



Print or type

The Center for Advanced Studies and the Arts
23561 Rosewood Street, Oak Park, Michigan 48237
Phone: 248.586.8860 Fax: 248.414.6508

STUDENT APPLICATION

Student's Legal Last Name _____ Legal First Name _____

Current Grade Level _____ Male Female Date of Birth: _____

Have you ever attended CASA? Yes No If so, what year(s) did you attend? _____

District: Berkley Clawson Ferndale Hazel Park Lamphere Madison Oak Park

Student's Address _____ Apt.# _____

City _____ Zip _____ Home Phone _____

Student's email _____

Please indicate student's ethnic / race:

Asian Black Hispanic Native American Indian White Other

Print or type: PARENT / GUARDIAN (Adults / Persons you live with)

1. Last Name _____ First Name _____ Relationship _____

Employer _____ City _____ Work Phone _____

Email address _____ Cell _____

2. Last Name _____ First Name _____ Relationship _____

Employer _____ City _____ Work Phone _____

Email address _____ Cell _____

Parent e-mail address are needed for MISTAR Parent Connect

Custody Restrictions? Yes No If YES, release only to: _____

(attach copy of court order)

Print or type: EMERGENCY CONTACT (Emergency contacts must be 18 years of age or older)

Person (other than parent / guardian) to be contacted in case CASA cannot contact parent / guardian:

Name _____ Address _____

Relationship _____ Cell _____

Print or type

MEDICAL INFORMATION

Person (other than emergency contact) to be called in case of accident or serious illness during the school day:

Name _____ Address _____

Relationship _____ Cell _____

Do you have any current restricting medical / health issues (including allergies)? Yes No If YES, please explain or specify:

Are you under the care of a health care professional? Yes No

If YES, please specify the condition and name of health care professional: _____

List any medication you are taking on a regular basis

IMPORTANT: PARENTS/GUARDIANS AND STUDENTS PLEASE READ AND SIGN

- As parent / guardian, I approve the above information and give my consent to for my son / daughter to enroll at CASA.
- We understand that CASA is part of a seven-school consortium, and that the CASA schedule may differ from the sending school. Students are responsible for attending classes when CASA is in session, even if the sending school is not in session.
- We understand that the standards for CASA academics and attendance are rigorous, and that students who attend CASA are expected to perform at a level indicative of those standards.
- We recognize that classes and school staff are scheduled based upon the numbers of students applying for those classes. By signing this application, I am indicating that I will remain in, and complete, the classes for which I have applied.

I have read, understand, and agree to ALL of the above.

Student _____ Date _____

Parent / Guardian _____ Date _____

TO BE COMPLETED BY SENDING SCHOOL COUNSELOR

Counselor Name _____ High School _____

Overall GPA _____ Attendance Issues? Yes No

Has student been suspended? Yes No If yes, why? _____

IEP? Yes No 504 Plan? Yes No Conversation with Director? Yes No

PLEASE ATTACH A COPY OF TRANSCRIPT, IEP, 504, or ADDITIONAL INFORMATION

Print or type

**CASA COURSE SELECTIONS
2016-2017 SCHOOL YEAR**

This sheet must be turned in with the application

FIRST SEMESTER

FIRST CHOICE 6th Hour _____

SECOND CHOICE 6th HOUR _____

FIRST CHOICE 7th HOUR _____

SECOND CHOICE 7th HOUR _____

SECOND SEMESTER

FIRST CHOICE 6th Hour _____

SECOND CHOICE 6th HOUR _____

FIRST CHOICE 7th HOUR _____

SECOND CHOICE 7th HOUR _____

PLEASE NOTE: Every attempt will be made to accommodate student request for class schedules, however, CASA reserves the right to change, alter, or deny student requests based on class sizes, inability to schedule classes according to the CASA Course Catalog, or any other unforeseen problems.

Also - A minimum student class size of 15 is required for courses to run. Additionally, restrictions on maximum numbers are placed on some classes. Returning CASA students will receive preferential assignment in those classes.

FOR CASA OFFICE USE ONLY

Date Received: _____ Waitlist Class: _____

Check box if assigned other than 1st choice for: 6th Hour 7th Hour

