

# OPEN ENROLLMENT

Noor International Academy

**PRE-K-6th - TUITION FREE**

Sterling Heights, MI - All Students are welcome - No Geographical Restrictions

**Eventually  
Pre-K-12**

**State  
Accredited  
Academy**

**Received  
Grade "A" on  
School Report  
Card From MDE**

**STEM  
Certified  
&  
Highly  
qualified  
Staff**

**ESL  
• Special  
Education  
• Foreign  
Languages  
(Arabic)**



مدرسة أمريكية مجانية معترف بها من قبل الولاية من صف الحضانة إلى السادس في الوقت الراهن.

37412 Dequindre Road, Sterling Heights, MI

For More Information contact:

Phone (586) 365-5000

Email: [info@niapsa.org](mailto:info@niapsa.org); Website: [www.niapsa.org](http://www.niapsa.org)

Public Lottery at the Academy  
April 24, 2020 at 3:30 PM

HAMADEH EDUCATIONAL SERVICES, INC  
Pre-K-12th EDUCATIONAL SERVICES PROVIDER

\* Email: [info@hesedu.com](mailto:info@hesedu.com) \* Website: [www.hesedu.com](http://www.hesedu.com)



Open Enrollment Dates:

March 2 - 31, 2020

9:00 AM - 3:30 PM

Friday, March 6, 2020

10:00 AM - 6:00 PM

Saturday, March 7, 2020

9:30 AM - 12:00 PM

We continue to accept applications throughout the year based on openings



# ENROLLMENT APPLICATION

## Noor International Academy (NIA)

Email to: [enrollnia@niapsa.org](mailto:enrollnia@niapsa.org)

**Grades: Pre-K-7<sup>th</sup>**

37412 Dequindre Rd.,

Sterling Heights, MI 48310

Ph.: 586.365.5000, Fax: 586.365.5001

Last Name	First Name	Middle Name	Age	D.O.B	Grade

Dear Parents,

Thank you for your interest in enrolling your child at our Academy! Enclosed are the forms and items that are needed in order for your child to be considered for enrollment at the Academy.

- \_\_\_\_\_ Enrollment Application – (Must be completed and signed)
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Immunizations Record
- \_\_\_\_\_ Physical
- \_\_\_\_\_ Copy of Last Report Card
- \_\_\_\_\_ Transfer of Records (Upon Enrollment)
- \_\_\_\_\_ Home Language Survey
- \_\_\_\_\_ Free Reduced Lunch Form (Post-Enrollment)

Please Bring the requested forms to the main office of the academy. You may also e-mail the application forms to the e-mail address listed. The above forms are needed by \_\_\_\_\_ so that we may process your child's enrollment application accurately and accordingly. It is critical that we hear back from you with a response by the noted date so that we may finalize the enrollment of your child. If we do not hear back from you with the specified date, we will consider you as no longer interested in enrolling your child(ren) at the Academy.

Please note that students are admitted based on spaces available. The Academy will not discriminate in its student admissions policy or practices on the basis of intellectual or athletic ability, measures of achievement of aptitude, status as a handicapped person, or any other basis that would be illegal if used by a school district.

Thank you for your attention and cooperation!

Sincerely,

Academy Administration



# Student Enrollment Application Form

## Noor International Academy (NIA)

Email: [enrollnia@niapsa.org](mailto:enrollnia@niapsa.org)

**Grades: Pre-K-6<sup>th</sup>**  
37412 Dequindre Rd.,  
Sterling Heights, MI 48310  
Ph.: 586.365.5000, Fax: 586.365.5001

**Application for:** ☐ New Enrollment ☐ Board Enrollment ☐ Sibling Enrollment ☐ Re-Enrollment ☐ Staff Enrollment **to Grade:** \_\_\_\_\_

### STUDENT INFORMATION: (Confidential information required for Federal/State Reports - Please print clearly/select appropriate responses)

\_\_\_\_\_  
(Last Name) (First Name) (Middle Name) (Age) (Date of Birth)

Temporary Housing: ☐ Yes ☐ No Born in US: ☐ Yes ☐ No \_\_\_\_\_  
(Date of Entry to US Schools)

\_\_\_\_\_, MI \_\_\_\_\_  
(Home Address/Street/Apt#) (City) (Zip Code) Student lives with: ☐ Both Parents ☐ Father ☐ Mother ☐ Other: \_\_\_\_\_

\_\_\_\_\_  
(Home Phone) (Alternate Phone 1/Mother's cell or work) (Alternate Phone 2/Father's cell or work)

District of Residence (school district where you live): \_\_\_\_\_ Student UIC#: \_\_\_\_\_ ☐ Male ☐ Female

Last School Attended: \_\_\_\_\_ Date Last Attended: \_\_\_\_\_ Last Grade Attended: \_\_\_\_\_  
(Name of School) (City, State)

What other information you would like the Academy to have to better assist your child? \_\_\_\_\_

The Academy, as required by Federal and State Laws, is collecting information regarding the immigrant status of each of its students. This information will be used by the Academy to determine the number of families who may be provided grant funded support for new immigrants.

