MYCA APPLICATION

MICHIGAN YOUTH

CHALLENGE ACADEMY

Instructions for completing the Michigan Youth ChalleNGe Academy (MYCA) application

- ☐ Youth and parent/guardian **MUST** attend an orientation. Dates are listed on our website.
- ☐ Read **ALL** forms and pages in application
- ☐ **Application page** (pg. 3) – complete (applicant **must** handwrite statement, do not type)
- ☐ **MYCA Privacy Act Statement** (pg. 4) – read, sign and date
- ☐ **MYCA Applicant Contract** (pg. 5) – Applicant must read and sign each paragraph and sign and date
- ☐ **MYCA Power of Attorney** (pg. 6) – complete, print applicant's full name, sign, and date
- ☐ **MYCA Certificate of Understanding and Release of Liability** (pg. 7) – read, sign and date
- ☐ **MYCA Application Certification** (bottom of pg. 7) – read, sign and date (applicant's signature)
- ☐ **Applicant Under Age of Majority or 18** (pg. 8) – DO NOT COMPLETE UNTIL IN THE PRESENCE OF A NOTARY. Parent/legal guardian to complete top portion, notary to complete bottom portion. MYCA staff will complete box.
- ☐ **MYCA Authorization Sheet for Workshops/Visitations** (pg. 9) – complete
- ☐ **MYCA Medical History Questionnaire** (pg. 10) – **MUST** be completed by medical provider, signed, and dated at bottom of the form
- ☐ **MYCA Physical Examination** (pg. 11) – **MUST** be completed by medical provider, signed, and dated at bottom of the form.
- ☐ **Marshall Public Schools** (pg. 12) – INFORMATION ONLY REGARDING HOUSEHOLD SURVEY REPORT
- ☐ **Instructions for Completing Household Survey Report** (pg. 13)
- ☐ **Household Information Report** (pg. 14) – complete, sign, and date at bottom of the form
- ☐ **Marshall Public Schools Student Enrollment** (pg. 15) – complete, sign, and date
- ☐ **Michigan Law Form regarding immunizations** (pg. 16) complete, sign, and date
- ☐ **MYCA Student Record** (pg. 17) – complete top portion, take to last school of record to have them submit required transcripts.

Copies of the following MUST also be submitted with application to be considered complete!!!!

- ☐ Applicant's Birth Certificate
- ☐ Applicant's Social Security Card **(if applicant does not have, you will need to go to Social Security office and apply for one. Make sure to get a receipt and submit. This will be acceptable until you receive the actual card)**
- ☐ Applicant's photo ID (i.e. school ID or passport)
- ☐ Copy of health insurance cards (front and back)
- ☐ Parent's Photo ID
- ☐ Custody/guardianship papers (if applicable)
- ☐ Updated immunization records (All immunizations must be **CURRENT** to be considered)

- ☐ **MYCA Mentor application**

Mentor Applications

Each applicant must have at least one person (preferably two) willing to mentor them for 12 months after completing the 22-week Residential Phase. Mentors should be people the applicant looks up to, people of high moral character and be a good role model. Mentors must be same gender as applicant, at least 21 years old, cannot be an immediate family member and cannot live in the same household as applicant. Local volunteer groups such as church's, school guidance counselors, teachers, coaches, ministers, community leaders, neighbors, family friends, etc. are good places to find mentors. **Mentor application(s) must be completed and sent back to MYCA for the applicant to be considered for this program. It is your responsibility to ensure your prospective mentor(s) complete the application. Your youth's application is NOT complete without the completed mentor applications, this includes mentor references.** If you have any questions regarding the mentor application, you may contact our case managers at 269-968-1089, 269-968-1049 or 269-968-1421.

