



OAKLAND EARLY COLLEGE

27055 Orchard Lake Road
Farmington Hills, Michigan 48334
oaklandearlycollege.org

248.522.3540 T
248.471.9543 F

Jennifer Newman
Head of School

248.522.3542 T
jennifer.newman@wbsd.org

Student Application Information: 2019-2020 Academic Year

Thank you for your interest in Oakland Early College!

In this document, you will find your required application materials.

Your completed packet must include:

1. A completed copy of the application form, including all essays (Essays should be student written, typed, and submitted in person or in an electronic format.);
2. Two (2) official transcripts (in a sealed envelope) from your previous school (An unofficial transcript will suffice to begin the application process, but must be replaced by an official transcript prior to admission. If the transcripts include weighted grades, it is the applicant's responsibility to provide documentation about the coursework and the manner in which it was weighted.);
3. An updated immunization record, copy of birth certificate, and proof that you reside in an Oakland County school district (Proof of residency must be in two documents, and can include a tax statement, copies of both side of a utility bill, a rental or lease agreement, and/or a copy of deed. For questions about what constitutes appropriate documentation, please contact OEC directly.);
4. Two recommendation forms (included) completed by faculty, staff, or counselors at your current school (If you'd prefer, you may choose to have one of these recommendations completed by a community member or coach who is not a relative.);
5. A copy of your SAT, PSAT, ACT, ACT PLAN, or NWEA MAP scores, if you have taken them;

6. A copy of your discipline profile and attendance profile from your current school, or a letter from the school acknowledging no serious disciplinary and/or attendance problems;
7. Signed parent and student agreements; and
8. Any IEP or 504 Documentation, if applicable.

All students are expected to participate in a family meeting and a “shadowing” experience prior to interviewing. These informational sessions can take place at any time of the year prior to interviewing.

Students will be asked to participate in a sit-down interview with OEC/OCC faculty and students. Formal consideration of applications and interviews generally take place in the spring for the following fall semester.

Students may be required to take language arts and mathematics placement assessments. The purpose of these assessments is to measure the likelihood of student success in a university setting, as well as determine appropriate class placement.

Admission to OEC is conditional upon receipt and review of the student’s CA-60 file and all appropriate documentation. Students currently attending an early/middle college and those students entering grades 10 or 11 are welcome to apply.

Following interviews and application evaluations, students will be notified of their acceptance or non-acceptance into Oakland Early College by phone and/or mail within two weeks of the interview.

OEC will admit to a cap of 195 students. We anticipate a record number of applications this year. Please be sure to submit your completed application as soon as possible.

Completed applications should be returned to:

Jennifer Newman, Head of School
Oakland Early College
27055 Orchard Lake Road
Farmington Hills, MI 48334
Phone: (248) 522-3540
Email: jennifer.newman@wbsd.org

Student Information

Last Name:	First Name:	Middle Name:	Student Cell Phone #:
Home Address:		City:	Zip Code:
Birthdate (mm/dd/yyyy):	Entering grade as of 09/2019:	Overall Cumulative GPA:	
Current School:		Current School City/District:	
		/	
Has the student ever been suspended or expelled? If so, please provide additional documentation.	Has the student taken the PSAT, SAT, MME, ACT, or MSTEP? If so, please provide all documentation.	Does the student have an existing IEP or 504 Plan? Please attach all documentation.	Has the student ever taken credit-bearing dual enrollment courses? If so, provide all documentation.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Failure to provide this documentation may jeopardize application status.</i>			

Parent/Guardian Information

Name of Parent or Legal Guardian #1 and address:	Does this parent/guardian have legal custody or guardianship?	Parent/Guardian #1 Contact Information:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Home:
		Cell:
		Work:
		E-mail:
Name of Parent or Legal Guardian #2 and address:	Does this parent/guardian have legal custody or guardianship?	Parent/Guardian #1 Contact Information:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Home:
		Cell:
		Work:
		E-mail:

Letter of Recommendation #1

Please return this form to the student in a signed, sealed envelope: or, if you prefer, mail it in confidence to:

Jennifer Newman, Head of School
 Oakland Early College
 27055 Orchard Lake Road
 Farmington Hills, MI 48334
 Phone: 248 522-3540
 Email: jennifer.newman@wbsd.org

