

ENROLLMENT WELCOME



Thank you for your interest in Detroit Public Schools Community District!

We are delighted to have your family join our community of extraordinary parents and students. As we welcome you to the District, we would like to share some important information.

Detroit Public Schools Community District (DPSCD) is Michigan's largest public education system offering more than 100 schools districtwide. Our mission is to educate and empower every student in every community, every day, to build a stronger Detroit. At DPSCD, we place high standards on instruction, as well as the safety and emotional and physical health of our students. As part of the District's family, your student will have access to outstanding resources and opportunities:

- Updated, high-quality curriculum aligned to the Common Core across all K-12 grades.
- Outstanding, certified teachers at all grade levels.
- Art and Physical Education in every school.
- Career pathway programs and dual enrollment in local colleges and universities offered at all high schools.
- Exceptional Student Education programs and services to students with disabilities
- Bilingual services for students and families.
- Homework Hotline offering free support for all District students.
- Mental Health Support Line offering online counseling to students and families.
- Parent Academy, offering free classes, training and workshops to District and non-District parents and guardians.

In this packet, you will find required enrollment forms, plus instructions regarding the enrollment process. Please complete one packet per student. All forms should be filled out and signed where indicated. Review all documents and instructions carefully!

We look forward to welcoming your student and family to the DPSCD community!

DPSCD Office of Enrollment

When Students Rise, We All Rise.

Questions? Please reach out to
your school or call 313.240.4377 for more information.



ENROLLMENT FORM



SCHOOL: _____

DATE: _____

REQUIRED DOCUMENTS

The following documents are required in addition to the completed and signed enrollment form. They should be provided before the child's first day of school but must be submitted no later than 30 days from the first day.

- | | |
|---|--|
| <input type="checkbox"/> Parent/Guardian photo ID | <input type="checkbox"/> Two forms of proof of address, such as: |
| <input type="checkbox"/> Student's birth certificate or birth record | Driver's license, Detroit ID, W-2, public assistance |
| <input type="checkbox"/> Student's immunization record or waiver | documents, pay stub, official government mail, |
| <input type="checkbox"/> Student's most recent transcript or report cards | utility bill, etc. |

*Some families may qualify for support with obtaining documents.

STUDENT INFORMATION

First Name:		Middle Name:		Last Name:		Suffix (Jr., III, etc.)	
Date of Birth: / /			Preferred Gender:		<input type="checkbox"/> Female <input type="checkbox"/> Male		
Student Phone (if applicable): ()				Student Email (if applicable):			
Student's Physical Address:							
Street:						Apt #:	
City:			State:		ZIP Code:		
Mailing Address (if different from Physical Address)							
Street:						Apt #:	
City:			State:		ZIP Code:		
Grade Entering:		School Year:		Is the student a member of multiple births? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was the student born in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No: When did the student first enroll in a U.S. school? _____ (MM/DD/YYYY)							
Does the student participate in Exceptional Education Programs (Special Education)? Select any that apply.							
<input type="checkbox"/> No				<input type="checkbox"/> Yes. Student has an Individualized Education Plan (IEP)			
<input type="checkbox"/> Yes. Student has a 504 Plan				<input type="checkbox"/> Yes. Other _____			
If you answered "Yes" to any of the above, please provide a copy of your special education document(s) with your enrollment packet.							
Has the student or family moved in the past three years looking for temporary or seasonal employment in agriculture or fishing?							
<input type="checkbox"/> Yes <input type="checkbox"/> No							

STUDENT LANGUAGE

Student's native language?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____
Is a language other than English spoken in the home?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: language spoken _____
Has student ever been enrolled in a Bilingual, English Language Learner, or Newcomer program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STUDENT RESIDENCY

The following questions are given to all students to ensure our district remains in compliance with federal law. Your answers will help school staff to determine if the student is eligible for certain support services.

Does the student live with his/her biological parent(s)?
☐ Yes ☐ No

Does the student live in any of the following types of residences?
☐ Shelter
☐ Transitional Housing
☐ Doubled Up/Shared housing with family, friends or others
☐ Hotel or motel
☐ Unsheltered (Such as: Campground, Car, Park, Abandoned Building, Substandard Housing, Bus or Train Station, etc.)

If you answer "no" to the first question OR have checked any of the residences listed above, please complete the McKinney Vento Student Referral Form at bit.ly/External-DPSCD.



