit their 9th Grade Report Cards and Transcripts.*

Applicants who provide false information will be automatically disqualified as applicants for University High School.

**APPLICATIONS DUE ASAP - SPACE IS LIMITED**

**DELIVER OR MAIL TO:**

**Harding Administration Center, 2920 Burdette, Ferndale, MI 48220**

**Call 248/586-8846 for more information.**



# STUDENT & PARENT EXPECTATIONS

## STUDENT EXPECTATIONS & PERSONAL COMMITMENT

Students who are motivated and dedicated to pursuing a unique high school experience discover a *rigorous* pre-professional program designed to help them become self-sufficient *critical thinkers* and *skilled problem solvers* who will be successful contributors in the global community through the program's unique focus on automotive industry careers.

Students are expected to demonstrate appropriate citizenship at all times and uphold the Ferndale Public Schools student Code of Conduct and Human Dignity Policy. This includes the following:

- Acting at all times in a manner that reflects pride in self, family, and in the school.
- Demonstrating dedication and commitment to teamwork in the classroom.
- Completing assignments on time and as directed.
- Being prompt at school and attentive in class.
- Acting courteously to adults and fellow students.
- Respecting the civil rights of others.

## PARENT EXPECTATIONS

University High School parents are expected to ensure their children arrive to school on time, complete required school work, and dress in an appropriate manner for interacting with university and business partners. Parents are encouraged to become involved in UHS activities, including the PTA and other committees.

## HUMAN DIGNITY POLICY

It is the policy of the Ferndale Public Schools to provide an equal education opportunity for all students. The Board of Education, recognizing we are a multiracial, multi-ethnic school district, believes it is a part of our mission to provide a positive, harmonious environment in which respect for the diverse makeup of our school community is promoted. A major aim of education in the Ferndale Public Schools is the development of a reasonable commitment to the core values of a democratic society. In accordance with this aim, the school district will not tolerate behavior by students or staff that insults, degrades, or stereotypes any race, gender, handicap, physical condition, sexual orientation, marital status, ethnic group or religion. Appropriate consequences for offending this policy are specified in the student code of conduct. For more information, refer to the Ferndale Public Schools *Student & Parent Handbook*.

- I have read this document about expectations of me as a student at University High School, and I agree to behave appropriately, come to school on time and ready to learn, and respect others at all times.**

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Student's Signature

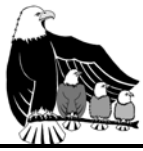
Date

- I have read this document and agree to support my child in appropriate attendance, performance of school work, and abiding by the Ferndale Schools' discipline and human dignity policy expectations.**

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Parent/Guardian Signature

Date



# FERNDALE PUBLIC SCHOOLS

CA-60

## Enrollment & Pupil Services Office • 248/586-8686

### Enrollment Form

<b>Student Information - PLEASE PRINT</b>		<b>Student #</b>	
Last Name Jr. II III (circle)		Last School Attended (Name/District, Address, Phone, Date)	
First Name			
Middle Initial <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Special Education Information</b>	
Date of Birth Multiple Birth <input type="checkbox"/> Yes <input type="checkbox"/> No		Has your child ever received Special Education Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address Apt #		Is your child receiving any Special Education Services now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City Zip		If yes, please provide the IEP for the Special Education Office.	
Home Phone <input type="checkbox"/> Day <input type="checkbox"/> Evening		<b>Ferndale Schools Information</b>	
Cell Phone <input type="checkbox"/> Day <input type="checkbox"/> Evening		Has your child ever been enrolled in a Ferndale School? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student Email		When? (Month/Year) Which School?	
<b>Primary Legal Guardian(s):</b> Please provide all contact information/phone and email to help the school reach you in an emergency.		<b>Ethnicity</b> (choose one) ___ Hispanic or Latino ___ NOT Hispanic or Latino	
		<b>Race Information</b> (choose one or more, regardless of ethnicity checked above. Two or more races, please rank in 1, 2, 3 order)	
		___ Black or African American (04) ___ Asian (05) ___ White (02) ___ Native Hawaiian/Pacific Islander (06) ___ American Indian or Alaska Native (01)	
		<b>City, State, Country of Birth</b>	
<b>Mother</b>		<b>Father</b>	
<b>Legal Guardian</b>			
Name (first, last)		Name (first, last)	
Street Address		Street Address	
City, State Zip		City, State Zip	
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
Email		Email	
Student lives with this parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Student lives with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, send mail to this parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, send mail to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Custodial Parent/Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No		Custodial Parent/Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Child Lives with:</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Divorced Joint Custody <input type="checkbox"/> Court Placed <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other			
<b>Other Schoolage Children in Family</b>			
<b>Name</b>		<b>Birthdate</b>	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Parent/Guardian Signature</b>		<b>For Office Use</b> (Staff please initial each)	
I certify the information given is true and accurate. I am a legal resident of the Ferndale Public School district, or I have enrolled my child legally through the Schools of Choice program or with a Superintendent's Release. I understand that documented and verifiable residency within the Ferndale Schools district policies is a requirement. I understand it is my responsibility to inform the district Enrollment Office if any of this information changes. Failure to do so may subject my child to exclusion from enrollment in the Ferndale Public Schools.		Date: _____	
Parent/Guardian Signature _____ Date _____		UIC# _____	
		MICR <input type="checkbox"/> Yes <input type="checkbox"/> No	
		MEAP <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Lunch Application <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Scanned <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>For Enrollment Office Use – Enrolled by</b> (Initials)			
1 <sup>st</sup> Day of Attendance		Year of Grad	
Code (circle one) N=New R=Reenroll		Building # (Admin Unit)	
Assigned to Grade		Counselor	
Residency Verified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> MV		Home Language: English <input type="checkbox"/> Yes <input type="checkbox"/> No (CC: S. Chapman)	
Birth Certificate Verified <input type="checkbox"/> Yes <input type="checkbox"/> No		Circle Waivers Denied Media Technology Sex Ed	
Schools of Choice (date approved)		30 Day Affidavit Expires	
Supt Release (date approved)		Permanent Affidavit with Supporting Doc <input type="checkbox"/> Yes	
		Special Education Svs <input type="checkbox"/> No <input type="checkbox"/> Yes (CC: S. Chapman)	