If my child qualifies, I would be interested in the following programs and/or services for my child (please check all that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>ELL Instructional Services</b> | <input type="checkbox"/> <b>Computer Assisted Instruction/Technology</b> | <input type="checkbox"/> <b>Counseling Services</b>  |
| <input type="checkbox"/> <b>Tutorial Program</b>           | <input type="checkbox"/> <b>Summer School</b>                            | <input type="checkbox"/> <b>After School</b>         |
| <input type="checkbox"/> <b>Test Taking Skills</b>         | <input type="checkbox"/> <b>Nursing/Mental Health/Health Services</b>    | <input type="checkbox"/> <b>Social Work Services</b> |

Please help us understand more about your family needs and why you have selected our Academy (check all that apply and provide additional information if needed):

- ☐ Yes ☐ No You support the mission of the school and have common education goals for your child.
- ☐ Yes ☐ No You want classes with instruction targeted to individual student's needs.
- ☐ Yes ☐ No Your child has strengths, special interests, and/or talents in \_\_\_\_\_
- ☐ Yes ☐ No Your child has had academic difficulty in another school and needs assistance with: \_\_\_\_\_
- ☐ Yes ☐ No You want an accommodating environment for your child who ☐ Wears Glasses ☐ Uses a Hearing Aid ☐ Other: \_\_\_\_\_
- ☐ Yes ☐ No You want a safe environment for your child who ☐ Has Allergies to: \_\_\_\_\_ ☐ Takes Medication: \_\_\_\_\_
- ☐ Yes ☐ No Your child has a family doctor (name/location/number): \_\_\_\_\_
- ☐ Yes ☐ No You want a more rigorous curriculum for you child and are interested in: ☐ Advanced Placement ☐ Dual Enrollment
- ☐ Yes ☐ No You are seeking greater parental involvement in your child's education and are interested in: ☐ Parent Support Group ☐ Volunteering ☐ School improvement.

I understand that the Academy does not provide transportation and my child will travel by: ☐ Family ☐ Carpool ☐ Other: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN & FAMILY/EMERGENCY CONTACT INFORMATION** (Please list parent/legal guardian(s) first and up to 3 emergency contacts):

Name (First Middle Last)	Home Address (Street/APT#, City, Zip)	Relationship to Child	Contact Number	Occupation/Employer
		Mother <input type="checkbox"/> Father Other	Day: Home:	
		Mother <input type="checkbox"/> Father Other	Day: Home:	
		Mother <input type="checkbox"/> Father Other	Day: Home:	
		Mother <input type="checkbox"/> Father Other	Day: Home:	
		Mother <input type="checkbox"/> Father Other	Day: Home:	

I understand that upon acceptance of enrollment we will receive a Parent/Student Handbook. We have an open-door policy and welcome comments/feedback from parent/guardian(s). The handbook includes the school policies and procedures for the following: FERPA, Rights of Homeless Students, Title IX Coordinator, MI Revised Statutes pertaining to educational institutions, and the school policy on releasing directory information.

- ☐ **I DO NOT WANT** FERPA directory information about my child disclosed. (<http://www2.ed.gov/policy/gen/guid/fpco/brochures/elsec.html>)
- ☐ **I DO NOT GIVE** the Academy permission to use my child's first name, photograph, and/or work on a District/School publications including web page.
- ☐ **I DO GIVE** the Academy permission to use my child's first name, photograph, and/or work on a District/School web page. The material will be used for school-related activities. First names and photographs will not be used together on the same page.

The signature below indicates that all the information provided on this form is accurate.

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**IMPORTANT:** A copy of your child's birth certificate must be provided to the Academy to complete the enrollment application process.  
Proof of Immunizations must also be provided before new entrants may be admitted to school.



# Noor International Academy

Email: [enrollnia@niapsa.org](mailto:enrollnia@niapsa.org)

**Grades: Pre-K-7<sup>th</sup>**  
37412 Dequindre Rd.,  
Sterling Heights, MI 48310  
Ph.: 586.365.5000, Fax: 586.365.5001

## RELEASE OF CUMULATIVE RECORD

The student below has been enrolled at the Academy. Please forward all records or other information pertaining to this student so that we may best service his/her interests in a timely manner. Thank You!

