



2020-2021 Re-Enrollment Application

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Pontiac, MI 48342
Phone: 248-334-6434
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Re-enrollment of current students is now open for the 2020-2021 school year. This form **MUST** be completed and returned to the Main Office . It is imperative that your reenrollment form is submitted during this timeframe so we may plan accordingly for the next school year and, more importantly, guarantee a place for your student.

Student Legal Name: (As it appears on birth certificate)		
Last Name:	First Name:	Middle:
Date of Birth:	Grade Level for 2020-2021	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Information:		
<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>		Are there custody agreements, court restrictions or court orders regarding this student? <input type="checkbox"/> Yes, if yes please provide documentation <input type="checkbox"/> No
PRIMARY PARENT/GUARDIAN - Does 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"/> Step Parent <input type="checkbox"/> Other:		
Parent or Legal Guardian 1:	Last Name:	First Name:
Lives with child?	Has custody of child: (Yes/No)	
Address:		
Email Address:		
Home Phone:	Cell Phone:	Work Phone:
SECONDARY PARENT/GUARDIAN – Does 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"/> Step Parent <input type="checkbox"/> Other:		
Parent or Legal Guardian 2:	Last Name:	First Name:
Lives with child?	Has custody of child: (Yes/No)	
Address:		
Email Address:		
Home Phone:	Cell Phone:	
Please list any medical conditions / allergies: <i>(Please note, school based management plans must be completed by a physician and submitted yearly – if your child had a management plan for the 2019-2020 school year a new one MUST be submitted for 2020-2021.)</i>		
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: <input type="checkbox"/> Yes, I give permission <input type="checkbox"/> No, I do not give permission		
Please check one: <input type="checkbox"/> My child is a walker <input type="checkbox"/> My child will be picked up by a parent or designated person		



STUDENT PICK UP/RELEASE FORM

Great Lakes Academy **will not release your child to anyone who you have not included on this Authorization** for pickup form. We require a written note be sent in with your signature authorizing a non-listed person to be added as a pick up. **We cannot accept phone call pickup changes. Picture I.D. Required:** Please notify persons on your list that a picture I.D. may be asked for by the teacher prior to releasing your child. These precautions for releasing students are to insure your child's safety and are not meant to cause intentional inconvenience for parents. We very much appreciate your understanding and cooperation with our policies on picking up students.

Name	Phone Number	Relationship to Child

**It is the responsibility of the parent/guardian to notify the school of any changes that need to be made.*

Parent/Guardian Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Date application received: _____

Current Status **Placement** **Waiting List** **Incomplete Information**

Alerts: