

**Charlton Heston Academy**  
**1350 N St. Helen Road**  
**St. Helen MI 48656**



2024-2025 New Student Enrollment Application

Child's Legal Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
Last First Middle

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

**Leave blank if same as above**

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

**PARENT/GUARDIAN INFORMATION**

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

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 &amp; 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 high school 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

\*Is your high school child interested in college classes  Yes  No

\*Is your child interested in online learning  Yes  No

\* Approval from the Superintendent is required

**Transportation**

Will your child need busing?  Yes  No

Which animal route best suits your needs? Routes can be found on our website or by click link provided: [Charlton Heston Academy Bus Routes](#)

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.

I **DO NOT** 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 \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Printed Parent/Guardian Name: \_\_\_\_\_