### AUTHORIZATION:

Requesting From: \_\_\_\_\_ School

Student's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Last Grade attended: \_\_\_\_\_

### The following records may be sent:

- ☐ TRANSCRIPTS
- ☐ TESTS SCORES
- ☐ HEALTH RECORD
- ☐ CUMMULATIVE REPORT
- ☐ PSYCHOLOGICAL REPORT
- ☐ SOCIAL WORKER REPORT
- ☐ DISCIPLINE RECORD
- ☐ OTHER

Parental permission is no longer required when records are requested by authorized school personnel in compliance with "Federal Education Rights & Privacy Act, Final Rule on Educational, Records, Federal Register, June 17, 1976, Volume 41, No. 118 Page 24675."





# Noor International Academy (NIA)

Email: [enrollnia@niapsa.org](mailto:enrollnia@niapsa.org)

## PARENT INVOLVEMENT CHECKLIST

**Grades: Pre-K-7<sup>th</sup>**

37412 Dequindre Rd.,

Sterling Heights, MI 48310

Ph.: 586.365.5000, Fax: 586.365.5001

Name of Parents: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Parent's E-mail Address: \_\_\_\_\_

Your Personal talents, experiences and interests could add great benefits to your child's school experience. The school depends on the parents' support in many different ways, and we may need someone just like you.

Please take the time to fill out this form in order to help us identify the experiences and talents of the parents in our school community.

What are your major and minor areas of training and/or experiences? \_\_\_\_\_

Are you employed or in the work force? If so, what are your position and name of employer?

What organization(s) do you belong to?

Days / Hours Available:

Please check each of the following activities in which you have experience or interest. (You do not have to be an expert)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accounting           | <input type="checkbox"/> Gardening          | <input type="checkbox"/> School Events |
| <input type="checkbox"/> Administration       | <input type="checkbox"/> Graphics           | <input type="checkbox"/> School Store  |
| <input type="checkbox"/> Arts & Crafts/ Music | <input type="checkbox"/> Library/Book Fair  | <input type="checkbox"/> Secretarial   |
| <input type="checkbox"/> Baking               | <input type="checkbox"/> Lunch Helper       | <input type="checkbox"/> Sewing Sports |
| <input type="checkbox"/> Career Day           | <input type="checkbox"/> Medical/ First Aid | <input type="checkbox"/> Teaching      |
| <input type="checkbox"/> Carpentry            | <input type="checkbox"/> Photography        | <input type="checkbox"/> Yearbook      |
| <input type="checkbox"/> Computer             | <input type="checkbox"/> PTC                |  |
| <input type="checkbox"/> Field Trip           | <input type="checkbox"/> Safety/ Traffic    |  |

**Thank you in advance for your valuable support to our Academy!**

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

# Noor International Academy

[enrollnia@niapsa.org](mailto:enrollnia@niapsa.org)

## STATE BOARD OF EDUCATION APPROVED HOME LANGUAGE SURVEY \*

Grades: Pre-K-6<sup>th</sup>

37412 Dequindre Rd. ♦ Sterling Heights ♦ MI 48310

Ph.: 586.365.5000 ♦ Fax: 586.365.5001

The Public School Academy is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152 - 380.1157 of the School Code of 1995, Michigan's Bilingual Education Law.

Please complete the following information with much appreciation for your cooperation!

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

1. Is your child's native tongue a language other than English?

☐ Yes ☐ No

What is that language? \_\_\_\_\_

2. Is the primary language<sup>1</sup> used in your child's home or environment a language other than English?

☐ Yes ☐ No

What is that language? \_\_\_\_\_

3. Was your child born in the United States? ☐ Yes ☐ No What is the entry date to the US Schools? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

<sup>1</sup>"Primary language" means the dominant language used by a person for communication.

\* Translation of this survey form in Spanish, Arabic, French is available per request at the Main Office of the Academy.

# إستبيان اللغة الأم المقرر من قبل المجلس التربوي في ولاية ميتشيغان

الأكاديمية/الموقع:

أكاديمية نور انترناشيونال

صف Pre-K-7

37412 Dequindre Road, Sterling Heights, MI 48310

هاتف: 586.365.5000 أو فاكس: 586.365.5001

[enrollnia@niapsa.org](mailto:enrollnia@niapsa.org)

يقوم مجلس المدارس العامة بجمع معلومات تتعلق باللغة الأم لكل من طلابها. وهذه المعلومات ستستخدم من قبل المقاطعة لتحديد عدد الطلاب الذين يجب توفير برنامج تعليم ثنائي اللغة لهم وفقاً للمواد 380.1152-380.1157 من قانون المدارس لعام 1995، وهو قانون ولاية ميتشيغان للتعليم الثنائي اللغة.

شكراً جزيلاً على تعاونكم.

