



## RUTHERFORD WINANS ACADEMY 2025/2026 Application for Admission

Thank you for your interest in the Rutherford Winans Academy. We are pleased that you are considering our community for your child's educational success. Note the following:

- ⇒ Application for Admission must be returned to the school office before **June 13, 2025**, to be considered.
- ⇒ All Kindergarten applicants must be **5 years of age on or before September 1, 2025**. (If applicant is not 5 years of age by September 1, 2025, but will be 5 years of age between the dates of September 2 through December 1, 2025, the parent/legal guardian must complete and return the Kindergarten Waiver Form.)
- ⇒ Please PRINT clearly.
- ⇒ **WE ASK THAT YOU COMPLETE THE ENTIRE APPLICATION AND RETURN WITH ALL REQUIRED DOCUMENTS. INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED UNDER ANY CURCUMSTANCE.**

How did you hear about the Rutherford Winans Academy?

\_\_\_\_\_ TV Commercial      \_\_\_\_\_ Radio Commercial      \_\_\_\_\_ Walk-In      \_\_\_\_\_ Special Event  
\_\_\_\_\_ Relative or Friend Attends Rutherford Winans Academy      \_\_\_\_\_ Other (list): \_\_\_\_\_

### STUDENT INFORMATION:

Age:  Present Grade Level:  Grade in 2025/2026 School Year:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Male: \_\_\_\_\_ Female \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of Birth (City/State): \_\_\_\_\_

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

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Check any that apply:     Regular Education                       ESL (English as Secondary Language)  
                                  504 (current 504 must be included)     Special Education (current IEP must be included)

Student Race (Choose One):     American Indian or Alaska Native       Asian  
                                  Black or African American     Native Hawaiian/Other Pacific Islander       White

Student Ethnicity (Choose One):     Hispanic       Latino       Not Hispanic or Latino

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Student Information (Continued):**

Is student's native language a language other than English?  YES  NO

If yes, what language? \_\_\_\_\_

Is the primary language use in student's home a language other than English?  YES  NO

If yes, what language? \_\_\_\_\_

Was student born in the USA?  YES  NO DATE ENTERED USA \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Country: \_\_\_\_\_  
Month Day Year

Has student ever been enrolled in a Bilingual or English Language Learner Program?  YES  NO

Is student able to understand, speak, read, AND write a language other than English at the NOVICE LEVEL?

YES  NO If yes, what language? \_\_\_\_\_

Has student successfully completed schooling in another country for at least a semester (4-6 months)?  YES  NO

If yes, do you have the official transcripts (school report) from successful and continuous school?  YES  NO

Special interest and/or abilities: \_\_\_\_\_

Is student taking medication at school?  YES  NO If yes, list medication(s): \_\_\_\_\_

Reason(s): \_\_\_\_\_

Physical condition:  Excellent  Good  Fair

Check any that apply:  Eye glasses  Hearing Aid  Other, please list: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

In case of an emergency and student is taken to the hospital; does student have insurance?  Yes  No

If yes, please list type of insurance: \_\_\_\_\_

Are immunizations current?  Yes  No

Are immunizations complete?  Yes  No

<i>Full names of other children living at home</i>	<i>Age</i>	<i>Relationship to student</i>	<i>"Applying" or "Reapplying" to Rutherford Winans Academy for 2025/2026?</i>	<i>Grade in the Fall</i>

**PARENT(S)/GUARDIAN(S) INFORMATION:**

Parent(s)/Guardian Name(s): \_\_\_\_\_ / \_\_\_\_\_  
Parent #1 Parent #2

Relationship(s) to Student: \_\_\_\_\_

**Parent Information (Continued):**

Parent #1

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Parent #2

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Parent(s)Guardian Email Address: \_\_\_\_\_

Parent/Guardian Language:

Does parent/guardian require oral or written communication from the school in a language other than English?

YES  NO If yes, what language? \_\_\_\_\_  Written  Oral

What language do you speak most of the time? \_\_\_\_\_

YES  NO Are you a foster parent?

YES  NO Are you experiencing homelessness?

Parent/Guardian Education (Choose One):

Elementary  High School  Some College  Associates  Bachelor's or Higher  Other

**PLEASE LIST ANY ADDITIONAL INFORMATION REGARDING STUDENT YOU WOULD LIKE TO SHARE:** \_\_\_\_\_

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\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



This Student Emergency Information Form is a part of the Student Application for Admission to Rutherford Winans Academy. This form must be completed, or the application will be incomplete. Incomplete applications cannot be accepted.

