

Charlton Heston Academy

1350 N. St. Helen Rd.

Saint Helen, MI 48656



2023-2024 New Student Enrollment Application

Child's Legal Name: _____ Grade Entering: _____
Last First Middle

Physical Address: _____
House # Street Apt/Unit # City Zip Code

Mailing Address: _____
House # Street Apt/Unit # City Zip Code

Child's Birth Date: _____ Male Female Birth Status: Single Twin Triplet+

Primary Phone Number: (_____) _____ County of residence: _____

Are you a military family? Yes No

Is English the primary language spoken in your home? Yes No Previous school: _____

If no, what is the primary language spoken? _____

<p><u>Race-</u> (Check all that apply) What do you consider your child's race? <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian American <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian</p>	<p><u>Special Education</u> Please bring copy of IEP Did your child receive special education services at a previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please indicate what services were received) <input type="checkbox"/> Special Education classes <input type="checkbox"/> Speech <input type="checkbox"/> OT/PT <input type="checkbox"/> Social Work <input type="checkbox"/> 504 Plan</p>
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PARENT/GUARDIAN INFORMATION

<p>Parent/Guardian: <input type="checkbox"/> Custodial <input type="checkbox"/> Non-Custodial Name: _____ Relationship to child: _____ Date of birth: _____ Email address: _____ Main phone: _____ Employer: _____ Work phone: _____</p>	<p>Secondary/Step parent: <input type="checkbox"/> Custodial <input type="checkbox"/> Non-Custodial Name: _____ Relationship to child: _____ Date of birth: _____ Email address: _____ Main phone: _____ Employer: _____ Work phone: _____</p>
<p>Parent/Guardian: <input type="checkbox"/> Custodial <input type="checkbox"/> Non-Custodial Name: _____ Relationship to child: _____ Date of birth: _____ Email address: _____ Main phone: _____ Employer: _____ Work phone: _____</p>	<p>Secondary/Step parent: <input type="checkbox"/> Custodial <input type="checkbox"/> Non-Custodial Name: _____ Relationship to child: _____ Date of birth: _____ Email address: _____ Main phone: _____ Employer: _____ Work phone: _____</p>

If there is a custody order in place please provide court documentation to the office

Has your child ever been suspended from school? Yes No

If yes, why? _____

Has your child ever been expelled from school? Yes No

If yes, why? _____

MCKINNEY-VENTO HOMELESS QUESTIONNAIRE

Where is the child currently living? (Please check one box)

In a one family dwelling

(If one of the following boxes are checked the school may be required to fill out a McKinney-Vento referral)

In a shelter

With family/friends (with parent)

In a car/garage

In a hotel/motel

Living with another family

At a campground

Homeless

Other: _____

Emergency Contact Information- In the case my child becomes ill or injured at school and I cannot be reached for any reason please contact the following: (please list in order you would like contacted)

<u>First & Last Name</u>	<u>Relationship</u>	<u>Phone #1</u>	<u>Phone #2</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Does your child have any allergies or medical problems that the school should be aware of?

Is your child interested in Career and Technical Education (CTE) courses? CHA is currently offering the following CTE courses; Teacher Cadet, Automotive Technology, Construction Trades, Public Safety, Cosmetology, Information Technology and Gaming, and Welding.) Yes No

Transportation

Will your student need busing? Yes No

Which animal route best suits your needs? (routes are available online)

Elephant Tiger Pig Lion Monkey Chicken

Penguin Deer Dog Bear Camel

Please have the transportation department contact me to discuss transportation needs.

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

Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize Charlton Heston Academy to release my child's immunization record 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 to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

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

Signature of Parent/Guardian

or Eligible Student: _____ Date: ____/____/____

Printed Parent/Guardian Name: _____