



50 Antoine SW

Grand Rapids MI 49507

Phone: 616-364-2000 Fax: 616-426-3583

Thank you for your interest in Covenant High School Grand Rapids. Once the forms in this enrollment packet are complete, please turn it in at the school office with the following information:

- Birth Certificate and/or Passport (If immigrated within last three years)
- Copies of all Transcripts from Previous High Schools
- Immunization (Shot) Records
- Proof of Address (Utility Bill or Leasing Agreement)
- State Identification (For Students 18 or Over)
- IEP Paperwork (If Applicable)

Once the student has attended orientation and **ALL** enrollment paperwork is received, the student will be given a start date. Parents/Legal Guardians, please plan on joining your student for this orientation.

Please feel free to contact the school with any questions or concerns.



# Grand Rapids Student Application

Today's Date \_\_\_\_\_

## Student's Personal Information

Virtual Student

In-Person/Hybrid Student

Student's Last Name \_\_\_\_\_

Student's First Name \_\_\_\_\_

Student's Middle Name \_\_\_\_\_

Student's Home Phone (\_\_\_\_) \_\_\_\_\_

Student's Personal Phone (\_\_\_\_) \_\_\_\_\_

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

Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender \_\_\_\_\_

Preferred Gender Pronouns: he/him/his she/her/hers they/them/theirs

Date of Birth \_\_\_\_\_

Student's Email \_\_\_\_\_



# Grand Rapids Student Application

## Student's Family Information

With whom does the student live? [Please check answer]

- |                       |                          |                              |
|-----------------------|--------------------------|------------------------------|
| Parents               | Grandparent              | Stepparent                   |
| Mother Only           | Unrelated Legal Guardian | Other Extended Family Member |
| Father Only           | Father and Stepparent    | Foster Parent                |
| Mother and Stepparent | Independent              | Other _____                  |

1. Is the student in a single-family household? (*Does more than one immediate family live in the student's home?*) [please circle]      **Yes — No**

2. Parent #1 \_\_\_\_\_

3. Parent #1 Phone (\_\_\_\_) \_\_\_\_\_

4. Parent #1 Work Phone (\_\_\_\_) \_\_\_\_\_

5. Parent #1 Email \_\_\_\_\_

6. Parent #2 Name \_\_\_\_\_

7. Parent #2 Phone (\_\_\_\_ ) \_\_\_\_\_

8. Parent #2 Work Phone (\_\_\_\_ ) \_\_\_\_\_

9. Parent #2 Email \_\_\_\_\_

10. **Are there any custody issues that the school should be aware of?**

\_\_\_\_\_

**If Guardian is other than legal parent, please fill out below**

1. Guardian's Name \_\_\_\_\_

2. Guardian's Phone (\_\_\_\_) \_\_\_\_\_

3. Guardian's Work Phone (\_\_\_\_) \_\_\_\_\_

4. Guardian's Email \_\_\_\_\_



# Grand Rapids Student Application

## Emergency Information

Emergency Contacts: Please list up to two people (other than the student's guardian) that can be contacted in the case of an emergency. *These individuals are also authorized to pick up the student with proper identification.*

### Emergency Contact #1

Name\_\_\_\_\_

Phone\_\_\_\_\_

Relationship\_\_\_\_\_

### Emergency Contact #2

Name\_\_\_\_\_

Phone\_\_\_\_\_

Relationship\_\_\_\_\_

## Medical Alerts

Does the student have any **Allergies, Medications, Treatments, Previous Hospital Confinements, etc.** that the school should be aware of?

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# Grand Rapids Student Application

**Please Fill out if student has a Probation/Surveillance Officer or Case Worker**

1. **Yes - No** Are you currently reporting to a probation or surveillance officer?

If **Yes**, what is the officer's name? \_\_\_\_\_

Phone Number \_\_\_\_\_

2. **Yes - No** Are you consulting with a case worker?

