

Application for Admission
Elementary ___ Middle ___ High ___
Please print legibly

Today's Date: _____
Has your child ever attended any school before? _____

Student Name: _____
Last First Middle

Other Last Name Student may use: _____

Entering Grade: _____

Gender: ___ Male ___ Female

Is your child Hispanic/Latino? (Choose one)

___ No, not Hispanic/Latino

___ Yes, Hispanic/Latino

Is your child's native tongue a language other than English?

___ Yes ___ No what is that language? _____

Primary Language(s) spoken at home: _____

Ethnic Code: use 1, 2, and 3 to rank primary and secondary ethnic groups

___ American Indian/Alaskan

___ Hispanic

___ Asian American

___ Other

___ Caucasian

___ African-American

___ Native Hawaiian/Pacific Isl.

___ Multi/Bi-racial (explain) _____

Education Services: ___ Special (IEP) ___ Regular ___ Bilingual

Birthdates _____ Birth Place _____
Month/Day/Year City/State

Phone Number: _____

Address: _____
Number/ Street Name City Zip Code

Adult MALE Parent/Guardian: _____

Work Phone Number: _____

Cell Phone Number: _____

E-mail address: _____

Adult FEMALE Parent/Guardian: _____

Work Phone Number: _____

Cell Phone Number: _____

E-mail address: _____

DO NOT COMPLETE
OFFICE US ONLY
Student Number _____
UIC _____
Entry Date _____
Entry Code _____
Birth Cert ___ Yes ___ No
Teacher Name _____
Room# _____
Immunization Record ___ Yes ___ No
Lunch ___ Yes ___ No
Student Records
___ Req'd ___ Rec'd ___

Relationship to Child:
Check One
___ **B- Both Parents**
___ **C- Father/Stepmother**
___ **D- Mother/Stepfather**
___ **E- Father Only**
___ **F- Mother Only**
___ **G- Legal Guardian**

SAFETY, RESPECT, LEARNING & COMMUNITY

196 Cesar E. Chavez Ave. Pontiac, Michigan 48343

P: 248-745-9420 E: infor@pontiacacademy.org

How did you hear about our school?

- School Website Friends
- Family Member Advertisement
- Other _____

Emergency Medical Conditions/Problems: check **ALL** that apply

- | | | |
|---|--|---|
| <input type="checkbox"/> Nothing known | <input type="checkbox"/> Iodine allergy | <input type="checkbox"/> Wears glasses |
| <input type="checkbox"/> Medical waiver | <input type="checkbox"/> Multi allergy | <input type="checkbox"/> Bee sting |
| <input type="checkbox"/> Rheumatic | <input type="checkbox"/> Epileptic | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> Contact lenses | <input type="checkbox"/> Nose bleeds |
| <input type="checkbox"/> Hemophiliac | <input type="checkbox"/> Special blood condition | <input type="checkbox"/> No medication, religious |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Sulfa allergy | <input type="checkbox"/> Check health card |
| <input type="checkbox"/> Aspirin allergy | <input type="checkbox"/> Muscle weakness | <input type="checkbox"/> Attention deficit disorder |
| <input type="checkbox"/> Penicillin allergy | <input type="checkbox"/> Headaches | <input type="checkbox"/> Hearing problems |

Will your child be taking medication during school hours? _____ yes _____ no

If yes a "Permission Form for Prescribed Medication" will need to be completed by parent/guardian and Physician. Forms are available in the Office.

Other children who reside in the home:

Name	Birth date	Grade	Attending PAE
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no

Does your child attend a day care center or go to a sitter after school? _____ yes _____ no

If yes, name: _____

Address: _____ phone number _____

I affirm, that as the parent/legal guardian, all information provided above is true and accurate, and that my child and I reside at the listed address.