# FERNDALE PUBLIC SCHOOLS

## University of High School – Fall 2009 Schools of Choice Application

FOR OFFICE USE  
ONLY  
Date Rec'd:

### Oakland County Residents – Section 105

Oakland County School District of Residence: \_\_\_\_\_

The Ferndale Public School District is participating in the Schools of Choice program for University High School grades 9 and 10. Parents interested in having their students attend the new high school must complete this application form. Students applying to the Ferndale Public Schools must meet district enrollment requirements. Students are accepted on a space available basis. A lottery is held if applicants exceed the number of available openings. Applicants will be notified of their status and acceptance by the UHS Principal, and they must enroll before the end of the first week of school, according to state law.

\_\_\_\_\_  
**PRINT Student's Name** Last, First

\_\_\_\_\_  
**Birthdate** (dd/mm/yy)

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

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Print Name of Parent/Guardian**

\_\_\_\_\_  
**Daytime Phone**  Home  Work

\_\_\_\_\_  
**Evening Phone**  Home  Work

**University High School is required to contact the principal of the student's current school for background information on behavior and discipline history. Parent/guardians must provide the contact information for their child's current school on this form to be considered for Schools of Choice applications.**

\_\_\_\_\_  
**Current School**

\_\_\_\_\_  
**Current School District**

\_\_\_\_\_  
**Principal/Contact Name at Current School**

\_\_\_\_\_  
**Phone Number of Current School**

\_\_\_\_\_  
Does your child receive special education services under an IEP?  No  Yes

If your answer is "Yes," please explain the services your child receives and attach a copy to your application.

\_\_\_\_\_  
Has your child been expelled or suspended within the last 2 school years?  No  Yes

If your answer is "Yes," Please explain the situation here.

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

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

\_\_\_\_\_  
**School Official Approval**

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

**Nondiscrimination Policy:** Ferndale Public Schools does not discriminate on the basis of race, color, religion, age, sex, marital status, or handicap in the admission to, access to, participation in, benefits of or employment in its programs or activities as provided by district policy and in compliance with Federal and State statutes.



**FERNDALE PUBLIC SCHOOLS**  
**University of High School – Fall 2009**  
**Schools of Choice Application**

**FOR OFFICE USE ONLY**  
**Date Rec'd:**

**Non-Oakland County Residents – Section 105C**

**County of Residence:**  Wayne  Macomb  Livingston  Other \_\_\_\_\_

The Ferndale Public School District is participating in the Schools of Choice program for University High School grades 9 and 10. Parents interested in having their students attend the new high school must complete this application form. Students applying to the Ferndale Public Schools must meet district enrollment requirements. Students are accepted on a space available basis. A lottery is held if applicants exceed the number of available openings. Applicants will be notified of their status and acceptance by the UHS Principal, and they must enroll before the end of the first week of school, according to state law.