If **Yes**, what is the caseworker's name? \_\_\_\_\_

What agency does she/he represent? \_\_\_\_\_

Phone Number \_\_\_\_\_

## Student's Ethnic Identity (Optional)

3. **Please circle the student's primary ethnicity.**

American Indian or Alaskan Native

Asian

Black

Native Hawaiian or Pacific Islander

White

Hispanic or Latino

4. **Please circle a second ethnicity if applicable.**

American Indian or Alaskan Native

Asian

Black

Native Hawaiian or Pacific Islander

White

Hispanic or Latino



# Grand Rapids Student Application

PLEASE READ EACH AUTHORIZATION CAREFULLY AND CIRCLE EITHER YES OR NO

<b>Consent to Student Services</b>	<b>Media Release</b>
I hereby give permission to Covenant High School Grand Rapids to release student directory information to any re-questing organization deemed appropriate by administration; i.e., Military, Newspa-pers, Employment Agencies etc. I under-stand that I have the right to sign an objec-tion form provided by the school office.	I hereby give permission to Covenant High School Grand Rapids to use pictures and/or quotes of my stu-dent for publication purposes; i.e., district newsletter, website, flyers, etc.
<b>YES    NO</b>	<b>YES    NO</b>
<b>Consent to SMS (text message) Communications</b>	
I hereby give permission to Covenant High School Grand Rapids to contact me through my sms service. I understand that these messages will be short and few so as not to use a large amount of data.	
<b>YES    NO</b>	

**BY SIGNING BELOW, I AFFIRM THAT ALL INFORMATION IN THIS ENTIRE APPLICATION IS TRUE AND ACCURATE**

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**Student Name [Printed]**

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**Student Signature**

**Date**

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**\_ Parent/Guardian Signature**

**Date**

**ACKNOWLEDGMENT OF RECEIPT  
OF THE STUDENT HANDBOOK**

This will acknowledge your receipt and understanding of the information contained in the Covenant High School Student/Parent/Guardian Handbook. This information has been prepared to give you a better understanding of your responsibilities as a student at the Covenant High School. Although the Student Handbook reflects our current policies and procedures, it may be necessary to make changes from time to time to best serve the needs of Covenant High School.

**I acknowledge that I have received, read, and understand the information contained in the Student Handbook.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

# KENT COUNTY HEALTH DEPARTMENT



700 FULLER N.E.  
GRAND RAPIDS, MICHIGAN 49503-1918  
PH: 616-632-7100  
1-888-515-1300  
FAX: 616-632-7083

Adam London, RS, MPA  
Administrative Health Officer

## *Immunization Waiver Policy*

The Kent County Health Department's mission statement is to serve, protect, and promote a healthy community for all. Our mission includes protecting the public from vaccine-preventable diseases. Many diseases that have been eliminated or rare are making a comeback. There have been large increases in pertussis (whooping cough), measles, and chickenpox diseases throughout the United States. While many people may only become moderately ill with these diseases, the most vulnerable in our community; infants, the elderly, and those with chronic medical conditions could suffer serious consequences such as hospitalization and death. Even healthy people have developed these same consequences.

It is our responsibility to ensure that parents/guardians have an opportunity to have their questions answered, discuss concerns, and be offered scientific-based education on the benefits of vaccination and the risks of disease before signing a waiver.

### *What if you don't immunize your child?*

- Your child is at greater risk of catching a vaccine-preventable disease
- Your child may infect others in our community if they come down with the disease
- Your child may be excluded from daycare, pre-school, or school for several days or weeks to prevent them catching or spreading a vaccine-preventable disease

### *What to do to obtain a nonmedical waiver:*

**We strongly encourage you to immunize your child, but if you have chosen to waive your child's immunizations, you must make an appointment at a Kent County Health Department Immunization Clinic to speak with a nurse.** Clinic locations can be found at [www.accesskent.com/immunizations](http://www.accesskent.com/immunizations).

**To make an appointment at any of our four locations, please call 616 632-7200.**

**Please note that the schools will no longer have waivers.** You must receive a certified waiver from the health department for it to be a valid waiver.

