

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: _____

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 Failure to report accurate information may result in your child being withdrawn from the Academy.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

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.

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