STUDENT ETHNICITY

SELECT ALL THAT APPLY

If you do not choose an answer, the U.S. Dept. of Education requires the District to supply answer on your behalf.

Is the student Latino/Latina/Latinx? ☐ Yes ☐ No

Student's Race (select all that apply):

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ White (Select one)
 - ☐ European
 - ☐ Middle Eastern
 - ☐ North African
- ☐ Native Hawaiian/Other Pacific Islander

PREVIOUS SCHOOL INFORMATION

School student most recently attended

Name: _____

City/State: _____

PARENT / GUARDIAN INFORMATION

PARENT / GUARDIAN 1

First & Last Name:		Relationship to Student:	
Cell Phone: ()		Home Phone: ()	
Work Phone (if applicable): ()		Email:	
Same address as student's physical address? <input type="checkbox"/> Yes <input type="checkbox"/> No, provide address:			
Street:			Apt #:
City:	State:	ZIP Code:	
Does the parent/guardian require communication from the school in a language other than English?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, what language? Written _____ Spoken _____			
Is the parent/legal guardian currently serving in any branch of the Army, Navy, Air Force, Marines, or Coast Guard? This includes the Michigan National Guard or Reserve personnel. <input type="checkbox"/> Yes <input type="checkbox"/> No			

PARENT / GUARDIAN 2

First & Last Name:		Relationship to Student:	
Cell Phone: ()		Home Phone: ()	
Work Phone (if applicable): ()		Email:	
Same address as student's physical address? <input type="checkbox"/> Yes <input type="checkbox"/> No, provide address:			
Street:			Apt #:
City:	State:	ZIP Code:	
Does the parent/guardian require communication from the school in a language other than English?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, what language? Written _____ Spoken _____			
Is the parent/legal guardian currently serving in any branch of the Army, Navy, Air Force, Marines, or Coast Guard? This includes the Michigan National Guard or Reserve personnel. <input type="checkbox"/> Yes <input type="checkbox"/> No			

PARENT / GUARDIAN 3

First & Last Name:		Relationship to Student:	
Cell Phone: ()		Home Phone: ()	
Work Phone (if applicable): ()		Email:	
Same address as student's physical address? <input type="checkbox"/> Yes <input type="checkbox"/> No, provide address:			
Street:			Apt #:
City:	State:	ZIP Code:	
Does the parent/guardian require communication from the school in a language other than English?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, what language? Written _____ Spoken _____			
Is the parent/legal guardian currently serving in any branch of the Army, Navy, Air Force, Marines, or Coast Guard? This includes the Michigan National Guard or Reserve personnel. <input type="checkbox"/> Yes <input type="checkbox"/> No			

PARENT / GUARDIAN 4

First & Last Name:		Relationship to Student:	
Cell Phone: ()		Home Phone: ()	
Work Phone (if applicable): ()		Email:	
Same address as student's physical address? <input type="checkbox"/> Yes <input type="checkbox"/> No, provide address:			
Street:			Apt #:
City:	State:	ZIP Code:	
Does the parent/guardian require communication from the school in a language other than English?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, what language? Written _____ Spoken _____			
Is the parent/legal guardian currently serving in any branch of the Army, Navy, Air Force, Marines, or Coast Guard? This includes the Michigan National Guard or Reserve personnel. <input type="checkbox"/> Yes <input type="checkbox"/> No			

SIBLINGS ATTENDING DPSCD SCHOOLS

First & Last Name:		Date of Birth: / /	
Relationship to Student:	School Attending:		Grade:

First & Last Name:		Date of Birth: / /	
Relationship to Student:	School Attending:		Grade:

First & Last Name:		Date of Birth: / /	
Relationship to Student:	School Attending:		Grade:

First & Last Name:		Date of Birth: / /	
Relationship to Student:	School Attending:		Grade:

First & Last Name:		Date of Birth: / /	
Relationship to Student:	School Attending:		Grade:

MASS COMMUNICATIONS

Detroit Public Schools Community District uses mass communication tools including phone calls, emails or text messages to notify families about school closures, important news and events.

ACKNOWLEDGMENTS & SIGNATURE

I certify that the information provided on this Enrollment Form is true and correct. If necessary, I will allow an interview by the District to verify. I understand that incorrect information may be grounds for revoking enrollment. I understand that it is my responsibility to inform the appropriate school office if/when there is a change to any information on this form.

By signing this Enrollment Form, I accept and agree that if any statements and information used to determine residency are not accurate, I will be personally liable to pay to the District tuition and any fees incurred to collect tuition for all periods of time my student was a non-resident.