**Medical waivers** must be obtained from your doctor. The medical waiver forms can be found at [www.michigan.gov/immunize](http://www.michigan.gov/immunize) under the Health Care Professionals/Providers link or at [www.mcir.org](http://www.mcir.org) under the School/Childcare link.





# Grand Rapids Student Application

## 31a Survey - Confidential Personal Information for

Student's Name \_\_\_\_\_

Answers to the following questions help better provide our students with the available support they deserve. Please circle or write in your answers below. Answers are confidential.

### School History

1. What school did you attend **before** applying at Covenant High School? \_\_\_\_\_
2. How many high schools did you attend prior to Covenant House? \_\_\_\_\_
3. **Yes** – **No** Have you been attending high school for more than 4 years?
4. **Yes** – **No** Are you transferring directly from another school?  
4b. If **No**, how many years have you been out of school? \_\_\_\_\_

### Additional Family Information

5. **Yes** – **No** Do you currently have any children or are you expecting a child?

[Please request information for on-site daycare through the YMCA]

Has anyone in your immediate family (parents or siblings)...

6. **Yes** – **No** dropped out of school?
7. **Yes** – **No** been incarcerated?
8. **Yes** – **No** have a history of substance abuse?

Have any of the following situations applied to you?

9. **Yes** – **No** A victim of child abuse or neglect.
10. **Yes** – **No** Have been in foster care.
11. **Yes** – **No** Have ever had an IEP.
12. **Yes** – **No** Do you have an active 504?
13. **Yes** – **No** Is your parent/guardian an active member of the military?



# McKinney-Vento Questionnaire Form

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Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Your child may be eligible for additional educational services through Title IX, Part A of the Every Student Succeeds Act of 2015, The McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire. The information you provide is confidential. If eligible, students are to be *immediately enrolled* in accordance with The McKinney-Vento Assistance Act.

## Please Answer Each Question:

### 1. Please check the box that best describes who you are living with:

- Living with your legal parent or guardian
- Living alone
- Living with an adult that is not a legal parent or guardian
- Other (please specify): \_\_\_\_\_

### 2. Please check the box that best describes your current living situation:

- In a home or apartment that family owns or rents
- In a motel, hotel, or weekly rate housing
- Sharing the housing of other persons due to: (select one)
  - Loss of housing, economic hardship or a similar reason (i.e. evicted)
  - Long term, cooperative living arrangement
  - Other (please specify): \_\_\_\_\_
- In emergency or transitional shelter or program
- In a location not designed for sleeping such as a vehicle of any kind, park, public space, abandoned building, substandard housing, or similar setting
- In Foster Care
- In a Group Home

### Under McKinney-Vento, students have the right to:

- Attend school and continue in the school they attended before becoming homeless and receive transportation to that school.
- Enroll in school without giving a permanent address and attend classes while the school arranges for a school transfer, immunization records or other documents required for enrollment.
- Receive the same special programs and services, if needed, as all other children served in these programs.
- Have enrollment disputes quickly addressed.
- Be provided with a listing of community resources to help support your needs.



## STATE BOARD OF EDUCATION APPROVED HOME LANGUAGE SURVEY\*

Covenant High School Grand Rapids is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1151 – 380.1158 of the School Code of 1976, Michigan’s Bilingual Education Law. Would you please help by providing the following information?

Thank you very much for your cooperation.

Name of Student \_\_\_\_\_

1. Is your child’s native tongue a language other than English?

Yes

No      What is that language? \_\_\_\_\_

2. Is the primary language<sup>1</sup> used in your child’s home or environment a language other than English?

Yes

No      What is that language? \_\_\_\_\_

<sup>1</sup>“Primary language” means “dominant language used by a person for communication.”

\*Translation of this survey form in Spanish, Arabic, French, Italian, and Ojibwa is available at the Office of Field Service.