MAKE SURE ALL PAGES ARE SIGNED AND DATED

Please submit completed youth application, mentor application and required copies by the following methods:

Scan and email (PREFERRED)
MYCAAdmissions@michigan.gov

Take a picture with your phone and email or text
517-582-4524

Mail: MYCA
Attn: Admissions
5500 Armstrong Road
Bldg. 13
Battle Creek, MI 49037

PLEASE NOTE: IF SENDING BY MAIL YOUR APPLICATION CAN BE DELAYED UP TO 2 WEEKS DUE TO GOING THROUGH REGULAR POST OFFICE AND VA POST OFFICE. **REGULAR MAIL IS NOT RECOMMENDED**

Michigan Youth ChalleNGe Academy (MYCA)

Application

APPLICATION DATE: _____

Applicant's Last Name: _____

First Name: _____ Middle name: _____

Date of Birth: _____ Age: _____

Applicant Social Security Number: _____ Ethnicity _____

Street Address (street #/Apt. # _____ City: _____

State: _____ Zip Code: _____ Home Number: (____) _____

Last Grade Completed in School: _____

Contact email: _____

How did you hear about us? _____

In case of emergency notify	Relationship	Home phone	Work phone

Alternate emergency contact person	Relationship	Home phone	Work phone

Parents or Guardians

Last Name: _____ First Name: _____

Relationship: _____ Home Number: (____) _____ Work Number: (____) _____

Last Name: _____ First Name: _____

Relationship: _____ Home Number: (____) _____ Work Number: (____) _____

Applicant's Statement

In 1 paragraph or more and in your own handwriting, please state why "I should be accepted as a Candidate into the Michigan Youth ChalleNGe Academy." Also describe your goals for the future and how this program will help you achieve these goals. (Please attach additional pages if necessary)

_____

_____

_____

_____

_____

_____

MYCA Privacy Act Statement

Classification CONFIDENTIAL

Upon submission, this document becomes legal property of the Michigan Youth ChalleNGe Academy.

THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE ANY INFORMATION PERTAINING TO YOU

1. Authority for collection of information including Social Security Number (SSN):
   Sections 133, 1071-87, 3012, 6031, and 8012, title 10, United States Code and Executive Order 9397
2. Principle purposes for which information is to be used:
   This form provides you the advice required by the Privacy Act of 1974. The personal information will facilitate and document your health and financial records. The Social Security Number (SSN) of the applicant is required to identify and retrieve these records.
3. Routine Uses:
   The primary use of this information is to provide, plan, and coordinate health care and financial activities. As prior to enactment of the Privacy Act, other possible uses are to:
   - ❖ Aid in preventative health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies.
   - ❖ Compile statistical data
   - ❖ Conduct research
   - ❖ Teach
   - ❖ Adjudicate claims and determine benefits
   - ❖ Other lawful purposes, including law enforcement and litigation
   - ❖ Conduct authorized investigations
   - ❖ Evaluate care rendered
   - ❖ Determine professional certification and hospital accreditation
   - ❖ Provide physical qualifications of applicants to agencies of federal, state, or local government upon requests in pursuit of their official duties.
4. Whether disclosure is mandatory or voluntary and effect on individual of not providing information:
   In the case of MYCA applicants, the requested information is voluntary, If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED. This all-inclusive Privacy Act Statement will apply to all requests for personal information made by the MYCA staff and medical/dental treatment personnel for treatment purposes and will become a permanent part of the applicant's academy records. Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

Parent/Legal Guardian/Applicant if 18 Signature	Date

(MYCA doc 2, pgs. 1-6; July. 2020)

MYCA Applicant Contract

During my stay at the Michigan Youth ChalleNGe Academy, I will treat the staff and other participants with respect. I will also be treated with respect and fairness by staff and other participants. I am expected to follow the Honor Code as outlined within the Cadet Manual.

Applicant's Initials

I am expected to learn military related subjects that will be taught during this program. I will learn Drill and Ceremony, which consist of facing and marching movements, and will march in formations at all times when moving to and from different locations. I will study leadership techniques using the methodology established by military doctrine, and will perform in leadership positions throughout the program.

Applicant's Initials

I am expected to maintain my grooming and appearance in a clean, neat, orderly, and acceptable manner at all times. My haircut and style will be conservative and in good taste, and I will use military standards as a guide. I will be provided clothing and the use of laundry facilities free of charge and therefore expected to maintain a clean and serviceable uniform at all times. I am expected to keep my personal area within standards stated in the Cadet Manual, prepared at all times for inspections.

Applicant's Initials

Each day I will participate in scheduled activities. These activities consist of classroom work; assigned duty details, work projects, fitness training, and organized athletics. I am expected to perform these activities routinely with gradual reduction of supervision and should take pride in my accomplishments.

Applicant's Initials

I am expected to participate in group and independent projects. These projects will focus on individual leadership, learning and development.

