PROJECT EXCEL
School District of the City of Pontiac

Pontiac School District
Project Excel Application 2025-2026

STUDENT INFORMATION

Student Last Name | **Student First Name** | **M.I.**

Date of Birth *(MM/DD/YYYY)* | **School** | **Age**

Please list all known allergies/medical conditions/medications

Home Address (please check here ☐ if students pick-up/drop off address is the same as the above address.)

☐ Primary Phone

City | **Zip**

☐ Alternate Phone

Please select all that apply:

- ☐ **Pick up address is the same**
- ☐ **Drop off address is the same**
- ☐ **Eligible for Free/Reduced Lunch**
- ☐ **Student attended this program last year**

Student Pick-Up/Drop Off Address (only complete if students information is different than above)

City | **Zip**

☐ Primary Phone

☐ Alternate Phone

Name of Responsible Party

For Office Use Only:

Date Received_____ **Date Entered**_____ **Waiting List** ☐ **Staff Initials**_____

Student ID#_____ **Student UIC#**_____ **Teacher**_____

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STUDENT INFORMATION

Primary Language _____ **Grade** _____ **Gender** _____

Please select all that apply:

- ☐ Bilingual
- ☐ Below Grade Level/At Risk
- ☐ Special Education
- ☐ Learning Disability
- ☐ ESL/LEP
- ☐ Truant/ Suspensions
- ☐ Gifted & Talented
- ☐ Other_____

Race/Ethnicity:

- ☐ American Indian
- ☐ Arab/Middle Eastern
- ☐ Asian
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ Native Hawaiian/Pacific
- ☐ Islander
- ☐ Caucausian
- ☐ Other_____

Transportation Mode:

- ☐ Bus
- ☐ Walk
- ☐ Picked-Up

Please provide cross streets for drop off

_____

and

_____

Are there any other students/siblings who participate in the project excel program? ☐ **YES** ☐ **NO**

If yes, please provide their name(s) below:

_____ _____

_____ _____

Who referred you to the Project Excel Program? (if anyone)

Please Note: *The Pontiac School District, Project Excel and First Student have zero tolerance for undeliverable students. Please make arrangements for your child to be picked up at the desired time their program ends. Repeated abuse of this policy will impact your childs bus priviledges.*

The Pontiac School District and Project Excel does not discrinimate on the basis of race, color, national orgin , sex (including sexual orientation) age, religion, height, weight, or disability in it's programs and activities. It is the policy of the School District if the City of Pontiac that no person shall be discrininated against when applying on the basis of race, religion, creed, color, national origin or ancestry, hadicap, sex (including sexual orientation) or belief. No person shall be excluded from participation and be denied benefits or be subjected to discrimination under any Project Excel program or activity on the basis of race, color, national orgin , sex (including sexual orientation) age, religion, height, weight, or disability. Further, the School District of the City of Pontiac's Board of Education strictly adheres to provisions of the Title VI of the Civil Rights Act of 1964, Michigan Department of Education policies and regulations prohibiting discrimination. The following office has been designated to handle inquiries regarding the non-discrimination policies: **Human Resources | 47200 Woodward Ave. | Pontiac, MI 48342 | (248) 451.6800.**

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PARENT/GUARDIAN INFORMATION

Last Name **First Name** **M.I.(optional)**

Date of Birth
(MM/DD/YYYY)

Please check the following:

Are you the primary parent? ☐ **YES** ☐ **NO**

Do you currently reside in the same residence as the child? ☐ **YES** ☐ **NO**

Home Address (if address is different than child's address)

City **Zip**

☐ Primary Phone

☐ Work Phone

☐ Alternate Phone

Relationship

- ☐ Biological/Adopted Mother
- ☐ Biological/Adopted Father
- ☐ Step Mother
- ☐ Step Father
- ☐ Grandmother
- ☐ Grandfather
- ☐ Foster Parent
- ☐ Legal Guardian
- ☐ Other(please specify)

Marital Status

- ☐ Married
- ☐ Divorced
- ☐ Single/Never Married
- ☐ Separated
- ☐ Widowed

Employment Status:

- ☐ Full Time
- ☐ Part Time
- ☐ Disability
- ☐ Retired
- ☐ Unemployed/Not Working

Education Level

- ☐ Less Than High School
- ☐ High School Diploma/GED
- ☐ Trade/Vocational School
- ☐ Associates Degree
- ☐ Bachelors Degree
- ☐ Master's Degree
- ☐ Ph.D/J.D./M.D.
- ☐ OTHER

Primary Language

Are you authorized to pick up the student? ☐ YES ☐ NO

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PARENT/GUARDIAN INFORMATION

Last Name | **First Name** | **M.I.**(optional)

Date of Birth
(MM/DD/YYYY)

Please check the following:

Are you the primary parent? ☐ **YES** ☐ **NO**

Do you currently reside in the same residence as the child? ☐ **YES** ☐ **NO**

Home Address (if address is different than child's address)

City **Zip**

☐ Primary Phone

☐ Work Phone

☐ Alternate Phone

Relationship

- ☐ Biological/Adopted Mother
- ☐ Biological/Adopted Father
- ☐ Step Mother
- ☐ Step Father
- ☐ Grandmother
- ☐ Grandfather
- ☐ Foster Parent
- ☐ Legal Guardian
- ☐ Other(please specify)

Marital Status

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- ☐ Associates Degree
- ☐ Bachelors Degree
- ☐ Master's Degree
- ☐ Ph.D/J.D./M.D.
- ☐ OTHER

Primary Language

Are you authorized to pick up the student? ☐ YES ☐ NO

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EMERGENCY CONTACT INFORMATION

Please provide two emergency contacts for your child below.

