

# CHARLTON HESTON ACADEMY

## 2021-2022 New Student 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, 2021 TO ENROLL IN KINDERGARTEN. YOUR CHILD MUST BE 4 YEARS OF AGE BY September 1, 2021 TO ENROLL IN PRE-K A waiver will allow your child to enroll in Kindergarten if he/she turns 5 by December 1, 2021.

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

Student Residence Status: Living in our own home Living in the home of friends/relatives Hotel/Motel  
Other: \_\_\_\_\_

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Last Name First Name Middle Name

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Address City State Zip Code

Phone Number (\_\_\_\_\_) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Male \_\_\_ Female \_\_\_

(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)  
Email address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Email Address: \_\_\_\_\_

WorkPhone \_\_\_\_\_ CellPhone \_\_\_\_\_ Home Phone \_\_\_\_\_

### **Parent/Guardian #2:**

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Address (if different from child)  
Email address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

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: \_\_\_\_\_ 2021-2022 Grade Level: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Name: \_\_\_\_\_ 2021-2022 Grade Level: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Name: \_\_\_\_\_ 2021-2022 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:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

To be completed by the CHA Office Staff: Received Date: \_\_\_\_\_/Time: \_\_\_\_\_ Staff initials: \_\_\_\_\_

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](mailto:ssinischo@charltonhestonacademy.com).