Applicant's Initials

I am expected to participate in classroom instruction and testing in English, Social Studies, Science, Literature and Arts, and Math, and/or other assigned classes.

Applicant's Initials

I am expected to participate in meaningful field trip visits that will support my personal development. Visits may include but are not limited to the Michigan State Capital, military facilities, Michigan historical sites and natural wonders. In addition, I will participate during the guest speaker visits scheduled throughout the 22-week residential phase.

Applicant's Initials

I understand that I am expected to commit myself to a 12-month post residential phase. This will support me in maintaining my goals and commitments after leaving the 22-week residential phase and will require participate with my mentor.

Applicant's Initials

I understand that if I do not abide by the terms of the contract, or give false information either by speaking or writing, consequences may be issued.

Applicant's Initials

I submit that by signing this contract, I will put forth 100% of my energy and strength to complete the Challenge Academy if selected to attend:

Applicant Signature:_____

Date:_____

(MYCA doc 3, pgs. 1-6; July. 2020)

MYCA Special Power of Attorney for Authorization of Medical Care

I want my attorney-in-fact (MYCA) to have the power to consent to any medical or dental treatment needed for my child and to sign any papers needed to authorize those treatments (any medical or dental care at the VA Medical Center or any offsite medical or dental Practice, medical or dental center, or emergency care hospital or facility). I want my attorney-in-fact to be able to do anything that I could do if I were personally present. Anything my attorney-in-fact does to maintain the health of my child (my health) will be the same as if I had done it myself. This is a Durable Power of Attorney. It will stay in effect if I become disabled, incapacitated, or incompetent. This Power of Attorney shall expire after the 22-week residential phase is complete.

MYCA INSURANCE INFORMATION

Applicants are not required to have insurance for acceptance into MYCA. We **DO NOT** provide for medical expenses. Therefore, we request that the following information be provided:

Do you have medical insurance? ☐ Yes ☐ No ☐ Title 19 (medical assistance)

Insurance Provider's Name:_____

Insurance Provider's Address: _____

Insurance Provider's Phone Number: ( ) _____

Your Account or Identification Number:_____

MEDICAL INSURANCE AGREEMENT

I/we hereby agree to be financially responsible for all expenses incurred requiring medical assistance (to include pharmacy, lab, dental, or any other related expenses). If my medical insurance expires or is cancelled on this individual, I will be financially responsible for all expenses incurred requiring medical assistance (to include pharmacy, lab, dental, or any other related expenses). The medical staff at the Michigan Youth ChalleNGe Academy in coordination with parent/legal guardian may make any medical determination regarding scheduling appointments, administering prescriptions, etc. MYCA **DOES NOT** pay for normal medical expenses incurred by your son/daughter. The cadet, and ultimately the parent/guardian, is responsible for all normal medical and dental expenses, **to include all co-payments, deductible, and all non-covered charges.** The Academy will provide the physician, hospital, or pharmacy with the appropriate insurance information or Title 19 coverage.
FURTHERMORE, in consideration of my child's participation in MCPs, I HEREBY RELEASE the State of Michigan, the officers, agents, employees, successors, and assigns from any and all liability which may arise from my child's application, selection, participation or dismissal from the Academy and I AGREE to indemnify and hold harmless the State of Michigan, the Michigan National Guard, the Michigan ChalleNGe Programs, the officers, agents, employees, successors, and assigns regarding any liability or cause of action which may arise from my child's participation in and activities in any receipt of services from any third party or entities or organization while participating in the Michigan ChalleNGe Programs

Print Cadet Full Name: _____
Dates: January 17, 2021 – June 19, 2021

_____ _____
Parent/Legal Guardian/Applicant if 18 Signature Date

(MYCA doc 4, pgs. 1-6; July 2020)

MYCA Certificate of Understanding and Release of Liability

I permit my child to participate in all Academy activities which may include UNIQUE activities such as rappelling, rope courses, aircraft rides (to include military aircraft), extreme physical activities, and various off-campus activities; to include transportation to and from such events and transportation to and from classes and any event not on MYCA property, mentor activities for a period of 12 months after residential program is completed.

