



# CHARLTON HESTON ACADEMY

2024-2025 Re-enrollment Application

Grade Entering in fall 2024: \_\_\_\_\_

## Student Information – Please Print

\_\_\_\_\_  
Last Name First Name Middle Name

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

Are you a military family? Yes or No What is the primary language spoken in your home: \_\_\_\_\_

\*Are you interested in online learning? Yes or NO \* Are you interested in taking CTE classes or college classes Yes or NO

\* Approval from the Superintendent is required

## Family Information

\*Mail correspondence will be sent to the address of Parent #1

\*School cancellation notice phone calls and all other mass communication calls will be made to the primary phone number for Parent #1

### \*Parent/Guardian #1:

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Street Address City State Zip Code

Email Address: \_\_\_\_\_ Primary phone number: \_\_\_\_\_

### Parent/Guardian #2:

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Street Address City State Zip Code

Email Address: \_\_\_\_\_ Primary phone number: \_\_\_\_\_

## **Emergency Contacts:**

1. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Emergency Contact Number(s): Primary: \_\_\_\_\_ Alternate: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Emergency Contact Number(s): Primary: \_\_\_\_\_ Alternate: \_\_\_\_\_

## **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 Failure to report accurate information may result in your child being withdrawn from the Academy.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, fax them to 989-632-3393 or email to [office@charltonhestonacademy.com](mailto:office@charltonhestonacademy.com). The re-enrollment period is March 18th, 2024- March 29th, 2024. Students currently enrolled in the Academy will be allowed to register during this time and thereafter. Open enrollment will be held on April 1st, 2024-April 19, 2024 for all families/students who are not currently enrolled at the Academy but wish to enroll for next year (Fall 2024). Acceptance letters will be mailed to families by May 3, 2024. At that time the Academy will follow up with families to retrieve the following information:

- Copy of certified birth certificate
- Health Appraisal
- 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 (if applicable)

Please direct all enrollment questions to David Patterson, Superintendent at 989-632-3390 or [dpatterson@charltonhestonacademy.com](mailto:dpatterson@charltonhestonacademy.com).