To be completed by the Applicant:

Student Name	Student Phone Number	Current School and Grade
Waiver (optional): I hereby waive my right of access to the material recorded below. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Student Signature		Date:
		/ /

To be completed by the Respondent:

Respondent Name	Respondent Phone Number	Respondent Email address
How long have you known the applicant, and in what capacity?		
Respondent Signature:		Date:
		/ /

Indicate your judgment of this applicant as compared to other students you have worked with before:

Motivation <input type="checkbox"/> Average or below <input type="checkbox"/> Above average <input type="checkbox"/> Excellent (top 10%) <input type="checkbox"/> Outstanding (top in my career)	Responsibility <input type="checkbox"/> Average or below <input type="checkbox"/> Above average <input type="checkbox"/> Excellent (top 10%) <input type="checkbox"/> Outstanding (top in my career)
Self-Confidence <input type="checkbox"/> Average or below <input type="checkbox"/> Above average <input type="checkbox"/> Excellent (top 10%) <input type="checkbox"/> Outstanding (top in my career)	Ability to work with others <input type="checkbox"/> Average or below <input type="checkbox"/> Above average <input type="checkbox"/> Excellent (top 10%) <input type="checkbox"/> Outstanding (top in my career)
Judgment <input type="checkbox"/> Average or below <input type="checkbox"/> Above average <input type="checkbox"/> Excellent (top 10%) <input type="checkbox"/> Outstanding (top in my career)	Intellectual curiosity <input type="checkbox"/> Average or below <input type="checkbox"/> Above average <input type="checkbox"/> Excellent (top 10%) <input type="checkbox"/> Outstanding (top in my career)
Maturity <input type="checkbox"/> Average or below <input type="checkbox"/> Above average <input type="checkbox"/> Excellent (top 10%) <input type="checkbox"/> Outstanding (top in my career)	

Additional Questions:

Please provide a sentence or two describing your general impression and evaluation of this student:

In your opinion, why would this student be a good candidate for Oakland Early College?

Additional Comments:

More information about our school is available at www.oaklandearlycollege.org

Letter of Recommendation #2

Please return this form to the student in a signed, sealed envelope: or, if you prefer, mail it in confidence to:

Jennifer Newman, Head of School
Oakland Early College
27055 Orchard Lake Road
Farmington Hills, MI 48334
Phone: 248 522-3540
Email: jennifer.newman@wbsd.org

To be completed by the Applicant:

Student Name	Student Phone Number	Current School and Grade
Waiver (optional): I hereby waive my right of access to the material recorded below. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Student Signature:		Date:
		/ /

To be completed by the Respondent:

Respondent Name	Respondent Phone Number	Respondent Email address
How long have you known the applicant, and in what capacity?		
Respondent Signature:		Date:
		/ /

Indicate your judgment of this applicant as compared to other students you have worked with before:

Motivation	<input type="checkbox"/> Average or below <input type="checkbox"/> Above average <input type="checkbox"/> Excellent (top 10%) <input type="checkbox"/> Outstanding (top in my career)	Responsibility	<input type="checkbox"/> Average or below <input type="checkbox"/> Above average <input type="checkbox"/> Excellent (top 10%) <input type="checkbox"/> Outstanding (top in my career)
Self-Confidence	<input type="checkbox"/> Average or below <input type="checkbox"/> Above average <input type="checkbox"/> Excellent (top 10%) <input type="checkbox"/> Outstanding (top in my career)	Ability to work with others	<input type="checkbox"/> Average or below <input type="checkbox"/> Above average <input type="checkbox"/> Excellent (top 10%) <input type="checkbox"/> Outstanding (top in my career)
Judgment	<input type="checkbox"/> Average or below <input type="checkbox"/> Above average <input type="checkbox"/> Excellent (top 10%) <input type="checkbox"/> Outstanding (top in my career)	Intellectual curiosity	<input type="checkbox"/> Average or below <input type="checkbox"/> Above average <input type="checkbox"/> Excellent (top 10%) <input type="checkbox"/> Outstanding (top in my career)
Maturity	<input type="checkbox"/> Average or below <input type="checkbox"/> Above average <input type="checkbox"/> Excellent (top 10%) <input type="checkbox"/> Outstanding (top in my career)		

Additional Questions:

Please provide a sentence or two describing your general impression and evaluation of this student:

In your opinion, why would this student be a good candidate for Oakland Early College?

