



Child Information Record 2010-2011

Please fill out and bring with you on your child's visiting day. Information on this form is REQUIRED by Michigan State Law. EVERY LINE MUST BE COMPLETED BEFORE YOUR CHILD WILL BE ALLOWED TO ATTEND CLASS.

(Please type or print.)

| | | | | |
|---|------------------------------|------------------------------|-------------------------|-----|
| Name of child (Last, First, M.I.) | Nickname? | Birthdate | Home Phone | |
| Address: | | City | State | Zip |
| Father/legal guardian name | | Address (if not child's) | Phone | |
| Employer | Position | Employer address | | |
| Employer Phone | Hours of Employment | E-mail address | | |
| Cellular Phone | Pager | | | |
| Mother/legal guardian name | | Address (if not child's) | Phone | |
| Employer | Position | Employer address | | |
| Employer Phone | Hours of Employment | E-mail address | | |
| Cellular Phone | Pager | | | |
| AUTHORIZATION: Name(s) of Person(s) and Phone Number TO WHOM CHILD MAY BE RELEASED (and relationship to child) | | | | |
| | | | | |
| EMERGENCY CONTACT: (Local person to be notified in an emergency when Parent cannot be reached.) | | | | |
| Name | Phone (home/work/cell/pager) | Address | relationship to child | |
| Name of Child's Physician or Health Clinic | | Address | Phone | |
| Hospital Preferred for Emergency Treatment | | Health Insurance Policy Name | Health Insurance Number | |
| Allergies, if any | | Date of last Tetanus Shot | | |
| Name of Child's Dentist | | Address | Phone | |

MEDICAL TREATMENT-Please check one of the boxes:

I give my permission to Summers-Knoll School to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

I do **not** give permission to Summers-Knoll School to secure emergency medical and/or emergency surgical treatment for the above named child while in care.

Upon signing this agreement, the parent, legal guardian or responsible adult verifies that the child listed above is current on all immunizations, in good health, and may participate in all program activities.

Signature of Parent or Guardian: _____

Date signed _____

FIELD TRIPS:

I hereby give my permission to Summers-Knoll School for my child to be transported in a vehicle and/or participate in field trips.

Signature of Parent or Guardian: _____

Date signed _____



Application

Application Date: _____

School Year Applied For: _____

Student Information

Current Grade: Pre-K K 1 2 3 4 5

Name: _____ Home Phone: _____ Email _____

Address: _____

Current School: _____ Date of Birth: _____ Gender: _____

How did you hear about Summers-Knoll? _____

Parent Information

Name: _____ Home Phone: _____ Email: _____

Address: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

Parent Information

Name: _____ Home Phone: _____ Email: _____

Address: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

Tuition and Fees

Application Fee: The application fee is \$40 and is nonrefundable.

Tuition: Tuition for Summers-Knoll for the 2010–2011 school year is \$13,950.. Fifth grade students are required to purchase an Apple laptop computer. Contact the school for more details.

Extended Care: Morning and after-school care are available from 7:30 a.m. to the start of class and from the end of the school day until 6:00 p.m. for an additional fee, as are a variety of extracurricular activities.

Financial Aid: Limited scholarships are available and are awarded based on financial need. Details are available by contacting the school.

Permission to Use Photo or Image: As part of the application process, the classroom teacher will take a digital photo of each child to be included in the child's file. This helps us remember each child when the committee meets to make admissions decisions. May we have permission to take a photograph for this purpose? ____ Yes ____ No

Agreement: I have read the mission statement of Summers-Knoll School and will support it. I also understand that there is a \$40 nonrefundable application fee due with this application.

Student's Signature: _____ Referred by SK Family: _____

Parent's Signature: _____ Parent's Signature: _____



Family Questionnaire

Student Information

Name: _____ Date: ___/___/___

Current Grade: Pre-K K 1 2 3 4 5

Please list siblings and ages: _____

Please list any previous testing or evaluation your child has received: _____

For the prospective student to answer (take dictation if the student is not yet a writer)

Please describe what a great school would be like.

For each parent to answer

Ann Arbor is full of opportunities for education. Why are you interested in Summers-Knoll?

Describe how you have been involved in your child's school in the past. If you are new parents of a school age child, how do you envision being involved in your child's school?

List two or three aspects of an ideal educational program.

Please tell us about your child's creative nature.

What are your goals for your child?

Is there anything about your child that you would like to share in order to help us provide a positive educational experience for him or her?



Request for Release of Student Records

Dear Parent,

Please fill out and sign this form, and then give it to your current school's office personnel. They should forward your child's records to Summers-Knoll School, so that we can complete the admissions process.

Date of Request: ___ / ___ / ___

To: _____

Summers-Knoll is evaluating our child/children for enrollment. Please send records, including medical, social, psychological, and any other reports that would assist them in placement and evaluation.

These reports should be forwarded to the above address or fax number.

School Requesting Records: Summers-Knoll School Admissions Office
2015 Manchester Road
Ann Arbor, MI 48104
Attention: Admissions Coordinator

Phone Number/Fax Number: Phone (734) 971-7991
Fax (734) 971-9663

| Student Legal Name (Last, First) | Current Grade | Date of Birth |
|----------------------------------|---------------|-----------------|
| _____ | _____ | ___ / ___ / ___ |
| _____ | _____ | ___ / ___ / ___ |
| _____ | _____ | ___ / ___ / ___ |

Thank you,

Parent Name: (Please print.) _____

Parent Signature: _____

Please contact the Summers-Knoll Admissions office at (734) 971-7991 with any questions.

Academic Behavior Assessment

| | | | | | | |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Handles transitions comfortably | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates curiosity in class | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Readily participates in class | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is bright | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shows creativity and imagination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates motivation for academics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates focus on tasks at hand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When challenged, is willing to try | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can work in groups with peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can work independently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Follows multistep instructions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Grade Level:

| Present Academic Skills Assessment | <i>Below (1)</i> | | <i>At (3)</i> | | <i>Above (5)</i> | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 | N/A |
| | Comments | | | | | |
| Reading skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reading comprehension | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing (creative) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing (mechanics) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mathematics (problem solving) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mathematics (computation) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mathematics (conceptual understanding) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

In which subjects does this student show exceptional interest?

If the student is not a writer, then please answer the following:

| | 1 | 2 | 3 | 4 | 5 | N/A |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Comments | | | | | |
| Copying | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fine Motor Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide any additional information you believe would be of value to us.