Parent or Guardian Signature

Print Name

Date



DPSCD does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity, disability, age, religion, height, weight, citizenship, marital or family status, military status, ancestry, genetic information, or any other legally protected category, in its educational programs and activities, including employment and admissions. Questions? Concerns? contact the Civil Rights Coordinator at (313) 240-4377 or dpscd.compliance@detroitk12.org or 3011 West Grand Boulevard, 14th Floor, Detroit MI 48202.



DISTRICT EMERGENCY CONTACT AND MEDICAL AUTHORIZATION FORM



SCHOOL: _____ **SCHOOL YEAR:** _____

STUDENT INFORMATION

First Name:		Last Name:		Date of Birth: / /	
Grade:	Homeroom Teacher:		Homeroom Classroom Number:		
Home Address Street:			City:	ZIP:	
Student Cell Phone Number: ()			Student Email:		
Who does the student live with? Select all that apply: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other _____					

EMERGENCY CONTACTS INFORMATION

PRIMARY CONTACT

First Name:	Last Name:	Cell Phone: ()	Home Phone: ()
Employer:	Work Phone: ()	Email:	
Relation to student:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandparent
	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Foster Parent
		<input type="checkbox"/> Other _____	

SECONDARY CONTACT

First Name:	Last Name:	Cell Phone: ()	Home Phone: ()
Employer:	Work Phone: ()	Email:	
Relation to student:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandparent
	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Foster Parent
		<input type="checkbox"/> Other _____	

ADDITIONAL CONTACT

First Name:	Last Name:	Cell Phone: ()	Home Phone: ()
Employer:	Work Phone: ()	Email:	
Relation to student:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandparent
	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Foster Parent
		<input type="checkbox"/> Other _____	

EMERGENCY CONTACTS INFORMATION - CONTINUED

ADDITIONAL CONTACT

First Name:	Last Name:	Cell Phone: ()	Home Phone: ()
Employer:	Work Phone: ()	Email:	
Relation to student:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandparent
	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Foster Parent
	<input type="checkbox"/> Other _____		

ADDITIONAL CONTACT

First Name:	Last Name:	Cell Phone: ()	Home Phone: ()
Employer:	Work Phone: ()	Email:	
Relation to student:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandparent
	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Foster Parent
	<input type="checkbox"/> Other _____		

EMERGENCY MEDICAL AUTHORIZATION

PART 1 - TO GRANT CONSENT

Only Part 1 or Part 2 below must be completed and signed.

I hereby give permission for a physician, licensed nurse, or other school employee designated by school administration, to administer medical treatment to my child in an emergency, including as a result of athletic participation, that threatens the life or health of my child. I understand that school staff and medical personnel will be acting in good faith, in accordance with applicable law and in the best interest of my child. DPSCD staff will adhere to applicable policies as well. By providing this consent, to the extent permitted by law, I voluntarily with full knowledge of its significance, release and hold harmless DPSCD, the Board of Education and its staff, contractors, agents, and volunteers from liability resulting directly or indirectly from the medical treatment provided. I further authorize a physician, licensed nurse or other school employee designated by school administration to cause my child to be transported to the nearest hospital for treatment in an emergency. I hereby assume responsibility for the costs of any medical treatment and transportation provided to my child which may include indemnification of DPSCD for such costs.

Signature of Parent/Guardian: _____ Date _____

Note: The above information will be shared with appropriate staff as necessary. This includes, but is not limited to, administrators, teachers, support staff, bus drivers, food service staff, custodians, coaches, and substitute employees. Please, notify the school nurse of any concerns.

PART 2 - REFUSAL TO CONSENT

Do not complete Part 2 if you completed Part 1.

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish school/district authorities to take the following action:

Signature of Parent/Guardian: _____ Date _____



DPSCD does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity, disability, age, religion, height, weight, citizenship, marital or family status, military status, ancestry, genetic information, or any other legally protected category, in its educational programs and activities, including employment and admissions. Questions? Concerns? contact the Civil Rights Coordinator at (313) 240-4377 or dpscd.compliance@detroitk12.org or 3011 West Grand Boulevard, 14th Floor, Detroit MI 48202.



VACCINES FOR CHILDREN

Immunizations play an important role in keeping students healthy by preventing the onset and spread of disease.

The Michigan Public Health Code requires all children who attend school in Michigan to have an up-to-date immunization history or a valid waiver on file.