Additional Comments:

More information about our school is available at www.oaklandearlycollege.org

Parent Agreement:

I understand that my participation in my child's education will help determine his or her likelihood of success in this program. Therefore, I agree to be involved in the school, in helping make shared decisions, in special enrichment programs, and in recreational activities. I agree to be accessible and readily available to the school to discuss my child's progress and development. I recognize that acceptance at Oakland Early College requires a commitment through grade 13. I also understand that attendance and full participation in all programmatic activities is vital to my student's success.

I understand that acceptance into this school is a privilege and that my child must maintain the school standards in order to remain enrolled. Failure to meet standards may result in dismissal.

Parent Signature:

Date:

Student Agreement:

The Oakland Early College offers a rigorous academic curriculum, including an Associate Degree from Oakland Community College or its equivalent (approximately 62 credits). Participation will require me to demonstrate a high level of commitment, maturity, and responsibility. I understand that I will take responsibility for my own success, and strive to achieve it.

I understand that participation in this program requires my full commitment if I want to achieve my full potential.

Student Signature:

Date:

INFORMATION	Mother	Father
Name of adult with whom student resides (include last name if different from child)		
	Court appointed full guardianship <input type="checkbox"/> Yes <input type="checkbox"/> No	Court appointed full guardianship <input type="checkbox"/> Yes <input type="checkbox"/> No
Your relationship to student		
Employer & Address (Include Street Number & Name, (Apt. Number), City, State, Zip Code)		
Other contact numbers (include area codes)		
1. Business Phone	1.	1.
2. Pager Number	2.	2.
3. Cell Phone Number	3.	3.
4. Email Address	4.	4.

PARENT LIVING ELSEWHERE INFO	Send Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name (Last, First, Middle)	
Relationship to student	
Address (Street Number & Name, (Apartment Number), City, State, Zip Code)	

Please list other children in family:

<u>Name</u>	<u>Birth Date</u>	<u>School Enrolling at</u>

EMERGENCY INFORMATION - At a later date you could receive additional forms requesting similar information for you to complete.

Emergency Contacts - Please list names, other than parents/guardians, to contact in case of illness/emergency.

1.	_____	_____	_____
	Name	Relationship	Telephone with area code
2.	_____	_____	_____
	Name	Relationship	Telephone with area code
3.	_____	_____	_____
	Name	Relationship	Telephone with area code

Please coordinate administration of medication with the school office.

Students at the middle and high school level are permitted to carry and administer medication with proper authorization from a parent and physician. Elementary students are permitted to carry and administer medication when the privilege is a part of an Individualized Education Program (IEP) or Section 504 Plan and the parent provides written consent and proper authorization from the physician. This privilege may, if abused, be revoked by the building principal.

HEALTH INFORMATION - Does your child have any specific health problems? If so, please explain and alert the school of any necessary emergency actions needed.

Your Child's Doctor's Name _____ Telephone _____
area code and number

In case of emergency, is there a hospital preference? _____

In case of extreme emergency, the school authorities have my permission to take such action, as they deem necessary.

Signed: _____ Date: _____

I affirm that, as the parent/legal guardian, all information provided in this document is true and accurate, and that my child and I reside at the listed address. The undersigned understands that documented and verifiable proof of residency is required and it is his/her responsibility to inform the appropriate school office if and when any of the information set in this form changes. West Bloomfield School District will refer matters of residency violations/residency fraud to the applicable local police department and/or Oakland county prosecutor. The undersigned also affirms that the enrollee has not been expelled from any Michigan school district prior to seeking enrollment in the West Bloomfield School District.

Parent Signature: _____ Today's Date: _____

PRINT, AUDIO AND VIDEO RELEASE FORM

I, the undersigned, hereby authorize Oakland Early College and West Bloomfield School District to use print, audio and video tape that I _____ may be appearing or performing in.

