

Michigan-Reading and Math (STEM) Performance

STUDENT-PARENT APPLICATION

Name of StudentPLEASE PI Address Age Name of Scl Date of Birth/ Address of School Teacher's Name Name of Parent or Guardian Email	Zip
Address Age Name of Scl Date of Birth// Address of School Teacher's Name Name of Parent or Guardian	Zip
Grade Age Name of School Date of Birth// Address of School Teacher's Name Name of Parent or Guardian	nool
Teacher's Name	
Name of Parent or Guardian	
Email	Phone
Emergency Contact Information (2)	
Name	Phone
Name	Phone
Academic Information	
Please provide the grade level your child demonstrate below: Reading Spelling Writing	
Which special services are being received at school?	
None IEP Free Lunch Program_	Other
List any diagnoses that effect your child's learning and	l/or medication your child is taking.

As students and parents in the MI-RAMP Program, we understand that he/she is responsible for the progress he or she makes while in the program, which is affected by how hard he/she works as well as attitude.

I Agree:

- To attend all scheduled learning and tutorial sessions. If I am unable to attend, I will notify my teacher/tutor at least 24 hours in advance. In case of illness, I will notify my teacher/tutor at least one hour in advance.
- Services will be terminated if there are chronic absences or if I fail to call two times.
- To complete all my homework assignments.
- To have a good attitude about being a part of the MI-RAMP Program.

I. In one or two sentences, please expreparticipate in MI-RAMP.	ess why you (as the parent) and/or you (as the student) want to
II. In one or two sentences, please expired from this experience.	ress what you as the parent and/or your child hope to gain
III. Please return this 2-page application	n via email to Ms. Pam Parks, ppmiramp@gmail.com
Go to the website, mi-ram to 248-893-7399	p.org, for additional information and/or FAX questions/comments
B. 3-month Bridge to MI-R	: AMP (distance learning program: 6-22-23 to 9-30-23) AMP (distance learning program: 11-18-23 to 3-2-24) AMP (distance learning program:4-6-24 to 6-29-2024)
(Student's Signature)	(Date)
(Parent's or Guardian's Signature)	(Date)