***Parent/Guardian**

Date

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Student Handbook Agreement

It is important for my/our child to achieve. Therefore I/we will encourage my/our child by doing the following:

- See that my/our child is punctual and attends school on a daily basis.
- Support the school in its effort to maintain proper discipline.
- Encourage my/our child to be the best that he/she can be and maintain a positive attitude.
- Maintain ongoing communication with the school and my/our child's teacher(s).
- Attend parent/teacher conference and other functions.
- Establish a time for sharing daily school experience and completing homework
- Encourage my/our child to respect others and their property.
- I have read and agree to the rules and policies and consequences set fourth Pontiac Academy for Excellence handbook.

★Parent/Guardian

Date

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Family Educational Rights and Privacy Act And Directory Information (FERPA)

Except for limited circumstances specified by law, personally identifiable information from a student's education record may not be released to a third party without written authorization from the student's parent/guardian or the 18 year old student.

Further, the Board of Education of the local school district has designated the following student Information as "directory information";

- Name
- Grade
- Gender
- Activities Participated in
- Awards Received

This information may be released without your consent, unless you advise the school district that you do not want any or all of this information to be released. Objections to the release of directory information must be made in writing to the principal. This objection may be placed by the parent/guardian of a student under age 18 or by the 18 year-old student. By giving parent consent, Pontiac Academy for Excellence High School reserves the right to use student information, including video or photographs, for purposes including, but not limited to the school web site, yearbook, marketing, newsletters and flyers.

Check only one response below:

- I do not wish for Pontiac Academy for Excellence to release any directory information concerning my child without my written consent.
- I do wish for Pontiac Academy for Excellence to release any directory information concerning my child without my written consent.

***Signature**

Date

Name of Child

Grade

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Pontiac Academy for Excellence School District
Parental Consent for Release of Child Information for Marketing Purposes

I, _____ give do not, consent to Pontiac Academy for Excellence to use the
Parent Name
information (example: **name, grade, pictures, awards or certificates**) of my child, _____
Student Name
for the purposes of school marketing/advertising

Parent Signature

Date

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PERMISSION TO RELEASE OFFICIAL RECORDS

Please type or print legible

Student Name: _____ Birth date: _____

Grade last attended: _____ Completed: _____

Former School: _____

School Address: _____

School Number: _____ **Fax:** _____

Please send the above named student's complete school records including:

- Official administrative record (name, birth date, place of birth, grades, class standing, attendance, and citizenship record)
- Standardized achievement, aptitude and intelligence test scores
- Special education records (IEPC, diagnostic reports, medical records)

Parent/Guardian

Date

Please send records to:

Pontiac Academy for Excellence
Elementary School
196 Cesar E. Chávez
Pontiac, MI 48342
Fax: Elementary (248)745-9485
 Middle/High School (248) 409-5730

Please return a copy of this release form with the student records.

FOR OFFICE USE ONLY:

Date sent: _____ 2nd request _____ 3rd Request _____

Date received: _____

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AFFIRMATION OF PRIOR DISCIPLINE RECORD

A willful false statement on this statement on this affirmation will result in a report to the appropriate authorities.

DIRECTIONS: Check the applicable paragraph, provide all appropriate information, and sign this document.

Paragraph 1:

_____ The undersigned affirms that _____ **has not been** suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and /or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

Paragraph 2:

_____ The undersigned affirms that _____ **has been** suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and /or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

If you checked paragraph 2, explain the circumstances in detail. Include the school name, dates of suspension or expulsion, and a description of the incident giving rise to the suspension or expulsion.

_____ (Date)

_____ **★(Signature of Parents)★**

_____ (Date)

_____ (Signature of Student)

(Office Use Only)

Name of Sending (former) School District: _____

Sending School – Please Check One: _____ **According to our records, we can verify that the information provided above by the parent/student.**

_____ **According to our records, the information provided above by the parent and student is not correct.**

If the student has been involved in offenses involving weapons, alcohol, or drugs, or willful infliction of injury to persons or an act of violence against persons and/or property committed on school premises, at a school sponsored activity, or on a public or private conveyance providing transportation to or from school or a school sponsored activity, please forward appropriate disciplinary documentation.

_____ (Date)

_____ (Signature of Sending District Administrator)

_____ (Title)

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