Childhood Recommended Immunizations (*School Required)

- Diphtheria, Tetanus, Pertussis (DTP, Dtap, Tdap)*
- Polio*
- Measles, Mumps, Rubella (MMR)*
- Hepatitis B*
- Meningococcal Conjugate (MenACWY)*
- Meningitis B* (16 & Older)
- Varicella (Chickenpox)*
- Influenza
- Hepatitis A
- Human Papillomavirus Vaccine (HPV)
- Pneumococcal
- *H. influenzae* type B (Hib)



COVID-19 Vaccines are available for students, for more information visit <https://bit.ly/375Cyhs>



For more information on Immunization Information, visit <https://bit.ly/3DWhEOf>

Michigan law requires that each student possess a certificate of immunization at the time of registration or no later than the first day of school. Please provide this certificate to your school administrative team.



ANNUAL HEALTH INFORMATION



Dear Parent/Guardian: The information on this form will be used to meet your child's health needs at the school. Please complete all sections of the form and then sign and return it to your child's teacher as soon as possible. Every student must have a new form completed each year.

School Name:		Grade:		Is your child new to the district? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student's Last Name:		First Name:		Middle Name:	
Date of Birth: / /					
Parent/Guardian Name:				Relationship to student:	
Home or Cell Phone: ()				Work Phone: ()	
What type of health insurance does your child have? <input type="checkbox"/> Medicaid <input type="checkbox"/> My child does not currently have health insurance <input type="checkbox"/> Private <input type="checkbox"/> Unsure			If your child has Medicaid, please mark the plan name: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Aetna <input type="checkbox"/> Blue Cross Complete <input type="checkbox"/> HAP Midwest </div> <div> <input type="checkbox"/> McLaren <input type="checkbox"/> Meridian <input type="checkbox"/> Molina </div> <div> <input type="checkbox"/> Total Health Care <input type="checkbox"/> United <input type="checkbox"/> Other </div> </div>		
What type of dental insurance does your child have?			Healthy Kids (<i>please select which plan</i>) <input type="checkbox"/> Blue Cross Blue Shield <input type="checkbox"/> Delta Dental <input type="checkbox"/> Unsure which Healthy Kids plan		
			<input type="checkbox"/> Private <input type="checkbox"/> Unsure		

Does your child have any of the following health conditions?								
HEALTH CONDITION	YES	NO	HEALTH CONDITION	YES	NO	HEALTH CONDITION	YES	NO
Severe allergies (food, insects, drugs, latex) If yes, please state what your child is allergic to (certain foods, insects, latex, etc) If yes, please check the reaction that occurs: <input type="checkbox"/> Hives <input type="checkbox"/> Swelling <input type="checkbox"/> Trouble breathing <input type="checkbox"/> Other			Allergies (seasonal)			Heart Problems		
			Anxiety			Lead Poisoning		
			Asthma or breathing problems			Pregnant		
			Attention Deficit Hyperactivity Disorder			Seizures		
			Behavioral Problems			Sickle Cell Disease		
			Bladder or Bowel Problems			Speech Problems		
			Dental Problems			Vision Problems		
			Depression			Wears Glasses		
			Diabetes			Other Health Conditions, please list:		
			Head Injury or Concussions					
			Hearing Problems					

MEDICATIONS AND/OR SPECIAL PROCEDURES*

Does your child require any daily medications to be taken at school? ☐ Yes* ☐ No

Does your child require any emergency medications be kept at school? ☐ Yes* ☐ No

Does your child require any special procedures to be done at school? (*g-tube feeding, catheterization, etc.*) ☐ Yes* ☐ No

** If you answered yes to any of the above questions under Medications and Special Procedures, please complete the Authorization for Release of Medical Information form. If needed, please have your provider complete the Prescribed Medication form. Both forms are available at detroitk12.org/enrollnow and must be renewed every year.*

MEDICAL CARE PROVIDERS

Doctor's Name:	Phone: ()	Address:
Date of last physical: / /	<input type="checkbox"/> Unsure	
Dentist's Name:	Phone: ()	Address:
Date of last dental exam: / /	<input type="checkbox"/> Unsure	
Medical Specialist (optional):	Local Hospital:	
Phone: ()	Emergency Room Phone: ()	
Address:	Address:	

FAMILY NEEDS

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food? ☐ Yes ☐ No

ACKNOWLEDGMENTS & SIGNATURE

I certify that this information is correct to the best of my knowledge and understand that it is my responsibility to inform the school if any of this information changes. I also understand that this information may be shared with need-to-know staff at my child's school in order to keep my child safe and protected while at school.