50 Antoine SW  
 Grand Rapids MI 49507  
 616-364-2000 (office)  
 616-426-3583 (fax)

## Official Request for Records

Please fill out the following form so student records can be transferred from the student's last school to  
 Covenant High School Grand Rapids

Name of Previous School from Where Records Are to Be Released:

\_\_\_\_\_

\_\_\_\_\_

Covenant High School Grand Rapids is authorized to release the following records for:

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date Requested \_\_\_\_\_

### Specific Data to be Released

- Health Records
- Permanent/Cumulative Records and Behavior Records
- Pupil Personnel Services/Special Education Records
- All Assessment information, including all state-mandated tests
- IEP, MFE
- Official Transcripts

### Reason for Request

- Enrollment
- To aid in present and future education decisions

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian's Signature (if student is under 18)

\_\_\_\_\_  
 Date





## Section 23a Dropout Recovery Program Student Participant Agreement & Individualized Learning Plan

Student Name:		Advocate Name:	
Student School E-mail:		Advocate E-mail:	
Student Age:		AM/PM:	
Phone:			
Parent/Guardian Name		Parent/Guardian E-mail:	

Students who meet the eligibility requirements in the Section 23a Project Dropout Recovery Program are allowed to take 100% of their coursework through a blended online setting. An advocate will be assigned to each student to facilitate their academic, socio-emotional, and personal growth and development. Any problems or concerns with the coursework or equipment are required to be reported to the advocate as soon as possible.

It is the student’s responsibility to complete all assignments, quizzes, and tests or before the due dates set by their online instructor. If the online instructor requests a proctor for specific tests or quizzes, it is the student’s responsibility to make such arrangements with their advocate. The advocate will have access to student progress report.

A student’s grade in a course will be determined by the percentage earned in the course, as reported by the online instructor. This percentage will be reported to the advocate, who will assign a final grade for the course.

**The following criteria must be met in order to participate in the Michigan Department of Education’s Section 23a Dropout Recovery Program (MCL388.1623A):**

- ❖ One direct contact with student’s advocate each week
- ❖ The creation of an Individualized Learning Plan (ILP)
- ❖ Ten hours of verifiable on-line coursework or a combination of logged on hours and/or physical attendance as specified in the student’s Individualized Learning Plan (ILP)

Failure to meet the Section 23a Dropout Recovery compliance requirements for two consecutive months will result in the student’s disenrollment in the program.

The student agrees to abide by all policies, rules and guidelines associated with the program. Any questions or concerns will be directed to the advocate.

**Please sign below to acknowledge that you have read and understand the above requirements.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advocate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Course Enrollments

(See attached transcript audit)

## Academic, Career, and Personal Goals

<b>Postsecondary Plans:</b>	<b>Workforce:</b>	<b>College:</b>	<b>Military:</b>	<b>Other:</b>
Academic Goals and Required Supports:		Estimated Graduation Month and Year:		
Personal Goals and Required Supports:		Career Goals and Required Supports:		
<b>MME</b> (y/n)				

## Additional Learning Opportunities and Experiences

Work:	Volunteer:
Job/College Readiness (resume, interview, application, etc.):	





## Covenant High School Remote Program Overview and Contract

Covenant High School students have the option to work on their coursework from home. To be considered for full-time remote work and to prepare ahead for any mandated school closures, we are asking all students to fill out this paperwork. This document will summarize the requirements of the remote program and help you get started as a remote student.

### CLASS EXPECTATIONS:

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Covenant High School expects all remote learners will:

- Take responsibility for their own learning and course completion.
- Work a **minimum of 10 hours per week** on coursework.
- Monitor their own progress and set goals to ensure timely completion.
- Check-in with each of their teachers or mentors at least **once per week** to discuss their progress.
- Log into the online courses and complete activities on a regular basis.
- Complete activities and assignments in order and to the best of their ability which **includes completing and submitting Guided Notes** or any other offline assignments their teacher may assign.
- Only submit their own work, avoiding plagiarism, and violation of copyright laws.
- **Communicate with their teachers** about any problems and ask questions about anything that is unclear or that they do not understand.
- **Participate in Exact Path practice** as part of each class.
- Participate **in person** for required CHA assessments:
  - NWEA (2xs a year)
  - PSAT 09, PSAT 10, MME [SAT, WorkKeys, M-Step] (once a year).