## RUTHERFORD WINANS ACADEMY STUDENT RECORDS RELEASE FORM

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

Student's Name: \_\_\_\_\_  
Last First

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade (for 2025/2026): \_\_\_\_\_

**The undersigned gives express authority to release to RUTHERFORD WINANS ACADEMY:**

- Rutherford Winans Academy (K-8)  
16411 Curtis St.  
Detroit, MI 48235  
(313) 852-0709 - Telephone  
(313) 852-0702 - Fax

Submit any medical, psychological, social or academic records/information concerning the above-named individual. Information received will be used in educational planning. It is understood that a photo static copy of this form will be sufficient for release of information as the original is kept in the above office.

**Records available from:**

Current School Name: \_\_\_\_\_

School District: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

This Student Records Release Form is a part of the Student Application for Admission to Rutherford Winans Academy. This form must be completed, or the application will be incomplete. Incomplete applications cannot be accepted.

## RUTHERFORD WINANS ACADEMY STUDENT AFFIRMATION OF PRIOR DISCIPLINE RECORD FORM

Student's Name: \_\_\_\_\_  
Last First

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

**PARENT INSTRUCTIONS:**

Please check paragraph 1 or 2, provide all appropriate information then sign. Please obtain a System Generated Disciplinary Report from the previous School District.

A willful false statement on this affirmation will result in a report to the appropriate authorities and possible removal from Winans Academy District.

**Paragraph 1:**

The undersigned affirms that (Child's Name) \_\_\_\_\_ has NOT been suspended or expelled from any public or private school in Michigan or any other state, for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and /or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

**Paragraph 2:**

The undersigned affirms that (Child's Name) \_\_\_\_\_ has been suspended or expelled from any public or private school in Michigan or any other state, for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and /or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

If you checked paragraph 2, explain the circumstances in detail. Include the school name, dates of suspension or expulsion, and a description of the incident on a separate sheet of paper.

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

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

.....  
**PREVIOUS SCHOOL/ SCHOOL DISTRICT NAME:** \_\_\_\_\_

**INSTRUCTIONS: Please Check One of the Statements Below:**

- According to our records, we verify that the information provided above by the parent is correct.
- According to our records, we verify that the information provided above by the parent is NOT correct.

\_\_\_\_\_  
Printed Name of Sending School District Administrator/Title

\_\_\_\_\_  
Signature of Sending School District Administrator/Title

\_\_\_\_\_  
Date



# RUTHERFORD WINANS ACADEMY - APPLICATION CHECKLIST

Please complete **Rutherford Winans Academy Application for Admission** in its entirety and return with the following forms and required additional attachments. Remember, incomplete applications cannot be accepted. Thank you for your interest in, Rutherford Winans Academy. Acting in good faith, **Rutherford Winans Academy** will accept students from other schools based on information given during parent and student meeting with the Academy's administration. However, if this information turns out to be false or misleading, the student will forfeit their seat.

## APPLICATION FOR ADMISSION FORMS

- Student Emergency Information Form
- Student Affirmation of Discipline Record Form  
⇒ Must include a System Generated Disciplinary Report (final Affirmation of Discipline Record Form & System Generated Disciplinary Report must be provided at the end of the current school year).
- Student Records Release Form
- Student Photo/Video Release Form

## ADDITIONAL REQUIRED ATTACHMENTS

- Supplemental Student Services Survey Form
- Copy of NWEA Test Scores  
⇒ 1<sup>st</sup> through 8<sup>th</sup> grade (most recent)
- Copy of Most Recent Report Card  
⇒ Final report card must be provided at the end of the current school year.
- Health Appraisal/Copy of Current Immunization Record  
⇒ Kindergarten/New Entrants must complete the blood level portion of the Health Appraisal  
⇒ Personal & Section I must be completed
- Kindergarten Waiver (if applicable)
- Current IEP (if applicable, **ALL PAGES**)
- Copy of Parent/Guardian Photo I.D.
- Copy of Student Birth Certificate
- Copy of M-STEP Test Scores  
⇒ 3<sup>rd</sup> through 8<sup>th</sup> grade (most recent)
- Dress Code Policy
- Current 504 (if applicable, **ALL PAGES**)
- Proof of Guardianship (if applicable)

### **PARENT/GUARDIAN ACKNOWLEDGMENT:**

*I have read and completed the Rutherford Winans Academy Application for Admission. I understand that an incomplete application and/or incorrect information will cause this application not to be considered for enrollment and that the offering of a seat for the 2025/2026 school year is contingent upon receiving ALL requested documentation.*

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*\*\*\*\*RUTHERFORD WINANS ACADEMY USE ONLY\*\*\*\*\*

Name of District Representative Receiving Application (Printed): \_\_\_\_\_

Date Application Received: \_\_\_\_\_ Verification Date: \_\_\_\_\_ Principal: \_\_\_\_\_