



Parent/Guardian #2:

Last Name

First Name

Address (if different from child)

City

State

Zip Code

Email Address: _____ Work Phone _____ Phone _____

Emergency Contact Information:

1. Name: _____ Relation: _____

Emergency Contact Number(s)

() _____ - _____ () _____ - _____ () _____ - _____
Work Phone Cell Phone Home Phone

2. Name: _____ Relation: _____

Emergency Contact Number(s)

() _____ - _____ () _____ - _____ () _____ - _____
Work Phone Cell Phone Home Phone

List all siblings:

1. Name: _____ 2020-2021 Grade Level: _____

Date of Birth ____/____/____

2. Name: _____ 2020-2021 Grade Level: _____

Date of Birth ____/____/____

3. Name: _____ 2020-2021 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 Failure to report accurate information may result in your child being withdrawn from the Academy.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 policies of Charlton Heston Academy.

Signature of Parent/Guardian: _____

Date: ____/____/____

Required Copies Of:

- Birth Certificate(s)
- Parents ID
- Transcript(s)
- Current Student Schedule(s)
- IEP if applicable

I authorize Charlton Heston Academy to release my child's immunization record and personally identifiable information to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and limited personally identifiable information from the school.

Student Name: _____ Date of Birth: ____/____/____

Signature of Parent/Guardian or Eligible Student: _____ Date: ____/____/____

Printed Parent/Guardian Name: _____

To be completed by the CHA Office Staff:

Received Date: _____ Time: _____ Staff initials: _____