1. I also authorize the MYCA to conduct whatever background search deemed appropriate. I fully understand that the information collected may be of a sensitive, confidential, and privileged nature, and may reflect upon my selection, participation, and/or dismissal.
2. My child will be residing at MYCA in Battle Creek, MI. I also understand that Marshalll Public Schools will administer the educational component and I authorize them to share any and all information relating to the education program of my child.
3. The Academy has my permission to release photographs/biographies of my child to the media, for marketing materials, and non-confidential information of my child to the same for publicity purposes. I also understand that this information may be released by MYCA to any source without my further consent, to include members of the government, news, radio, and print media or in use in MYCA's informational/marketing materials.
4. I give my permission for the Academy staff to maintain discipline in the program by imposing disciplinary measure upon my child.
5. I also understand that during the course of the program, my son/daughter may be randomly tested for drugs, alcohol, and HIV. I also understand that a positive test result for drugs or alcohol may subject my child to dismissal from the program.

FURTHERMORE, in consideration of my child's participation in the Academy, I HEREBY RELEASE the State of Michigan, the officers, agents, employees, successors, and assigns from any and all liability which may arise from my child's application, selection, participation or dismissal from the Academy and I AGREE to indemnify and hold harmless the State of Michigan, the Michigan National Guard, the Michigan Youth ChalleNGe Academy, the officers, agents, employees, successors, and assigns regarding any liability or cause of action which may arise from my child's participation in this Academy.

Parent/Legal Guardian/Applicant if 18 Signature _____ Date _____

****MYCA Application Certification****

I have reviewed all information submitted (pages 1-6 of application) by me and certify that it is true and complete to the best of my knowledge. At this time, I am in good health and not under the influence of any illegal drugs/alcohol. I am not awaiting sentencing nor have any court appearances during the twenty-two-week residential program.

Applicant Signature _____ Date _____

(MYCA doc 5, pgs. 1-6; July. 2020)

Applicant Under Age of Majority or 18

I/we certify that the information given (pages 1-6 of application) by me/us is true, complete and accurate to the best of my/our knowledge and belief. I/We understand that my/our application to the MYCA is based on the information provided by me/us in this document; that if any information is knowingly false or incorrect, applicant may be removed from the MYCA. I/We also agree to the contents of the **previous** pages (1-6) completed by the undersigned, Medical Insurance Agreement, Special Power of Attorney for the Authorization of Medical Care, Student Visitation & Sign-Out Authorization and Certificate of Understanding and Release of Liability.

NOTE: THE FOLLOWING SIGNATURES MUST BE COMPLETED BEFORE A NOTARY PUBLIC

_____

Print Full Name Parent/Legal Guardian

_____

Signature Date

_____

Print Full Name Parent/Legal Guardian

_____

Signature Date

TO BE COMPLETED BY MYCA OFFICAL

Justification for single parent/guardian signature: (i.e. divorce, death, BOW, POA, WOC, etc.)

Country: _____

State/Commonwealth: _____

County/Parish: _____

File #: _____

Print parent/guardian full name: _____

To be completed by a Notary Public

STATE OF MICHIGAN, COUNTY OF ☐ Acting in _____, TO WIT:

I, _____, a Notary Public in and for the above County and State, certify that _____, whose signature(s) appear on this document, personally appeared before me in my said County and State and did then and there sign the above document.

Given under my hand this _____ day of _____, in the year _____.

My Commission expires: _____ _____

Signature – Notary Public

(MYCA doc 6, pgs. 1-6; July. 2020)

Michigan Youth ChalleNGe Academy
5500 Armstrong Rd, Building 13
Battel Creek, MI 49037-7314
Phone 269-968-1294 or
MYCAadmissions@michigan.gov

Authorization Sheet for Workshops/Visitations

PLEASE NOTE

Workshops and Visitations are for

Parents/Legal Guardians/Mentors ONLY

If an individual is NOT on this list, they will not be allowed into the workshop/visitation.
This is for the safety of our cadets, as well as attendees.

