

Staff use only  
Application date:  
Orientation date:  
Start Date:  
End Date:  
Day/Time:  
Coach:



# Family Enrollment Application

The **Family Learning Institute** is a non-profit organization. We provide low-income students in Ann Arbor and Ypsilanti, who are performing below grade level, a no-cost supplemental academic program that incorporates the tools for becoming successful learners. Students will be expected to attend our after-school program that meets *once a week, during the school year*, at which time they will work both one-on-one and in small groups (see schedule below). Our teaching staff are all Michigan certified and licensed teachers. Our coaching staff is made up of trained volunteers from Washtenaw County.

The **Family Learning Institute** is dedicated to being an educational resource in our community. Please read more about our organization at [www.familylearninginstitute.org](http://www.familylearninginstitute.org), or stop in to pick up a brochure.

____/____/____ Date		Program(s) applying for: (circle one/both) <b>Math</b> <b>Reading/Writing</b>	
_____ Student's Name			
_____ School			
_____ Grade Level	_____ Date of Birth	_____ Ethnicity (For reporting purposes only)	_____ Gender

Days and times of programs: Mondays: **Math**  
4:00 – 5:30 pm grades 6 – 7  
6:00 – 7:30 pm grades 4 - 5

Tuesdays, Wednesdays, Thursdays: **Reading and Writing**  
3:30 – 5:30 pm grades 6 - 8  
6:00 – 8:00 pm grades 3 - 5

Do not copy or fax this application. Please return your completed application to:

**Family Learning Institute**  
1954c S. Industrial Highway  
Ann Arbor, MI 48104  
Phone: 734-995-6816

# Educational Information

(Parents/Guardians: Please have this section completed by **school personnel**)

**MEAP** \_\_\_\_\_ / \_\_\_\_\_  
Grade 3 Reading    Grade 3 Math    \_\_\_\_\_ / \_\_\_\_\_  
Grade 4 Reading    Grade 4 Math    \_\_\_\_\_ / \_\_\_\_\_  
Grade 5 Reading    Grade 5 Math  
\_\_\_\_\_ / \_\_\_\_\_  
Grade 6 Reading    Grade 6 Math    \_\_\_\_\_ / \_\_\_\_\_  
Grade 7 Reading    Grade 7 Math

**SRI - LEXILE**    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
Grade 3    Grade 5    Grade 6    Grade 7

**Current Text Level** (Balanced Literacy) \_\_\_\_\_

**ELPA** (ESL students) **1 2 3 4 5**  
circle one

Student's School \_\_\_\_\_ Grade \_\_\_\_\_

Student's Teachers (*fill out all that apply*):

Classroom \_\_\_\_\_ Language Arts \_\_\_\_\_  
Reading \_\_\_\_\_ Special Ed \_\_\_\_\_

1. What is the student's current grade level in reading? \_\_\_\_\_ Math? \_\_\_\_\_
2. What are your observations regarding the student? \_\_\_\_\_  
\_\_\_\_\_
3. Does the student have a specific area of disability? (If more than one, please list all) \_\_\_\_\_  
\_\_\_\_\_
4. Does the student receive special services at school (e.g. Special Ed, Title 1, counseling)? \_\_\_\_\_  
\_\_\_\_\_
5. Is there a current IEP on this student? \_\_\_\_\_
6. Is there anything else of which FLI should be aware? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of school staff person who completed this portion of the application:** \_\_\_\_\_

## Family Information

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home e-mail \_\_\_\_\_

Total Household Income \$ \_\_\_\_\_ month/year (circle one) (Please attach income verification – pay stub, W2, etc)

Number of people in household \_\_\_\_\_ (Please see chart on back to see if your student qualifies)

Names and ages of all people in household \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ e-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Level of Education \_\_\_\_\_

**Father's Name** \_\_\_\_\_ e-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Level of Education \_\_\_\_\_

**Guardian's Name** \_\_\_\_\_ e-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Level of Education \_\_\_\_\_

## Family Questionnaire

1. What are the student's strengths and interests? \_\_\_\_\_

\_\_\_\_\_

2. Who referred you to FLI? What is his/her relationship to the student? \_\_\_\_\_

3. What, do you think, are the student's academic needs? \_\_\_\_\_

\_\_\_\_\_

4. Has your child had any health issues that have affected his/her learning? Please explain. \_\_\_\_\_

\_\_\_\_\_

5. Has your child ever repeated a grade? If so, which one(s)? \_\_\_\_\_

6. Does your child have any concentration, attention, or behavior problems? If so, how do you handle them?

\_\_\_\_\_

\_\_\_\_\_

8. Is there a preference about the gender of the reading coach? No Preference  Same-gender

All of the students we serve must come from low-income households. Please refer to the chart below to see if your family qualifies:

Number of people in household:	2	3	4	5	6	7	8
Income to be <i>no more</i> than:	\$49,200	\$55,350	\$61,500	\$66,400	\$71,350	\$76,250	\$81,200

Please fill out and sign the following information:

**Family Learning Institute Records Release to School**

(Allows our staff to share information with your child's teacher/counselor)

I GIVE CONSENT / DO NOT GIVE CONSENT (circle one) on behalf of my child, \_\_\_\_\_, to the Family Learning Institute to share records and information pertaining to the academic and/or emotional progress to the enrolled student's teacher and administrative staff.

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

**School Records Release to Family Learning Institute (FLI)**

(Allows student's school staff to share information with the FLI staff)

I GIVE CONSENT / DO NOT GIVE CONSENT (circle one) on behalf of my child, \_\_\_\_\_, to the staff at \_\_\_\_\_ (student's school) to release records and information pertaining to the academic and/or emotional progress to the staff of the Family Learning Institute.

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

**Media Release**

(Allows student's photo or name to appear in the media or any FLI publication)

I GIVE CONSENT / DO NOT GIVE CONSENT (circle one) on behalf of my child, \_\_\_\_\_, to Family Learning Institute to use my child's name, photograph, portrait, and any likeness in any media form and/or publication, including annual reports and newsletters, and to grant the Family Learning Institute any and all rights to stated use without compensation.

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

**Emergency Information**

Local Person to be Notified in an Emergency When Parents Not Available:

Name \_\_\_\_\_ Address: \_\_\_\_\_

Phone Numbers H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

Name(s) of Person other than Parent or Legal Guardian to whom child may be released:

\_\_\_\_\_

I give permission to the Family Learning Institute to secure emergency medical and/or emergency surgical treatment for \_\_\_\_\_ (student's name) while in care.

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