

GREAT LAKES ACADEMY STUDENT REGISTRATION 2017-2018

STUDENT DEMOGRAPHICS					
Legal Last Name:		Legal First Name:		Legal Middle Name:	
Entering Grade:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date (m/dd/yy):	Country of Citizenship (if not USA):	Social Security Number:	
Ethnicity (Select One): <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic				Primary Phone:	
Home Address (Street Address & Apt. Number):			City:	Zip Code:	
Has this student ever received any of the following services?		Student's First Language:		Language Spoken at Home:	
IEP <input type="checkbox"/> Yes <input type="checkbox"/> No (Individual Education Plan)		Does this student have any legal issues that the schools needs to be aware of:			
Speech <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No <input type="checkbox"/> Yes: Please explain:			
ESL <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this student have any medical issues that should be considered when scheduling classes?			

PREVIOUS SCHOOL EXPERIENCE				
Has this student attended Great Lakes Academy before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last School:	Last Grade:	Date Withdrawn: _____/_____/_____ Reason:
Previous School Address (Street):		Previous School City/State/Zip Code:		
Is this student currently suspended, expelled, or pending disciplinary action from the previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has this student ever been expelled from ANY school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>The effect of a sole custody award on authority of other parent (ORS 107.154). Unless otherwise ordered by the court, an order of sole custody to one parent shall not deprive the other parent of the following authority: To inspect and receive school records and to consult with school staff concerning the child's welfare and education, to the same extent as the custodial parent may inspect and receive such records and consult with such staff;</i>				
PRIMARY PARENT/GUARDIAN 1 – Does the child reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Other:				
Last Name		First Name		Middle Initial
Address			City	Zip
Home Phone		Work Phone		Cell Phone
PRIMARY PARENT/GUARDIAN 2 – Does the child reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Other:				
Last Name		First Name		Middle Initial:
Address			City	Zip
Home Phone		Work Phone		Cell Phone

How did you hear about Great Lakes Academy?

<input type="checkbox"/> Parent Referral	<input type="checkbox"/> Preschool Visit	<input type="checkbox"/> Community Event	<input type="checkbox"/> Website
<input type="checkbox"/> Internet Advertisement	<input type="checkbox"/> Billboard / Bench Ad	<input type="checkbox"/> Home Mailer	<input type="checkbox"/> Oakland Press
<input type="checkbox"/> Detroit News	<input type="checkbox"/> Pontiac News	<input type="checkbox"/> Magazine Advertisement	<input type="checkbox"/> Radio
<input type="checkbox"/> Television Commercial	<input type="checkbox"/> Other:		

MEDICAL INFORMATION

Physical Conditions for which your child has been treated or is currently under treatment for:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Allergy _____ | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Heart Condition/Murmur | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Anemia (Include Sickle Cell) | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Hernia | <input type="checkbox"/> Bone Disorder |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Hives | <input type="checkbox"/> Psychological/Psychiatric |
| <input type="checkbox"/> Asthma (Requiring treatment) | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Back/Neck Injury | <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Skin Disorders |
| <input type="checkbox"/> Bladder/Kidney Disease | <input type="checkbox"/> Head Injury/Concussion | <input type="checkbox"/> Lung Disease/Tuberculosis | <input type="checkbox"/> Speech Disorder |
| <input type="checkbox"/> Bleeding/Clotting Disorder | <input type="checkbox"/> Headaches | <input type="checkbox"/> Measles | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Cancer/Leukemia | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Medication Allergies | <input type="checkbox"/> Vision Loss/Correction |
| <input type="checkbox"/> Other: _____ | | Management Plan given to parent: _____ | |

Over-The-Counter Medication

It is the policy of Great Lakes Academy to have a physician's written authorization for school personnel when they are involved with a student taking medication during school hours. A physician must prescribe the medication, which will be dispensed. All medications must be in the original container and be accompanied by an Authorization For Medication form completed by the physician. You may obtain this form in the main office. **Over the counter medication cannot be given to students by Great Lakes Academy staff or carried by student during the school day.**

Other Health Needs and Notes:

Permissions and Authorizations

In the event that reasonable attempts to contact have been unsuccessful, I HEARBY GIVE MY CONSENT for 1) the transfer of my child to any hospital reasonably accessible. I accept full financial responsibility for the payment of all charges made for medical services rendered. I absolve school officials of any liability who in good faith complies with this request. I DO acknowledge that it is necessary for the parent to notify school administrators of any medical condition relating to: allergies, asthma, seizures, and diabetes. **Please indicate by signature below:**

I DO give my consent Parent Signature _____

I DO NOT give my consent Parent Signature _____

EXPULSION STATEMENT

I affirm that, _____, **HAS NOT BEEN EXPELLED** from school attendance at a private or public school in Michigan or any other state for an offense in violation of school board policies relating to weapons, alcohol, drugs, or willful infliction of injury to another person.

Parent Signature: _____ **Date:** _____

PHOTO RELEASE

Photo Release: Your child may be photographed or videotaped for inclusion in school publications and website, or in newspapers, magazines, articles, or letters relating to school activities.

Please check one: **YES**, I give permission **NO**, I do not give my permission

STUDENT TRANSPORTATION WAIVER AGREEMENT

- I understand that Great Lakes Academy, in which I wish to enroll my child, DOES NOT PROVIDE transportation.
- I understand that it is my responsibility to transport my child to and from school on time.
- I agree to be responsible for transporting my child to and from school on time.
- I understand that my child is expected to maintain good attendance during the school year.

Signature of Parent/Guardian completing form: _____ **Date:** _____

OFFICE USE ONLY

Legal name & DOB Verified	Date Entered	Start Date	UIC NUMBER	Homeroom
<input type="checkbox"/> Yes <input type="checkbox"/> No				