APPLICANT'S NAME:_____

NAME	RELATIONSHIP TO CADET
	PARENT
	PARENT
	STEPPARENT
	STEPPARENT
	MENTOR
	MENTOR

Please contact Ms. Stacy Guinn for any additional questions or concerns regarding this list

MYCA MEDICAL HISTORY QUESTIONNAIRE

TO BE FILLED OUT BY APPLICANT AND SIGNED BY MEDICAL PROVIDER

Date: _____

Applicant's name: _____ Date of Birth: _____

Age: _____ Sex: ☐ Male ☐ Female

Address: _____ City: _____ Zip: _____

Parents/Guardian: _____

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Physician's Name: _____ Physician's Phone: (____) _____

Insurance: _____

Family History:

☐ Tuberculosis	☐ Seizure Disorder	☐ Hypertension	☐ Stroke
☐ Diabetes	☐ Cancer	☐ Kidney Disease	☐ Heart Problems
☐ Mental Illness	☐ G6PD Deficiency	☐ Sickle Cell Trait/Anemia	

Personal History:

Allergies (Drug, Food, Environment): _____

Current Medications: _____

Birth Control/STD Prevention Methods: _____

Tobacco Use (What kind, How much): _____

Have you been diagnosed by a medical professional with any of the following: If yes, please provide proper documentation.

☐ Hearing Problems	☐ Nose Bleeds	☐ Heart Murmur	☐ Leg Pain
☐ Psyc Treatment	☐ Seizures	☐ Anxiety Disorder	☐ Dizzy Spells
☐ Sinus Problems	☐ Chest pain	☐ Loss of Appetite	☐ Kidney Stones
☐ Headaches	☐ Migraines	☐ Vision Problems	☐ Bi-polar Disorder
☐ Hypertension	☐ Heartburn	☐ Anemia	☐ Eating Disorders
☐ Emotional Treatment	☐ Asthma	☐ Nausea	☐ Diabetes
☐ Measles	☐ Mumps	☐ Chicken Pox	☐ Shingles
☐ SubAbuse Treatment	☐ STD	☐ Herpes	☐ Pregnancy
☐ Sleep Problems	☐ ADHD	☐ Foot Pain	☐ Broken Bones/Joints
☐ Accidents/Injuries			

Any surgery or other issues: _____

Immunizations: Please submit a readable copy of updated immunization records

_____

Medical Provider Signature (Acknowledgement of Review) **Date**

MYCA PHYSICAL EXAMINATION

TO BE FILLED OUT BY APPLICANT AND SIGNED BY MEDICAL PROVIDER

Medical Provider's Name: _____ Phone Number: _____

Physician's Address: _____
Street Number/Name/P.O. Box City State Zip code

Applicant Name: _____ Date: _____

Height: _____ Weight: _____ T _____ P _____ R _____ BP _____/_____

General Appearance: _____

Examination:

	Normal	Abnormal	Comments
Skin			
Head			
Eyes			
Ears			
Nose & Sinuses			
Mouth & Throat			
Neck			
Breasts			
Respiratory			
Cardiac			
Gastrointestinal			
Urinary			
Genital			
Peripheral Vascular			
Musculoskeletal			
Neurological			
Hematological			
Endocrine			
Psychiatric			

Determination/Restrictions:

_____PHYSICALLY QUALIFIED. The patient is considered physically qualified to participate in physical activities including running, jogging, marching, push-ups, pull-ups, and cardiovascular workouts. The following issues are non-urgent and should be evaluated at the parent or guardian's convenience.

_____NOT PHYSICALLY QUALIFIED. The patient is not physically qualified to participate in the above physical activities or the following urgent issues must be evaluated promptly.

_____

Medical Provider Signature **Date**

MARSHALL PUBLIC SCHOOLS

Dear Parent or Guardian:

We are pleased to inform you that *(Marshall Public Schools)* will be participating in the Community Eligibility Provision (CEP) as part of the National School Lunch and School Breakfast Programs for the School Year 2019-2020.

The GREAT NEWS is that ALL students enrolled at our school can receive a healthy breakfast and lunch at NO CHARGE to your household each day.

In place of the Free and Reduced-Price Meal Application we still need your household to **fill out and sign the Household Information Report**. This report is *critical* in determining the amount of money that our school receives from a variety of State and Federal supplemental programs like Title I A, At-risk (31a), Title II A, E- Rate, etc.

These supplemental programs have the potential to offer supports and services for our students including, but not limited to:

- Instructional supports (staff, supplies & materials, etc.)
- Non-instructional services (counseling, social work, health services, etc.)
- Professional Learning for staff
- Parent and Community engagement supplies and activities
- Technology

We are asking that you please complete and submit it as soon as possible to ensure that additional funding for our school is available to meet the needs of our students. All information on the report submitted is confidential. Without your assistance in completing and returning the attached report, our school cannot maximize the use of available State and Federal funds.