### PACING:

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Students enrolling in online classes are responsible for completing all requirements of the course. Students will be assigned five academic courses upon enrollment and are required to work on three at the same time. Students are expected to complete about one course a month for a total of 9 course (4.5 credits) a school year. Teachers will monitor student progress and alert the counselor and/or administrator if the student falls behind. In addition, students are required to work on their Exact Path personalized learning paths for Math and Reading; at least 10 minutes per day in each class.

### COMMUNICATION:

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It is essential that students communicate and check in with each of their instructors or mentors every week. Students may use email, Edmentum or Clever messaging, text, video conferencing, or phone to contact their teachers.

### POLICIES:

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**Students working remotely must follow all Covenant High School policies, including the district's student handbook, technology agreement and remote learning policies.** School issued student devices will continue to be monitored while working remote the same as they are monitored in school.

## WEEKLY CHECK-INS & ATTENDANCE:

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Daily attendance is not taken for remote students. Instead, student “attendance” is taken through regular two-way communications between students and their teachers. All remote students must check in with each of their teachers or mentors at least once every week. ***Students that fail to maintain two-way communication with their teachers for two weeks or more may be removed from the remote program and/or withdrawn from Covenant High School.***

At check in each week, students will discuss their pacing and progress with their teachers. Weekly check-ins typically include:

1. Overall course progress
2. What courses, activity (unit/lesson/quiz/test) students are currently working on
3. Concepts learned, interesting fact, new vocabulary word, new equations, etc.
4. Areas of difficulty or help needed
5. What specific goal(s) the student plans on achieving for the week.

## EDMENTUM CLASSROOM, CLEVER, AND EMAIL COMMUNICATION:

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We will post announcements and reminders in announcement boards in Clever, Edmentum, and via student's school email addresses. Students should check all three of these for announcements daily. Students can message their teachers through Edmentum or via their teacher or advocate's email.

## COUNT DAY:

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The Michigan Pupil Accounting Count Day is the first Wednesday in October for first semester and the second Wednesday in February for second semester. All students **MUST** log in and access each course on count day. **Each student must complete at least 1 assignment or activity for each class on Count Day. This is an extremely important requirement for pupil accounting and school funding.**

## SUPPORT:

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If a student has questions about a course, he or she should contact one of their teachers. If a student needs assistance outside of coursework, their teachers will connect them with one of our social workers, interventionists or administrators to get them the help they need.

## COURSE COMPLETION & GRADES:

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When all coursework has been completed, except for the final exam or project, the student should contact the course instructor to a) submit final project or complete oral exam and/or b) request unlocking of the written final exam. The teacher will mark the class completed when the student passes the final exam, entering final grades in Edmentum and the official school record.

***Students are expected to come in person to take the final exam unless an alternative is approved by the instructor and principal.***

## **TEACHER ADVOCATE:**

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Upon enrollment, each student is assigned a Teacher Advocate. The advocate will stay the same throughout the year, even as students move from one course to the next. Parents and students should contact the advocate teacher or their assistants with any questions, concerns, or requests. They serve as the primary contact between students and the school and will help in any way possible.

## **GRADUATION REQUIREMENTS:**

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The graduation requirements for Remote Students are the same as students who physically attend Covenant High School. Beyond the required courses for graduation **you must also participate in school and state required testing. Failure to take the State mandated MME will prevent a student from graduating.**

## **EDMENTUM, CLEVER, AND ROSETTA STONE**

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The Clever single sign on is where you will access all your CHA classes whether it be Edmentum, Exact Path, or Rosetta Stone. Clever is where you will login to school each day. During your student orientation you will be provided with the information necessary to login to Clever.

In order to learn, complete courses, and graduate you'll need to login and participate on a regular basis. We expect that you will spend at least 10 well-focused hours per week on your courses. You can complete courses faster by doing more, but at least 10 hours per week are required for continued program participation. This will be easier for you if you set up a regular time and quiet space for your studies.

**REMOTE STUDENT CONTRACT ACKNOWLEDGEMENT:**

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I have read and understand the academic and communication requirements and expectations of a remote student at Covenant High School. I understand that failure to follow these policies and requirements can result in my dis-enrollment from the remote program and/or Covenant High School.

