

# VMA

## VISTA MEADOWS ACADEMY

ENGAGE. EMPOWER. EXCEL.



HOME OF THE  
**WOLVES**



**A SMALL SCHOOL.  
A BIG IMPACT.**

Every student known.  
Every student supported.  
Every student empowered.



### WHY CHOOSE VISTA MEADOWS ACADEMY?



#### SMALL SCHOOL ENVIRONMENT

A close knit high school setting where every student is known, supported, and encouraged.



#### INDIVIDUALIZED INSTRUCTION

Small class sizes allow teachers to tailor learning, provide focused attention, and build strong academic relationships.



#### FLEXIBLE LEARNING OPTIONS

Offers both traditional in person classes and full time online learning for grades 9-12.



#### FREE CREDIT RECOVERY

Helps students catch up, regain momentum, and stay on track for graduation.



#### COLLEGE & CAREER READINESS FOCUS

Provides assessments and guidance to prepare students for post-secondary success.



#### LARGE, SAFE CAMPUS

Offering a secure and welcoming environment where students can learn and thrive.



#### MISSION DRIVEN CULTURE

Dedicated to engaging students in a safe, innovative environment that prepares them to become productive citizens.



#### COMMITMENT TO CLOSING ACHIEVEMENT GAPS

Focuses on nurturing relationships, differentiated learning, and resilience building to support student growth.

# ENROLL TODAY!

FOR THE 2026-2027 SCHOOL YEAR



**YOUR FUTURE.  
OUR PACK.**

*One Legacy.*

### BUILT ON VALUES THAT MATTER



**SAFE. SECURE.  
SUPPORTED.**

A strong sense of community where students can learn, grow, and thrive.



**RELATIONSHIPS  
THAT MATTER**

We build trust, foster connection, and inspire students to reach their full potential.



**PREPARED FOR  
WHAT'S NEXT**

College, career, or beyond—VMA prepares you to lead with confidence.



**ROOTED IN  
PURPOSE**

We cultivate character, leadership, and resilience to create lasting impact.



**OUR LOCATION**  
20651 W. Warren  
Dearborn Heights,  
MI 48127



**VISIT OUR WEBSITE**  
[www.vistameadowspsa.com](http://www.vistameadowspsa.com)



**CONTACT US**  
313-240-4347



**EVERY STUDENT. EVERY OPPORTUNITY. EVERY DAY.**





## 2026-2027 Enrollment Application

Student's Last Name:			
Student's First Name:		Middle Initial:	
Student's Date of Birth: (Provide Birth Certificate)	___/___/___	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Is the student's parent or guardian currently on active duty for any branch of the military? <input type="checkbox"/> Yes <input type="checkbox"/> No      If so, which branch:			
<i>Both parts must be completed. If either part is not answered, the U.S. Department of Education requires the Academy to supply an answer on your behalf.</i>	Is your child Hispanic/Latino? (Choose only one) <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the race of the child? (Choose one or more boxes) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
<i>The following information is not required; however, it will be used to determine whether the school is eligible for supplemental funding to enhance instructional opportunities for immigrant children and youth.</i>	Is your child between the ages of 3 and 21?  <input type="checkbox"/> Yes • <input type="checkbox"/> No	Was your child born outside of the United States? ("United States" is defined as the 50 states, the District of Columbia and the Commonwealth of Puerto Rico) • Yes • No	Has your child attended one or more schools in the United States for less than three full academic years?  <input type="checkbox"/> Yes • <input type="checkbox"/> No
<i>The following information is not required; however, it is necessary to determine if your child is eligible for English Language Support.</i>	Is your child's native tongue a language other than English? • Yes • No If yes, what is the language? _____		What is the primary language spoken in your home? <input type="checkbox"/> English <input type="checkbox"/> Other: _____
Emergency Contact #1	Name:		Relationship:
	Home Phone:		Cell Phone:
	Work Phone:		Email:
Emergency Contact #2	Name:		Relationship:
	Home Phone:		Cell Phone:
	Work Phone:		Email:
Emergency Contact #3	Name:		Relationship:
	Home Phone:		Cell Phone:
	Work Phone:		Email:
Legally, do not release my child to: _____. The Academy will not comply with your request until receipt of Personal Protection Order and/or Custody Papers.			

List severe allergies:  
(i.e., peanut allergy, etc.)

List medical concerns which require a medical action plan: (Chronic health concerns such as diabetes, asthma, epilepsy, etc.)

List medications/treatments:

Doctor's Name:

Phone:

Student has previously received special services?  Yes  No  I do not know

**Support Services:**

- 504 Plan
- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Social Work
- Assistive Technology \_\_\_\_\_
- English Language Support
- Title IA/31a Services
- Other: \_\_\_\_\_

**Special Education:**

- Specific Learning Disability
- Emotional Impairment
- Cognitive Impairment
- Physical Impairment
- Other Health Impairment
- Autism Spectrum Disorder
- Visual Impairment
- Deaf Blindness
- Hearing Impairment
- Early Childhood Developmental Delay
- Speech and Language Impairment
- Severe Multiple Impairment
- Traumatic Brain Injury
- Other: \_\_\_\_\_

**Service Delivery:**

- Self-contained classroom
- Resource Room
- Co-taught courses
- TC support only
- Date of last IEP: \_\_\_\_\_
- Date of last REED: \_\_\_\_\_