إسم الطالب: \_\_\_\_\_ الصف: \_\_\_\_\_ العمر: \_\_\_\_\_

المدرسة: \_\_\_\_\_

1- هل اللغة الأم لولدكم هي غير اللغة الإنكليزية؟

نعم ☐ لا ☐ ما هي هذه اللغة؟ \_\_\_\_\_

2- هل اللغة الأساسية المستخدمة في منزل ولدكم أو بيئته هي غير اللغة الإنكليزية؟

نعم ☐ لا ☐ ما هي هذه اللغة؟ \_\_\_\_\_

3- هل وُلد ولدكم في الولايات المتحدة الأميركية؟

نعم ☐ لا ☐ ما هو تاريخ الدخول إلى مدارس الولايات المتحدة الأميركية؟ \_\_\_\_\_

توقيع ولي أمر الطالب	العنوان	التاريخ
----------------------	---------	---------

\*اللغة الأصلية أو اللغة الرئيسية المستخدمة للمحادثة.

من أجل الحصول على نسخة مترجمة من هذه الإستمارة باللغة الإسبانية، العربية، الفرنسية والإيطالية يرجى الإتصال بالمكتب الرئيسي للأكاديمية.





# Noor International Academy (NIA)

Email: [enrollnia@niapsa.org](mailto:enrollnia@niapsa.org)

## STUDENT INFORMATION

(Confidential Information needed for Federal/State Reports)

**Grades: Pre-K-7<sup>th</sup>**

Sterling Heights, MI 48310

Ph.: 586.365.5000, Fax: 586.365.5001

Last Name	First Name	Middle Name	Age	D.O.B	Grade

The answers given below will help determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school record, immunization records, or birth certificate.

1. Is the Student living in permanent housing? (Please check ONE box.)

☐ YES

☐ NO

2. What type of temporary housing is the student living in? N/A

☐ Doubled-Up (temporary due to loss of housing or economic hip

☐ Homeless/Youth/Victim Shelter

☐ Motel/Hotel

☐ Transitional Housing

☐ Temporary Foster Care/Awaiting Placement

☐ Unsheltered (car, park, bus, campsite, rest area, parking lot, etc.)

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

Presenting a false record or falsifying records is an offense punishable by Federal and State Law.  
By signing above, you attest that all information provided on this form is true and accurate at the time this form is dated.

## HEALTH APPRAISAL

**Dear Parent or Guardian:** The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

### PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	WORK TELEPHONE NUMBER ( )

### SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	Birth History:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	If yes, list medications:
Reason for Medication _____				
_____ / /				Was the health history reviewed by a health professional?
<b>Parent/Guardian Signature</b> _____				<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Examiner's Initials:</b> _____
Date _____				

### SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

#### Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Other: _____	Height Weight Other: _____			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE	 Reading: _____ Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> mm			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / /				
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				<b>NOTE:</b> Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

#### Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

<b>SECTION III - IMMUNIZATIONS</b> <small>Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*</small>			
VACCINES (Circle Type)	DATE ADMINISTERED <small>MM/DD/YYYY</small>		
Hepatitis B (HepB)	1	3	
	2		
DTaP/DTP/DT/Td	1	4	
	2	5	
	3	6	
Tdap	1		
Haemophilus Influenzae type b (HIB)	1	3	
	2	4	
Polio (IPV/OPV)	1	3	
	2	4	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	
	2	4	
Rotavirus (RV1/RV5)	1	3	
	2		
Measles, Mumps, Rubella (MMR)	1	2	
Varicella (Chickenpox)	1	2	
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____			
I certify that the immunization dates are true to the best of my knowledge			
_____ <b>Health Professional's Signature</b>		_____ <b>Title</b>	_____ <b>Date</b>

		<b>SECTION IV - RECOMMENDATIONS</b> <small>(Required for Child Care and Head Start/Early Head Start)</small>
No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
		_____
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness?
		If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
		_____
Other Recommendations		
_____		
_____		

<b>SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)</b>
I have examined _____ child's name _____'s teeth. As a result of this examination, my recommendation for treatment is: _____ _____
_____ <b>Dentist's Signature</b>
_____ <b>Date</b>

<b>PHYSICIAN'S SIGNATURE</b>			
_____ <b>Examiner's Signature</b>	_____ <b>Date</b>	_____ <b>Examiner's Name (Print or Type)</b>	_____ <b>Degree or License</b>
_____ <b>Number &amp; Street</b>	_____ <b>City</b>	MI _____ <b>ZIP Code</b>	(_____) _____ <b>Telephone</b>

Information required for:

**Early On** - Hearing and Vision Status; Diagnosis; Health Status

**Child Care Licensing** - Physical Exam, Restrictions, Immunizations

**Head Start/Early Head Start** - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

\*\*\*\*\*

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.