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 State Zip Code

(_____)_____ _____/_____/_____ _____ _____ Male _____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

_____ _____ _____ _____ _____
Address (if different from child) City State Zip Code Email address

Email Address: _____ Work Phone_____Cell Phone_____Home Phone_____

Parent/Guardian #2:

_____ _____
Last Name First Name

_____ _____ _____ _____ _____
Address (if different from child) City State Zip Code Email address
Email Address: _____ Work Phone_____Cell Phone_____Home Phone_____

1. **Name:**_____
   Emergency Contact Number(s) ( ) _____ - _____ ( ) _____ - _____ ( ) _____ - _____
   Work Phone Cell Phone Home Phone
2. **Name:**_____
   Emergency Contact Number(s) ( ) _____ - _____ ( ) _____ - _____ ( ) _____ - _____
   Work Phone Cell Phone Home Phone

List all siblings:
1. Name: _____ 2014-2015 Grade Level:_____ Date of Birth____/____/____
2. Name: _____ 2014-2015 Grade Level:_____ Date of Birth____/____/____
3. Name: _____ 2014-2015 Grade Level:_____ Date of Birth____/____/____
4. Name: _____ 2014-2015 Grade Level:_____ Date of Birth____/____/____

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 Failure to report accurate information may result in your child being withdrawn from the Academy.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:_____

CHARLTON HESTON ACADEMY

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.