



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? _____

Previous School attended: _____

Race- (Check all that apply)

What do you consider your child's race?

- ☐ American Indian/Alaskan Native ☐ Asian American
☐ Black/African American ☐ Hispanic/Latino
☐ Native Hawaiian/Pacific Islander ☐ White/Caucasian

Special Education: Please bring a copy of the IEP

Did your child receive special education services at a previous school? ☐ Yes ☐ No

(If yes, please indicate what types received)

- ☐ Special Education classes ☐ Speech
☐ OT/PT ☐ Social Work ☐ 504 Plan

PARENT/GUARDIAN INFORMATION

Parent/Guardian: ☐ Custodial ☐ Non-Custodial

Name: _____

Relationship to child: _____

Date of birth: _____

Email address: _____

Main phone: _____

Employer: _____

Work phone: _____

Secondary/Step parent: ☐ Custodial ☐ Non-Custodial

Name: _____

Relationship to child: _____

Date of birth: _____

Email address: _____

Main phone: _____

Employer: _____

Work phone: _____

Parent/Guardian: ☐ Custodial ☐ Non-Custodial

Name: _____

Relationship to child: _____

Date of birth: _____

Email address: _____

Main phone: _____

Employer: _____

Work phone: _____

Secondary/Step parent: ☐ Custodial ☐ Non-Custodial

Name: _____

Relationship to child: _____

Date of birth: _____

Email address: _____

Main phone: _____

Employer: _____

Work phone: _____

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 shelter ☐ With family/friends (with parent) ☐ In a one family dwelling
- ☐ 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 Industrial Maintenance Technology.) ☐ Yes ☐ No

Which one 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 busing? ☐ Yes ☐ No

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

- ☐ Flamingo ☐ Tiger ☐ Turtle ☐ Lion ☐ Monkey ☐ Eagle
- ☐ Penguin ☐ Deer ☐ Owl ☐ 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 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: _____

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

Charlton Heston Academy

School Year 2025-2026

Chromebook User and Parent Agreement

To use school technology, students and their parents must agree to the following terms:

1. Students will use technology only for school-related purposes.
2. Students will not purposely damage or otherwise deface school technology.
3. Students will not take school technology out of the room it is assigned to without explicit permission from their teacher.
4. If damage occurs, students and their parents may be charged for repair as outlined below:
 - a. Screen damage: \$20
 - b. Keyboard damage: \$35
 - c. Backplate/Faceplate damage: \$20
 - d. Removal of CHA labeling: \$5
 - e. Writing/carving/defacement: \$25
 - f. Charger: \$25
 - g. Stolen, lost, or otherwise unrepairable: \$320

Student Signature:_____ Date:_____

Parent Signature:_____ Date:_____

School Administrator's Signature Date