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Student Name

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Student Signature

Date

---

Parent Signature

Date

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School Official Signature

Date

## **Family Educational Rights and Privacy Act (FERPA) Request to Withhold Directory Information**

FERPA allows the release of certain pieces of “directory information” without the prior written consent of a student’s parent/guardian. The parent/guardian (or student if over 18 years of age) has the legal right to “opt out” of the directory so that no information is released to anyone at any time unless written consent is granted.

Directory information includes, but is not limited to, the student’s name; address; telephone listing; date and place of birth; major field of study; grade level; enrollment status; dates of attendance; participation in officially recognized activities and sports; weights and height of members of athletic teams; dates of attendance; degrees and awards received; and the most recent educational agency or institution attended.

**From time to time, the GVSU Charter Schools Office (CSO) may publish charter school student directory information in the following ways:**

- **Photo or video of student in a newsletter, publication, or social media post (a separate media release will be obtained if student is photographed)**
- **Name, school, and grade in a GVSU CSO newsletter, publication, or social media post (both GVSU CSO original pieces and re-printed stories sent to us by GVSU authorized charter schools)**

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### **Instruction to Withhold Directory Information**

Please do not release any of my student’s directory information.

\_\_\_\_\_  
Student’s Printed Name

Covenant High School Grand Rapids  
\_\_\_\_\_  
Student’s School Name

\_\_\_\_\_  
Parent/Guardian’s Printed Name

\_\_\_\_\_  
Parent/Guardian’s Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

July 1, 2017

**To All Parents:**

Certain federal and state laws govern privacy and release of information in schools. The U.S. Family Educational Right to Privacy Act (FERPA) defines parent/guardian and student rights to access student records, and protects the privacy of student records. FERPA says that “directory information” relating to a student includes the following: student’s name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended by the student. FERPA allows the release of certain pieces of “directory information” without the prior written consent of a student’s parent/guardian. The parent/guardian (or student if over 18 years of age) has the legal right to “opt out” of the directory so that no information is released to anyone at any time unless written consent is granted.

If you have any questions or concerns regarding the information in this document, please contact the school office.

Thank you.

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**Instruction to Withhold Directory Information**

Please do not release any of my student’s directory information.

\_\_\_\_\_

Student’s Printed Name

Covenant High School Grand Rapids

\_\_\_\_\_

Student’s School Name

\_\_\_\_\_

Parent/Guardian’s Printed Name

\_\_\_\_\_

Parent/Guardian’s Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# CHAGR Student Computer Contract

The following policies have been put in place to regulate the use of technology at Covenant High School Grand Rapids (CHAGR). These policies have been designed to keep our computers and network running as efficient and problem free as possible. To access CHAGR's computers, network, and software, please read and sign your agreement to the policies below:

1. Computers, software, network, and internet access should only be used for educational use, as directed by CHAGR staff
2. Social network sites (Facebook, Instagram, Twitter, etc.), Internet game sites, YouTube, online music sites, chat, instant messengers, blogs, non-school email, fantasy sports, gambling sites, etc. are NOT permitted
3. Attempting to or bypassing LanSchool or the school's firewall by installing software, apps, browser extensions, incognito windows, supervised users, or any other intentional means to get around blocks or to access non-school sites can result in the loss of privileges and disciplinary action
4. Students may be subjected to the loss of computer privileges or disciplinary action for:
  - a. Installing or uninstalling software on the computers
  - b. Moving equipment or cables including keyboards and mice
  - c. Changing their desktop image
  - d. Adjusting windows settings (screensaver, fonts, icon sizes, etc.)
  - e. Engaging in hacking activities or using the network in any way other than its intended educational use
  - f. Altering computer system files, folders, and/or settings
  - g. Sharing their logins or passwords with others
  - h. Behavior which threatens the physical safety of the equipment
5. Accessing the files or class work of other students at CHAGR will be treated as academic dishonesty and can result in the loss of class progress, privileges, and disciplinary action for both parties
6. Students are responsible for their workstations and as such should check their workstations each day when they arrive and inform their teachers of any issues. Students are expected to clean and leave their workstations at the end of the day neat and free of papers or trash.