If we can be of any further assistance, please contact us at *(269-781-1323)*.

Sincerely,

Jeremy Yettaw

INSTRUCTIONS FOR COMPLETING
HOUSEHOLD INFORMATION REPORT

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF ANY member of your household receives benefits from the Food assistance program (fap), family independence program (FIP), or FDPIR please follow these instructions:

Part A: Enter the total number of individuals living in your household, including all children in the box provided.
Part B: List the case number for any household member (including adults) receiving FAP, FIP, or FDPIR benefits
Part C: List the First and Last name, Birth Date, School that the child is attending, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.
Part D: Skip this part
Part E: Sign the form. Print your name and Date.

If your household does not receive benefits from the Food assistance program (fap), family independence program (FIP), or FDPIR please follow these instructions:

Part A: List the total number of individuals living in your household, including all children.
Part B: Skip this part.
Part C: List the First and Last name, Birth Date, School that the child is attending, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.
Part D: Enter all gross income for each type of income that applies. If you have no income for any 1 or more of the categories, Circle NONE if no income. Add lines 1-6 and enter the Total Monthly Household Income.
Part E: Sign the form. Print your name and Date.

Marshall Public Schools
MYCA
5500 Armstrong Road, Bldg. 13
Battle Creek, MI 49037
(269)968-1294
MYCAadmissions@michigan.gov

Household Information Report

Approved for:
1 ☐ 2 ☐

To determine eligibility for various additional state and federal program benefits that your school may qualify for, please complete, sign and return

this report to _____Michigan Youth Challenge Academy_____.

These sections must be completed by the head of household or designee.

PART A. SIZE OF FAMILY - Enter the total number of individuals living in your household, including all adults and children →

_____

PART B. CURRENT BENEFITS - Complete below if applicable

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: _____ Case Number: _____

PART C. STUDENT INFORMATION – Complete for each student Pre-K through 12th Grade

Last Name	First Name	Birth Date XX-XX-XXXX	School	Identify **H** if Homeless **M** if Migrant **R** if Runaway **F** if Foster

If you need additional lines, attach a second sheet to this report or attach a copy of this report clearly marked as a Page 2.

PART D. TOTAL MONTHLY HOUSEHOLD INCOME – Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Income	Circle if None
1. Gross Monthly Earnings: Wages, Salary, Commissions	$	None
2. Monthly Welfare Payments, Child Support, Alimony	$	None
3. Monthly Payments from Pensions, Retirement, Social Security	$	None
4. Monthly Dividends or Interest on Savings	$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	$	None
Total Monthly Household Income (Add lines 1-6)	$	

PART E. SIGNATURE - I certify (promise) that all information on this report is true and that all income is reported. I understand that the school will get federal/state funds based on the information I give. I understand that school officials may verify (check) the information.

_____ _____ _____
(Signature) (Printed Name) (Date)

_____
(Address) (City) (Zip)

_____ _____ _____
(Home Phone) (Work Phone) (Email Address)

By providing your email address you may be contacted via email by the district.

MARSHALL PUBLIC SCHOOLS STUDENT ENROLLMENT
Michigan Youth Challenge

Student Name_____
PLEASE PRINT (First) (Middle) (Last)

Grade: _____ Gender: ☐ Male or ☐ Female

Birthdate:_____ Age: _____ Birth City & State: _____

Name of last school attended: _____

Address/City & Zip: _____

Is English your child's 1st or 2nd Language? ☐ **1st or** ☐ **2nd what is 1st language**_____

Ethnic Code: ☐ Amer. Indian ☐ Caucasian ☐ Hispanic
(Check all that apply) ☐ Asian ☐ Native Hawaiian ☐ African American

Parent/Guardian Name: _____

Mailing Address: _____

City:_____ Zip: _____

MISCELLANEOUS INFORMATION

Is this student Military-Connected? ☐ Yes or ☐ No If yes, what Branch?_____

Relationship to student_____

Special Services your student received at previous school: ☐ IEP ☐ 504 ☐ Neither

Virtual/Online Learning Permission

Virtual learning is a method of receiving academic instruction in courses in which the pupil is registered, and the courses are taken through a digital learning environment. Virtual learning may be offered at a supervised school facility during the day as a scheduled class period or through self-scheduled learning where pupils have some control over the time, location, and pace of their education. Virtual learning includes, but is not limited to, online learning and computer-based learning, where the deliver of instruction may incorporate a combination of software, technology, and the Internet. Signature below gives permission for student his/her enrollment in district approved virtual/online course(s).