**FOR OFFICE USE ONLY (Initial complete, NA if not applicable)**

- \_\_\_\_ Health Appraisal
- \_\_\_\_ Immunizations Record or Waiver
- \_\_\_\_ Birth Certificate (copy)
- \_\_\_\_ Driver's License (copy)
- \_\_\_\_ Records Release Form
- \_\_\_\_ Student Residency Questionnaire
- \_\_\_\_ IEP
- \_\_\_\_ Free & Reduced Meals Application
- \_\_\_\_ Household Information Survey

- \_\_\_\_ Photograph & Publicity Release Form
- \_\_\_\_ Network & Internet Acceptable Use Agreement
- \_\_\_\_ Authorization for Administering Medication/Treatment
- \_\_\_\_ Medical Action Plan
- \_\_\_\_ Handbook Acknowledgement
- \_\_\_\_ Concussion Information Acknowledgement
- \_\_\_\_ Directory Information Opt-out Form
- \_\_\_\_ PPO/Custody Papers/Other Court Documents

My signature below grants my consent for the enrolling student to take virtual course(s).

I affirm that all the information provided is complete and accurate to the best of my knowledge:

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

\_\_\_\_\_  
Date



## Home Language Survey

The information requested will be used only to determine whether the student may be eligible for programs offered at the Academy that provide enhanced instructional opportunities for limited English proficient and/or immigrant students. You are not required to complete this information. However, if you choose not to complete this information, the Academy may not be eligible for supplemental funding.

Please respond to the questions below by checking the appropriate boxes.

Thank you for your cooperation.

### Student Information

Student Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Month Day Year

### Student Language Information

1. Is your child's primary language other than English?  Yes  No  
If yes, what is the language? \_\_\_\_\_
2. What is the \*primary language spoken in your home?  English  Other: \_\_\_\_\_

*\*Primary Language means the dominant language used by a person for communication.*

### Student Immigrant Information

1. Is your child between the ages of 3 through 21?  Yes  No
2. Was your child born outside of the United States ("United States" is defined as the 50 states, the District of Columbia and the Commonwealth of Puerto Rico)?  Yes  No
3. Has your child attended one or more schools in the United States for less than three full academic years?  Yes  No

I hereby verify that the above information is true and correct to the best of my knowledge.

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

\_\_\_\_\_  
Date



## Photograph and Publicity Release Form

I, \_\_\_\_\_, give **Vista Meadows Academy** and its fiscal agent, if any, permission to use my child's name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of **Vista Meadows Academy**.

I agree that **Vista Meadows Academy** may have complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with Academy's missions. These uses include, but are not limited to, illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or other materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc. for the use of such pictures, etc., and hereby release **Vista Meadows Academy** and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

**I give my consent to Vista Meadows Academy to use my child's name and likeness as described above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian (if age 17 or below)

\_\_\_\_\_  
Date

**I do not give my consent to Vista Meadows Academy to use my child's name and likeness as described above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian (if age 17 or below)

\_\_\_\_\_  
Date

## Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act, in regards to children and youth in transitional living arrangements. Your answer will help the administration determine residency documents necessary for enrollment and additional services available to your family. This questionnaire will be kept separately from the student's permanent record and filed by the Homeless Education Liaison.

1. Presently, where is the student living? Please check one:

- in a shelter
- with more than one family in a house or apartment
- in a motel, car or campsite
- with friends or family members (other than parent/guardian)
- awaiting foster care placement
- none of the above **If you checked this item, then you do NOT need to complete the remainder of this form.**

2. The student lives with:

- 1 parent
- 2 parents
- 1 parent & another adult
- a relative, friend(s) or other adult(s)
- alone with no adults
- an adult that is not the parent or the legal guardian

School: Vista Meadows Academy

Name of Parent/Guardian: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

\_\_\_\_\_

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

**Vista Meadows Academy  
Virtual Learning Permission**

My student, \_\_\_\_\_, has permission to take virtual courses while attending Vista Meadows Academy.

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

## CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

### What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Children and teens who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

### What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to [cdc.gov/HEADSUP](http://cdc.gov/HEADSUP)



**Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below. Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.**

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_

I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

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



## RECORDS RELEASE

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

Date Request Sent: \_\_\_\_\_

Please release the cumulative files, including: (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> CA-60                | <input type="checkbox"/> Health Records                          |
| <input type="checkbox"/> Social Work Records  | <input type="checkbox"/> Special Education Records (include IEP) |
| <input type="checkbox"/> Psychological Report | <input type="checkbox"/> Discipline Records                      |
| <input type="checkbox"/> Other: _____         |  |

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

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

Students Grade: \_\_\_\_\_

Records being requested from:

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

\_\_\_\_\_  
\_\_\_\_\_

Send Records To:

Vista Meadows Academy  
20651 West Warren Street  
Dearborn, MI 48127  
Phone: 313-240-4347 Fax: 313-441-9169

**The Federal Reg. Vol. 41 No. 188, Sec 99.31, June 17, 1976 states: "prior consent for disclosure not required... if the disclosure is...to officials of another school or school system in which the student seeks or intends to enroll.**

Parent Signature: \_\_\_\_\_

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

.....  
Check all documents being sent:

- |  |  |
|--|--|
| <input type="checkbox"/> CA-60                 | <input type="checkbox"/> Health Records                          |
| <input type="checkbox"/> Social Work Records   | <input type="checkbox"/> Special Education Records (include IEP) |
| <input type="checkbox"/> Psychological Records | <input type="checkbox"/> Discipline Records                      |
| <input type="checkbox"/> Other: _____          |  |

Registrars Signature: \_\_\_\_\_