Parent or Guardian Signature

Print Name

Date

TO BE COMPLETED BY OFFICE STAFF

	DATE	STAFF PERSON
Form Received		
Information entered into Student Information System		



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CONSENT TO RELEASE HEALTH INFORMATION



STUDENT INFORMATION

Student's Last Name:	First Name:	Middle Name:	Date of Birth: / /
Parent/Guardian First and Last Name:		Home or Cell Number: ()	

CONSENT FOR RELEASE OF INFORMATION

By signing this Consent to Release Information form, I consent to the following:

- I authorize my child's school to disclose the following student information to the individuals/groups listed below: child's family and emergency contact information, attendance and disciplinary records, immunization history, results of health screenings such as hearing and vision, psychological evaluations, special education records, section 504 accommodation plan and any information related to medical conditions, such as asthma, diabetes or seizures.
 - My child's Health Care Provider(s)
 - My child's Health Insurance Plan
 - Michigan Dept. of Health and Human Services and Detroit Health Dept. (immunization records only)
 - School-based health service providers – see below
- I understand that sharing this information will allow DPSCD to work with each of these individuals/groups to coordinate care, provide outreach services if necessary, and keep my child healthy and safe at school.
- I understand that I am entitled to receive a copy of any disclosed records. (If you wish to receive a copy please provide an email or street address to which where the records should be sent.)
- I understand that these individuals may further use records provided by DPSCD for contacting me and/or verifying information for student health related purposes.
- I understand that my authorization to allow sharing the above information is voluntary and that it expires when my child leaves the school district, or graduates. **I understand that I may revoke this authorization at any time by submitting a note or letter in writing to the school administration office.**

School-based health service providers may include any of the following:

- School Based Health Centers (SBHC): ability to diagnose and treat many common conditions such as sore throats, headaches, and ear infections, and also manage chronic health conditions. The SBHC may also provide behavioral health services.
- Dental Services: may include oral health education, screenings, fluoride varnish application, preventative care and cleaning, restorative/corrective care.
- Vision Services: may include screening, examination, treatment and/or corrections such as eyeglasses.
- Immunization Services
- Behavioral Health Services

In order for your child to receive these services, from these providers, you will need to complete a separate enrollment form with each of the providers.

Parent/Guardian Name:	Relationship to Child:	Date: / /
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Permission for Collaboration for Your Child's Health HEALTH CARE PROVIDERS, HEALTH PLANS & HEALTH DEPARTMENTS



FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

What is FERPA?

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. Generally, schools must have written permission from the parent, or student if over 18, in order to release any information from a student's education record.

Permission for what?

Detroit Public Schools Community District is requesting your consent because we may need to share information contained in our student records with your child's Health Care Provider, Health Insurance Plan, a School-Based Health Service Provider, or as required by law, including to the Michigan and Detroit Departments of Health. Health Care Providers are the physician(s) or nurse practitioner(s) who take care of your child, as noted in the district's records. A Health Plan is an organization that administers your child's health care benefits, such as Medicaid or a health insurance company.

Why is this important?

This consent form allows the district, when requested or necessary by law, and/or to assist with coordination of health care, including benefits, by sharing health information from the student's education record. Without your consent, the district is limited in how it can collaborate with your child's Health Care Provider, Health Insurance Plan, or a School-Based Health Service Provider to help you or your child.

What this form does not do.

- This form only authorizes the district to disclose information for limited purposes, with your consent. Each Health Care Provider, Health Insurance Plan, or a School-Based Health Service Provider may have its own way of getting permission from you for them to share information with the district.
- Your signature does not authorize the district to obtain medical treatment for your child on your behalf.

**Please help us link you and your child to health services
by signing and returning the previous page.**



STUDENT MEDIA RELEASE



PLEASE PRINT ALL INFORMATION

To the parent or guardian of: _____
(Print Student's Name)

On occasion, Detroit Public Schools Community District-approved non-commercial video, photographic and/or audio production crews may be present at the school or at a Detroit Public Schools Community District-sanctioned activity your child attends, in order to highlight the activity, school, student or the District in the interest of promoting public education. If you consent to your child's participation in the video/photographic/audio, productions/interviews/activities that may take place, please sign below after reading the following.