\_\_\_\_\_  
**PRINT Student's Name** Last, First

\_\_\_\_\_  
**Birthdate** (dd/mm/yy)

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

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Print Name of Parent/Guardian**

\_\_\_\_\_  
**Daytime Phone**  Home  Work

\_\_\_\_\_  
**Evening Phone**  Home  Work

**University High School is required to contact the principal of the student's current school for background information on behavior and discipline history. Parent/guardians must provide the contact information for their child's current school on this form to be considered for Schools of Choice applications.**

\_\_\_\_\_  
**Current School**

\_\_\_\_\_  
**Current School District**

\_\_\_\_\_  
**Principal/ Contact Name at Current School**

\_\_\_\_\_  
**Phone Number of Current School**

**IMPORTANT SPECIAL EDUCATION INFORMATION**

Does your child receive special education services under an IEP?  No  Yes

If your answer is "Yes," please explain the services your child receives and attach a copy to your application. Please note, that State Law requires that a student's resident district provide a waiver or release for a student who receives special education services to attend a public school outside of their resident county. If your child requires special education services, and a waiver is denied by the resident district, the Ferndale Public Schools cannot enroll or continue to enroll that student.

Has your child been expelled or suspended within the last 2 school years?  No  Yes

\_\_\_\_\_  
 If your answer is "Yes," Please explain the circumstances which led to disciplinary action.

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

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

\_\_\_\_\_  
**School Official Approval**

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

**Nondiscrimination Policy:** Ferndale Public Schools does not discriminate on the basis of race, color, religion, age, sex, marital status, or handicap in the admission to, access to, participation in, benefits of or employment in its programs or activities as provided by district policy and in compliance with Federal and State statutes.



# FERNDALE PUBLIC SCHOOLS

## Student Emergency Contact Information

Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Room \_\_\_\_\_

Student's Name- Print (Last, First) \_\_\_\_\_ Student's Birthdate \_\_\_\_\_ Student's School \_\_\_\_\_

Male  Female (\_\_\_\_\_) \_\_\_\_\_  
Home Phone

Student address: Street/City/Zip \_\_\_\_\_

**Parent/Guardian Contacts:** Please list all telephone numbers and email addresses where parents/guardians can be reached. Please list in the order you wish to be called:

1) \_\_\_\_\_  
Relationship to child:  Mother  Father  other \_\_\_\_\_ Address if other than above \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone Home Phone Daytime Phone Email address

2) \_\_\_\_\_  
Relationship to child:  Mother  Father  other \_\_\_\_\_ Address if other than above \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone Home Phone Daytime Phone Email address

3) \_\_\_\_\_  
Relationship to child:  Mother  Father  other \_\_\_\_\_ Address if other than above \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone Home Phone Daytime Phone Email address

### Emergency Dismissal Contacts

It is most important that children know where they are to report if their parents will not be home when there is an emergency dismissal. Parents should make arrangements with friends or neighbors to care for their children if no one is at home during school hours. If the school is unable to reach parents/guardians, the following are LOCAL people to be contacted in case of an emergency or where students are to report during an emergency dismissal of school:

\_\_\_\_\_  
Last Name, First Name Relationship to Child (i.e. neighbor) \_\_\_\_\_  
\_\_\_\_\_  
Address  
(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone Home Phone Daytime Phone Email address

\_\_\_\_\_  
Last Name, First Name Relationship to Child (i.e. neighbor) \_\_\_\_\_  
\_\_\_\_\_  
Address  
(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone Home Phone Daytime Phone Email address

### Medical Authorization

In case of an accident or serious illness, if the school is unable to contact me, I hereby authorize the school to take my child to the nearest available hospital emergency clinic, physician, neighbor or relative specified by me on this card. We authorize the attending physician and hospital personnel to take action and give treatment they deem advisable for our child's comfort and well being.

Local Physician's Name \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

**Check only health problems that apply to this student:**

- |                                                        |                                         |                                                                                                  |
|--------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Allergies requiring treatment | <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Other conditions that may require treatment or hospitalization<br>_____ |
| <input type="checkbox"/> Asthma                        | <input type="checkbox"/> Epilepsy       |                                                                                                  |
| <input type="checkbox"/> Bee Sting Allergy             | <input type="checkbox"/> Heart Problems |                                                                                                  |
| <input type="checkbox"/> Peanut Allergy                | <input type="checkbox"/> Hemophilia     |                                                                                                  |

Current medications or treatments \_\_\_\_\_

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

**Parent/Guardian must return this form to the school office every year. Please call to report any changes.**