

Huron Academy's Preschool Student Enrollment Application

2019-2020 School Year

METRO building (K thru 2nd) 586-446-9170 or UTICA building (3rd thru 8th) 586-690-8180

STUDENT BASIC INFORMATION			
Student's Last Name:			
Student's First Name:		Middle Initial:	
Student's Date of Birth: (Provide Birth Certificate)	___/___/___	Grade Level (19/20):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
<i>The U.S. Department of Education requires that both parts of this section be completed. If either part is not answered, the Academy will have 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> <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: _____	<u>Special Education:</u> <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: _____	<u>Service Delivery:</u> <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: _____
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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 list 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 enrolled in the preschool program at the Academy and I will adhere to the policies of this program

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)

- | | |
|---|---|
| <ul style="list-style-type: none"> ___ Health Appraisal ___ Immunizations Record ___ Immunization Waiver ___ Birth Certificate (copy) ___ Completed Records Release ___ Student Residency Questionnaire ___ CA-60 from prior school ___ IEP ___ Free & Reduced Meals Application ___ Household Survey | <ul style="list-style-type: none"> ___ Photograph & Publicity Release Form ___ Age of Majority Form (HS only) ___ Network & Internet Acceptable Use Agreement ___ Field Trip Permission Form ___ Authorization for Administering Medication/Treatment ___ Medical Action Plan ___ Student Handbook ___ Handbook Acknowledgement ___ Concussion Information Acknowledgement |
|---|---|