

# Huron Academy's Student Enrollment Application

## 2016-2017 School Year

11401 Metropolitan Parkway Sterling Heights MI 48312

STUDENT BASIC INFORMATION			
Student's Last Name:			
Student's First Name:		Middle Initial:	
Student's Date of Birth: (Provide Birth Certificate)	____/____/____	Grade Level (16/17):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
If entering Kindergarten, did your child attend Preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<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)?  <input type="checkbox"/> Yes <input type="checkbox"/> 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 as a Second Language services.</i>	Is your child's native tongue a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the language? _____		What is the primary language spoken in your home? <input type="checkbox"/> English <input type="checkbox"/> Other: _____
STUDENT ADDRESS INFORMATION			
Address where student lives	Street Address:		
	City:	State:	Zip Code:
Mailing address, if different from above:	Street Address:		
	City:	State:	Zip Code:
PARENT/GUARDIAN INFORMATION			
Parent/Guardian #1 (if address is different than student, would you like separate mailings to this address as well? <input type="checkbox"/> Yes <input type="checkbox"/> No)	Name:		Relationship:
	Street Address:		
	City:	State:	Zip Code:
	Home Phone:	Cell Phone:	
	Work Phone:	Email:	
Parent/Guardian #2 (if address is different than student, would you like separate mailings to this address as well? <input type="checkbox"/> Yes <input type="checkbox"/> No)	Name:		Relationship:
	Street Address:		
	City:	State:	Zip Code:
	Home Phone:	Cell Phone:	
	Work Phone:	Email:	

**EMERGENCY CONTACT INFORMATION**

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.

**MEDICAL HISTORY**

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:	
Did your child have the Chicken Pox? <input type="checkbox"/> Yes <input type="checkbox"/> No or Varicella Vaccine <input type="checkbox"/> Yes <input type="checkbox"/> No	
Doctor's Name:	Phone:

**SPECIAL SERVICES (Please check all that apply)**

Does your child need Special Education Services?  Yes  No If yes, please provide the most current IEP.

<u>Support Services:</u>	<u>Special Education:</u>	<u>Service Delivery:</u>
<input type="checkbox"/> 504 Plan <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Social Work <input type="checkbox"/> Assistive Technology _____ <input type="checkbox"/> English as a Second Language <input type="checkbox"/> Title IA/31a Services <input type="checkbox"/> Other: _____	<input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Emotional Impairment <input type="checkbox"/> Cognitive Impairment <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Other Health Impairment <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Early Childhood Developmental Delay <input type="checkbox"/> Speech and Language Impairment <input type="checkbox"/> Severe Multiple Impairment <input type="checkbox"/> Traumatic Brain injury <input type="checkbox"/> Other: _____	<input type="checkbox"/> Self-contained classroom <input type="checkbox"/> Resource Room pull-out <input type="checkbox"/> Resource Room push-in <input type="checkbox"/> Co-taught courses <input type="checkbox"/> TC support only <input type="checkbox"/> Date of last IEP: _____ <input type="checkbox"/> Date of last REED: _____

**DISCIPLINE HISTORY**

Designated Neighborhood School District: \_\_\_\_\_

Has your child ever received an in-school detention?  Yes  No

If yes, how many times? \_\_\_\_\_ When did the detention occur? \_\_\_\_\_

Has your child ever received a suspension from school?  Yes  No

If yes, how many times? \_\_\_\_\_ When did the suspension occur? \_\_\_\_\_

Has your child ever been expelled from school?  Yes  No

Has your child ever been convicted of a felony?  Yes  No

**SIBLINGS** (Please all siblings who are also applying for enrollment at the Academy. Information in this section is to ensure sibling status if one of your children is accepted. Each child applying must complete a separate Student Enrollment Application.)

Last Name	First Name	Class

I understand that by completing and signing this form that my child will be considered for enrollment at the Academy. I further understand that this process does not automatically guarantee enrollment in the Academy, and that my child's name may be placed in a lottery for enrollment purposes.

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

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

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY (Initial complete, NA if not applicable)	
_____ Health Appraisal	_____ Photograph & Publicity Release Form
_____ Immunizations Record	_____ Age of Majority Form (HS only)
_____ Immunization Waiver	_____ Network & Internet Acceptable Use Agreement
_____ Birth Certificate (copy)	_____ Field Trip Permission Form
_____ Completed Records Release	_____ Authorization for Administering Medication/Treatment
_____ Student Residency Questionnaire	_____ Medical Action Plan
_____ CA-60 from prior school	_____ Student Handbook
_____ IEP	_____ Handbook Acknowledgement
_____ Free & Reduced Meals Application	_____ Concussion Information Acknowledgement
_____ Household Survey	