# CHAGR Student Computer Contract

I, \_\_\_\_\_, understand that access to the network and  
Please print your name  
the use of the computer and is a privilege, not a right. Furthermore, I understand  
that these policies and procedures must be adhered to and any violations can result in  
the loss of privileges and disciplinary action.

### *Sign and return*

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_





## Covenant High School Grand Rapids

### **SCHOOL - PARENT AND FAMILY COMPACT**

Covenant High School Grand Rapids and the parent/guardians of the students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA) (participating children), agree that this compact outlines how the parent/guardians, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parent/guardians will build and develop a partnership that will help children achieve the State's high standards.

#### **School Responsibilities**

Covenant High School Grand Rapids will provide a high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards as follows:

1. We will provide a safe, secure, and well-maintained facility that promotes a positive learning atmosphere that enables the students served to meet the State's student performance standards.
2. Hold student conferences whenever needed during the school year during which this compact will be discussed as it relates to the individual child's achievement.
3. Provide parent/guardians with frequent reports on their children's progress.
4. Progress reports are available anytime as provided by our online curriculum provider. Progress reports can also be provided for student conferences.
5. Provide parent/guardians reasonable access to staff.
6. Conferences are strongly encouraged throughout the year. Parent/guardians may call the office to schedule an appointment.
7. Provide parent/guardians opportunities to volunteer and participate in their child's class and to observe classroom activities:
8. There are many opportunities for parent/guardians to volunteer. Parent/guardians are invited to visit the office to fill out a volunteer form.

**Parent/Guardian Responsibilities**

We, as parent/guardians, will support our children’s learning in the following ways:

- \_\_\_\_\_ Requiring regular school attendance.
- \_\_\_\_\_ Encouraging positive attitudes about school.
- \_\_\_\_\_ Monitoring amount of television students watch.
- \_\_\_\_\_ Attending student conferences.
- \_\_\_\_\_ Participating, as appropriate, in decisions relating to my students’s education.
- \_\_\_\_\_ Promoting positive use of my student’s extracurricular time.
- \_\_\_\_\_ Serving, to the extent possible, on policy advisory groups, such as being the Title I parent/guardian representative on the school’s School Improvement Team or other school advisory or policy groups.

**Student Responsibilities**

We, as students, will share the responsibility to improve our academic achievement and achieve the state’s high standards. Specifically, we will:

- \_\_\_\_\_ Attend school regularly.
- \_\_\_\_\_ Be on time for classes.
- \_\_\_\_\_ Complete my assignments in a timely fashion.
- \_\_\_\_\_ Cooperate with parents and teachers.
- \_\_\_\_\_ Respect the personal rights and property of others.

School Official \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Student \_\_\_\_\_ Date \_\_\_\_\_



50 Antoine SW, Grand Rapids, MI 49507  
(616) 364-2000 — (616) 426-3583 (fax)  
Markeith Large — Principal

Dear Parent or Guardian:

We are pleased to inform you that *Covenant High School Grand Rapids* will be participating in the Community Eligibility Provision (CEP) as part of the National School Lunch and School Breakfast Programs.

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/Guardian 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 Chris Gray at [cgray@chayvs.org](mailto:cgray@chayvs.org).

Sincerely,

Chris Gray  
Director of State and Federal Programs, Compliance, and Operations  
Covenant High School Grand Rapids  
50 Antoine SW  
Grand Rapids, MI 49507  
(616) 364-2000

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# INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD INFORMATION REPORT

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*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.

50 Antoine SW  
 Grand Rapids, MI 49507  
 (616) 426-3603 Main Office  
 (616) 426-3583 Fax

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 Covenant High School Grand Rapids.

**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
1.				
2.				
3.				
4.				
5.				
6.				

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
<b>Total Monthly Household Income (Add lines 1-6)</b>	\$	

**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)