_____
Parent/Legal Guardian Signature Date

I affirm, that as the parent/legal guardian, all information provided above is true and accurate, and that my child and I reside at the listed address. I understand any false information provided by me, may subject me to legal penalties.

_____ _____
(Signature of Parent/Guardian) *(Signature of Student)*

_____ _____
(Enrolled by) *(Date)*

MYCA OFFICE USE: UIC#: _____ COHORT YEAR: _____

Michigan Youth ChalleNGe Academy
5500 Armstrong Rd, Building 13
Battel Creek, MI 49037-7314
Phone 269-968-1294 or
MYCAadmissions@michigan.gov

Michigan law requires that all students enrolling in public school must be current on immunizations **prior** to registration. All immunization records must be received before they will be considered for acceptance. Please review your records and have your son/daughter immunized accordingly. You will also find enclosed with this letter a health care form that must be completed and returned to the admissions office along with the immunization record.

If they become deficient while at MYCA, we will arrange for our school nurse, in cooperation with the Calhoun County Health Department, to administer the immunizations needed. For your son/daughter to receive immunizations through the Health Department they must meet one of the following criteria:

- No Insurance Coverage
- Present Insurance does not cover immunizations
- (This could include HMO's that will not cover doctor in this area)
- American Indian or Native Alaskan
- Medicaid Coverage

If they do not meet the criteria above and become deficient while attending this program, the MYCA nurse will make arrangements with the health care provider through MYCA program for immunizations. Payment for this procedure will be the responsibility of the cadet's parents. Please make note on the enclosed health care form if your insurance covers immunization payment so the doctors' office can bill your insurance company accordingly.

You can forward a copy of immunization records and health care form directly to the attention of Admissions via the address or email above to ensure complete information is records.

Student Name: _____ Other last name used: _____

Address: _____ Date of Birth: _____

Social Security #: _____ Phone: _____

Adult male/female residing in the home: _____

INSURANCE INFORMATION please check all that apply:

1. ☐ NO insurance at present time
2. ☐ Medicaid/Medicaid # _____
3. ☐ Present insurance doesn't cover immunizations, or it is an HMO and won't cover DR visits out of our area
4. ☐ American Indian ☐ or Native Alaskan
5. ☐ Present insurance will cover immunizations at a doctor's office

_____ _____

Parent/Guardian Signature Date

MICHIGAN YOUTH CHALLE*NG*E ACADEMY STUDENT RECORD

****Parents: The top portion of this form must be completed, and the entire form given to your child's previous school. The school will send this form with copies of your child's records directly to the MYCA.****

Today's Date:_____

Name of Student:_____Birth date:_____
I give permission for the information below to be shared with the Michigan Youth ChalleNGe Academy.

PARENT/GUARDIAN'S SIGNATURE:_____

.....

Acceptance into MYCA is not guaranteed. Please do not withdraw student from current classes. We are only requesting the following information at this time.

√ **COPIES OF RECORDS REQUESTED:**

Please do not send the original CA-60 and/or original Special Education records

- √ Transcript of Grades and Credits
- √ Graduation Requirements
- √ Medical information: Immunization records
- √ Student's Unique Identification Code (UIC) the states 10-digit code: _____
- √ Special Education information (current within 3 years) including IEPC and Psychological Reports
- ☐ Check here if student has **not** received special education services within the past 3 years.

END OF CYCLE RECORDS PERMISSION:

- √ Request GED Transcript of Grades/Credit **from** the MPS Adult Education Office.
- √ Forward MYCA Transcript of Grades/Credit **to** the previous school and next school.

School official's signature:_____ Title: _____

Printed name of above:_____ Phone #: (___)_____

Schools Region:_____ School District: _____

School address:_____City:_____

State: _____ Zip: _____ County: _____

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SCHOOL OFFICIAL:
Please scan and email this form with COPIES of records to:

MYCAadmissions@michigan.gov