Student _____

Parent/Guardian _____
(if under 18 years old)

Address _____

City, State, Zip Code _____

WEST BLOOMFIELD SCHOOL DISTRICT

FERPA WAIVER

PERMISSION TO RELEASE EDUCATIONAL RECORDS

Student's Name: _____

Student's ID: _____

In connection with my participation as a dually enrolled student under the Postsecondary Enrollment Options Act, attending classes through both the West Bloomfield School District and Oakland Community College, I grant permission for West Bloomfield School District to release my educational records and provide information concerning my records to:

Oakland Community College
Office of the Registrar
Bee Administration Center
2480 Opdyke Road
Bloomfield Hills, Michigan 48304-2266

Start Date: _____ End Date: _____

Dated: _____ (Student's Signature)

Dated: _____ (Parent's Signature)
(If Student is under 18 years of age.)

00100103.DOC

OAKLAND COMMUNITY COLLEGE

FERPA WAIVER

PERMISSION TO RELEASE EDUCATIONAL RECORDS

Student's Name: _____

Student's ID: _____

In connection with my participation as a dually enrolled student under the Postsecondary Enrollment Options Act, attending classes through both the West Bloomfield School District and Oakland Community College, I grant permission for Oakland Community College to release my educational records and provide information concerning my records to:

West Bloomfield School District
Administration & Community Services Building
5810 Commerce Road
West Bloomfield, MI 48324-3200

Start Date: _____ End Date: _____

Dated: _____ (Student's Signature)

Dated: _____ (Parent's Signature)
(If Student is under 18 years of age.)

00100103.DOCV2

**West Bloomfield School District
Request for Records of Incoming Student**

Student Name _____
Last First Middle

Birthdate _____ Grade _____ Month last attended _____ 20 _____

I give my permission for _____
Name of Previous School

Address

City, State, Zip

to release the following to _____ **School:**

- UIC Code
- Graduation/enrollment dates
- Scholastic records (If numerical grading is used, please send letter grade equivalent.)
- Standardized test results
- Attendance records
- Health records
- Psychological tests
- Discipline Records
- Special Education Records
- CA60's

Reason for request _____

Send to: Oakland Early College
27055 Orchard Lake Rd
Farmington Hills, MI 48334
Phone: 248-522-3540 Fax: 248-471-9543

Date

Signature of Parent/Guardian or Student (if 18 years or older)

WEST BLOOMFIELD SCHOOL DISTRICT
Request for Discipline Records of Incoming Student



Student Name _____
Last First Middle

Date of Birth _____

The undersigned affirms that the student known as _____ **has not been**
suspended or expelled from any public or private school.

The undersigned affirms that the student known as _____ **has been**
suspended or expelled from any public or private school.

Has the student ever been convicted of a felony? Yes No

Explain the circumstances in detail. For suspension or expulsion include the school name(s), date(s) of suspension or expulsion, and a description of the incident(s).

(Use reverse side if additional space is needed.)

I give my permission for the following schools from the previous **two** years to release and/or communicate **any and all discipline records** to West Bloomfield School District for the student named above. If home schooled, last school attended.

Name of Current School

Name of Previous School (if needed)

Address

Address

City, State, Zip

City, State, Zip

Dates Attended

Dates Attended *(List additional schools on reverse side.)*

Date

Signature of Parent/Guardian or Student (if 18 years or older)

SENDING SCHOOL: PLEASE CHECK ONE

According to our records, the information provided by parent/guardian on the above named student **is correct.**

According to our records, the information provided by parent/guardian on the above named student **is not correct.**

Name of School, Phone #

Signature, Title

Date

RETURN TO: Oakland Early College, 27055 Orchard Lake Rd, Farmington Hills, MI PHONE: 248-522-3540,
FAX: 248-471-9543

Student Essays:

Please respond to all essays on a separate sheet of paper. Essays should demonstrate thoughtful responses and your very best writing ability.

Each essay should be typed and approximately 1-2 paragraphs in length. The student name should appear in the header of each document.

1. Why do you want to attend Oakland Early College? Why do you think it's a "good fit" for you?
2. Tell us about your previous schooling experience. What's been positive about it, and what has been your greatest challenge?
3. What's your greatest strength, and in what ways do you most need to grow as a person and as a learner?
4. Tell us about the person you want to be one, five, or ten years from now. Where do you want to be? What do you want to be doing? What are your hopes and dreams for yourself?