Last Name **First Name** **M.I.**

Home Address

☐ Primary Phone

City **Zip**

☐ Alternate Phone

☐ Work Phone Email Address

Relationship to the student:______________________________________

Are you authorized to pick up the student? ☐ **YES** ☐ **NO**

- -

Last Name **First Name** **M.I.**

Home Address

☐ Primary Phone

City **Zip**

☐ Alternate Phone

☐ Work Phone

Email Address

Relationship to the student:______________________________________

Are you authorized to pick up the student? ☐ **YES** ☐ **NO**

Pontiac School District
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MEDIA RELEASE FORM

The School District of the City of Pontiac has a proud tradition of celebrating student, staff and partner accomplishments by sharing them with our community. In order to do so, we periodically submit press releases which include subjects' names and photographs to the local media or post such information on our district web-site, social media sites, district sponsored publications, or displays at school functions. Our intent is to be informative and recognize achievements. We understand, however, concerns may arise in regard to an individual's right to privacy.

If you AGREE to allow the Pontiac School District to publish, post or distribute your and/or your child's name and/or photograph or other information related only to his/her achievement (e.g. academic, athletic, award) check the first box below.

However, if you DO NOT grant permission to allow the Pontiac School District to publish, post or distribute your and/or child's name and/or photograph or other information related only to his/her achievement (e.g. academic, athletic, award) check the second box below.

Please complete, sign and return this form to the Enrollment Office. By signing and returning this form, I formally state that:

☐ **I AGREE TO GRANT** permission to use my child's name and/or image in district communications or other media for the remainder of my child's educational experience with Pontiac School District.

☐ **I DO NOT GRANT** permission.

Student's Name: _____ Grade _____
(please print)

Student's School: _____
(please print)

Parent/Guardian: _____
(please print)

Signature of Parent/Guardian: _____ Date:_____

Relation to Student: ☐ **Biological/Adopted Mother** ☐ **Biological/Adopted Father** ☐ **Step Mother** ☐ **Step Father**
☐ **Grandmother** ☐ **Grandfather** ☐ **Foster Parent** ☐ **Legal Guardian**
☐ **Other(please specify)**_____

ACKNOWLEDGEMENT OF RECEIPT OF PARENT HANDBOOK

I have received the Parent Handbook and have read and understand the material covered, as I will be held accountable for the information therein. I understand that if I have any questions regarding this handbook, I may ask the Site Coordinator or Program Director in the Project Excel Office. I will comply with the policies, procedures and other guidelines set forth in the handbook.

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116
Michigan Department of Human Services

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Children and Adult Licensing website at **www.michigan.gov/michildcare**.

I have read the above statement issued by Project Excel.

Child(ren) Name(s)

Parent Name

Parent Signature _____ Date _____

Scan the QR code to view the Project Excel Handbook.

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:	Date of Admission	Date of Discharge

Name of Child (Last, First, Middle Initial)			Child's Date of Birth
Address (Number and Street, Building/Apartment Number)	City	State	Zip Code

Parent/Legal Guardian's Name	Home Phone ( )	Parent/Legal Guardian's Name (Optional)	Home Phone ( )
Home Address (if not child's address)	Cell Phone ( )	Home Address (if not child's address)	Cell Phone ( )
City / State / Zip Code		City / State / Zip Code	
Email Address (optional)		Email Address	
Employer Name	Work Phone ( )	Employer Name	Work Phone ( )
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ( )	
Hospital Preferred for Emergency Treatment (optional)			
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)			

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	( )	( )
2.	( )	( )
3.	( )	( )

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	**( )**	**2.**	**( )**
3.	**( )**	**4.**	**( )**

Parent/Legal Guardian Initials:

_____ I give permission to Project Excel, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

LARA is an equal opportunity employer/program.

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation.

BCAL-3731 (Rev. 7-18) Previous edition 6-17may be used.

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KEEP IN CONTACT WITH US

ADDRESS
47200 Woodward Ave, Pontiac, MI 48342

PHONE
248.451.6852

Scan the QR Codes below to visit our website and view our program handbook!

Once you have completed your application, please download and email to your respective Project Excel Site Coordinator.

Sharisse Johnson (Alcott) - sharisse.johnson@pontiacschools.org
Moneece Borders (Herrington) - moneece.borders@pontiacschools.org
Kim Eaton (Owen) - kimberly.eaton@pontiacschools.org
Stephen Hibbitt (Pontiac High) - stephen.hibbitt@pontiacschools.org
Marcus Webb (Pontiac Middle) - marcus.webb@pontiacschools.org
Phi Pham (Rogers) - phi.pham@pontiacschools.org
LaTrena Smith (Whitman) - latrena.smith@pontiacschools.org
Henry Jackson (ITA/ILA) - henry.jackson@pontiacschools.org

Scan the QR Code below to view our webpage and find out about our amazing program

Scan the QR Code below to view our Parent, Student, & Staff Handbook