I, _____, am the parent/guardian of the above-named student.
(Print Parent/Guardian Name)

In the interest of public education, I hereby authorize the Detroit Public Schools Community District, its Board of Education, and the non-commercial production crews, acting through their authorized employees or agents, to use, publish, and copyright audio and/or visual reproductions of the above-named student's voice and/or image, alone or with other persons, with or without the use of the student's name for the sole use in the interest of public education connected with a DPSCD authorized project.

This release is in effect in perpetuity from the date _____
(Print Student's Name)

becomes a student of _____ until the date his/her
(Print School Name)

status at DPSCD or at the school as a student terminates. I hereby release and hold the Detroit Public Schools Community District harmless from any liability, any and all injuries, claims, damages or costs arising from the use of images or recordings of any type and waive any request for remuneration.

Parent/Guardian Signature

Date

Address, City, Zip

KEEP THE COMPLETED FORM AT YOUR SCHOOL.

Office of Communications & Marketing
ph: 313-873-3494 | communications@detroitk12.org



The Family Educational Rights and Privacy Act, a federal law, and Detroit Public School Community District (“District”) Board Policy allows districts to disclose designated “directory information” to third parties, unless a student’s parent or legal guardian opts out.

Directory information includes the student’s name, school name, participation in officially recognized activities and sports, height and weight (if member of an athletic team), date of graduation, awards received, telephone numbers and/or home addresses (for inclusion in school or PTA directors), and school photos or videos of students participating in activities, events or programs. Only directory information regarding a student shall be released to any person or party, other than the student or his/her parent, without written consent.

Director information is commonly used in school publications, yearbooks, activity and athletic programs, television productions, web sites, as well as inquiries from community partners, other schools, and potential employers. In addition, the District is required by law to provide, upon request, military recruiters with the same access to directory information as is provided to prospective employers.

We take student data privacy seriously. Parents or guardians should complete this Directory Information Opt-Out Form if they do not want some or all the directory information shared with third parties. The form can be completed online at <https://bit.ly/DPSCDoptout>.



VIRTUAL SCHOOL LEARNING AGREEMENT



STUDENT INFORMATION

Student's Last Name:	First Name:	Middle Name:	Date of Birth (MM/DD/YY):
Parent/Guardian First and Last Name:		Home or Cell Number:	
Home Address:		Email Address:	

The purpose of this agreement is to acknowledge acceptance of the identified roles and responsibilities for students and parents that request to enroll in DPSCD's Virtual School. Any violation of the student agreement below will result in a student being transferred out of the Virtual School and enrolled into one of the district's brick-and-mortar schools.

STUDENT SECTION

<input type="checkbox"/> I agree to maintain a study schedule and spend at least 8 hours a week on each online course.	<input type="checkbox"/> I agree to communicate regularly with my counselor whenever I have a problem with my attendance.
<input type="checkbox"/> I agree to abide by DPSCD's Student Code of Conduct.	<input type="checkbox"/> I understand DPSCD's academic, behavioral, attendance, and technology expectations of me while attending the Virtual School. I need support in the following areas:
<input type="checkbox"/> I agree to keep up with assignments, tests and quizzes.	
<input type="checkbox"/> I agree to maintain a C or above in all my classes	
<input type="checkbox"/> I agree to communicate with my teacher regularly and whenever I have a problem.	
<input type="checkbox"/> I agree to maintain an attendance rate of at least 90% in all my classes.	

PARENT/GUARDIAN SECTION

I agree to support my child's success at the DPSCD's Virtual School by:
<input type="checkbox"/> Setting up a study space
<input type="checkbox"/> Monitoring their academic, behavioral, and attendance progress
<input type="checkbox"/> Helping maintain their study schedule
<input type="checkbox"/> Aiding their daily attendance in all classes
<input type="checkbox"/> Encouraging them to communicate with the teacher whenever there is a question or a problem
<input type="checkbox"/> Refraining from interrupting the virtual classroom environment

ACKNOWLEDGEMENT AND SIGNATURES

We acknowledge that we have reviewed this agreement together and understand our responsibilities.	
Student (signature)	Date:
Parent/Guardian (signature)	Date:

DPSCD does not discriminate on the bases of race, color, national origin, sex, sexual orientation, gender identity, disability, age, religion, height, weight, citizenship, marital or family status, military status, ancestry, genetic information, or any other legally protected category, in its educational programs and activities, including employment and admissions opportunities. Contact the Civil Rights Coordinator for more information at (313) 240-4377 or detroitk12.org/compliance.