CHARLTON HESTON ACADEMY

2017-2018 Enrollment Application

Grade Entering: _____ or check if Pre-K/Childcare Student Information - Please Print-your CHILD MUST BE 5 YEARS OF AGE BY SEPTEMBER 1, 2017 TO ENROLL IN KINDERGARTEN. YOUR CHILD MUST BE 4 YEARS OF AGE BY September 1, 2017 TO ENROLL IN PRE-K A waiver will allow your child to enroll in Kindergarten if he/she turns 5 by December 1, 2017. Name of Previous School: _ ___ Is your child currently under suspension/expulsion from another school district? Yes No Ethnic Background: African American American Indian Hispanic Caucasian Latino Other Last Name First Name Middle Name Address City Zip Code State Female Phone Number (This will be the number called for school closings) Birth Date Current Age Optional: Does your child receive school-based special services, i.e. special education? Yes No If "yes" please check all that apply: Speech Therapy__ Occupational Therapy__ Physical Therapy__ Social Work Academic Support Other (please describe): **Family Information** Parent/Guardian #1: Last Name First Name Email address Address (if different from child) City State Zip Code Work Phone Cell Phone Email Address: Home Phone Parent/Guardian #2: Last Name First Name Address (if different from child) State Zip Code Email address Work Phone Cell Phone Email Address: Home Phone **Emergency Contact Number(s)** (**Emergency Contact Number(s)** (List all siblings: 2016-2017 Grade Level:__ 1. Name: Date of Birth
 Name:
 2016-2017 Grade Level:
 Date of Birth
 /

 Name:
 2016-2017 Grade Level:
 Date of Birth
 /
_____ 2016-2017 Grade Level:_____ Date of Birth_ Name: _ Parental Statement By signing, I am confirming that the information given is true to the best of my knowledge. Failure to report accurate information may result in your child being withdrawn from the Academy. I agree to support the mission, vision, and polices of Charlton Heston Academy. Signature of Parent/Guardian: _____/____Date: ____/___/ To be completed by the CHA Office Staff:

Received Date: _____/Time: _____ Staff initials: _____

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Please return all enrollment applications to the main office at Charlton Heston Academy or fax it to 989-632-3393 or email it to ssinischo@charltonhestonacademy.com. The re-enrollment period is February 16, 2017- March 1, 2017. Students currently enrolled in the Academy will be allowed to register during this time. Open enrollment will be held March 2, 2017-March 30, 2017 for all families/students who are not currently enrolled at the Academy, but wish to enroll for next year (Fall 2017). Acceptance letters will be mailed to families after this period. At that time the Academy will follow-up with families to retrieve the following information:

- Copy of certified birth certificate
- Health appraisal (Kindergarten & Grade 6)
- Certified copy of court appointed custodial papers (if applicable)
- Up-to-date immunization record
- · Copy of valid identification
- · Copy of the student's last report card
- All other applicable academic, medical, and/or other information

All questions can be directed to David Patterson, Superintendent at 989-632-3390 or at dpatterson@charltonhestonacademy.com.