



Charlton Heston Academy

2025-2026 School Year 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

If no, what is the primary language spoken? _____

| | |
|---|---|
| <p>Race- (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>Special Education 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 types 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> |
|---|---|

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

- In a one family dwelling
- In a shelter With family/friends (with parent) In a car/garage
- 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 & 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

Which of the previous listed CTE program: _____

*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 student need bussing? Yes No

Which animal route best suits your needs? (routes are attached and available online; subject to change)

- Elephant
- Tiger
- Pig
- Lion
- Monkey
- Chicken
- Penguin
- Deer
- Dog
- Bear
- Camel

Please have transportation contact me to discuss routes

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. By signing this I understand that there is a virtual learning platform available and virtual learning may be utilized as deemed necessary by the administration.

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 disclosure 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: _____

Concussion Awareness

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump or blow to the head can be serious. If a child reports one or more symptoms of concussion listed below after a bump, blow, or jolt to the head or body, she/he should be kept out of school the day of the injury and until a health care professional, experienced in evaluating for concussion says they are symptom-free and may return to school.

Appears dazed or stunned

Confused

Forgetful

Clumsy

Answers questions slowly

Loses consciousness

Shows mood, behavior, or personality changes

Can't recall events prior to the hit or fall

Can't recall events after the hit or fall

Headache or "pressure" in head

Nausea or vomiting

Balance problems or dizziness

Sensitivity to light

Sensitivity to noise

Feeling sluggish, hazy, foggy, or groggy

Concentration or memory problems

Confusion

Not "feeling right" or "feeling down"

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. Concussion affects people differently. While most recover quickly and fully, some will have symptoms that last for days or even weeks. A more serious concussion can last for months or longer.

Sign below to indicate that you have been made aware of the dangers and warning signs of concussions as well as being informed of the acceptable use policy

Student's Name

Parent's/Guardian's Signature

Date