

Chandler Park Academy Elementary
20200 Kelly Road
Harper Woods, MI 48225
Phone: (313) 884-8830 Fax: (313) 884-9130

Grades (K-5)

Enrollment Application

2017-2018



The following documents **MUST** accompany the attached application:

- 1. Up-To- Date Immunization Record**
- 2. Birth Certificate**
- 3. Current I.E.P. (Special Education Only)**

Applications will not be accepted until **all** required documents are received.

Completion of an application does not automatically guarantee acceptance.

***Please note: Your student must be 5 by September 1, 2017**

Chandler Park Academy - Student Registration

20200 Kelly Road Harper Woods, MI 48225 (313) 884-8830 Fax (313) 884-9130

STUDENT INFORMATION

Student Name: Last _____ First _____ Middle Initial _____

Address: Street # and Name _____ Apartment # _____

City _____ State _____ ZIP Code _____ County _____

Birth Date ____/____/____ Birth City _____ Sex M or F (circle one) Grade Child is going to _____

Home Phone _____ Cell Phone _____ Language spoken in the home? _____

Ethnicity - (Optional) Please check the box that applies to this student.

American India <input type="checkbox"/>	Asian American <input type="checkbox"/>	African American <input type="checkbox"/>	Hispanic <input type="checkbox"/>	White <input type="checkbox"/>
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PREVIOUS SCHOOL INFORMATION

Name of Last School Attended: _____ Telephone Number: _____

Address _____ City _____ State _____ ZIP Code _____

Street number and name

Is this a Detroit Public School? Yes or No _____ Dates attended: ____/____/____ - ____/____/____
beginning ending

FAMILY INFORMATION

	Last Name	First Name	Employer	Address <i>(include zip code)</i>	Work Phone
Father					
Mother					
Step-parent					
Guardian					
Guardian					

Student Lives With	<i>(check one)</i>
Mother & Father	
Father & Stepmother	
Mother & Stepfather	
Mother Only	
Father Only	
Guardians	
Court-Appointed Guardians	
Foster Parents	

Information on Other Children in Home		
Name of Other Children in Home	Birth Date	Is the child already attending CPA? <i>(If yes, indicate grade)</i>

Signature of Parent/Guardian _____

Date _____

SPECIAL EDUCATION PLACEMENT FORM

Check One:

_____ **N/A (Not Applicable)**, my child is not enrolled in Special Education Services or receiving Speech, Vision or Hearing Services. If **n/a (not applicable)**, please sign and date the bottom.

_____ **Yes**, my child is enrolled in Special Education Services or receiving Speech, Vision or Hearing Services. If **yes**, please complete form.

Complete this form for all new students who were enrolled in special education at their previous school. This request will then be forwarded to the special education department of your child's previous school.

Student's Name: _____

Grade: _____ Date of birth: _____

Parent Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Previous School District Attended: _____

Name of School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Disability: _____

District Contact Person: _____ Phone: _____

Parents,

Please sign below so that we may request your child's special education records, including all evaluation reports, Multidisciplinary Team Reports and Individual Education Plans.

I grant permission for Chandler Park Academy Elementary to receive the special education records of

my son/daughter _____

(please print name)

from _____ School District.

(please print name)

Signature of Parent or Guardian

Date

CHANDLER PARK ACADEMY
20200 Kelly Road
Harper Woods, MI 48225
Phone: (313) 884-8830 Fax: (313) 884-9130

REQUEST FOR RELEASE OF STUDENT RECORDS

I hereby authorize officials of:

Name of last school attended

Street Address

City

State

Zip

Phone Number

Fax Number

It is requested that information about courses taken, grades earned to the date of withdrawal, standardized test results, parents-teacher conferences, health records, psychologist reports and other important data be included.

In addition, if the student had a 504 plan or was receiving special education services, please forward these records, including all evaluation reports, Multidisciplinary Team Reports and individual Education Plan.

Please release school records to Chandler Park Academy Elementary School for:

Name of Student

D.O.B.

Grade

School Year

Signature of Authorized Person

Relationship

1st Request

2nd Request

3rd Request

Record's Mailed On: _____ **Record's Received On:** _____

Thank you for your cooperation.

CONFIDENTIAL EMERGENCY HEALTH INFORMATION

From the Desk of the School Nurse

Name: _____ Birth date: _____ Sex: M/F
(circle)

ALERT TO PARENTS: If your child has a serious medical condition, *it is vital that you discuss this with your School Nurse and Teacher (s) immediately.* The school **must** know of **LIFE THREATENING** conditions (for example asthma, diabetes, nut/insect allergies anaphylaxis).

In order to provide a safe and healthy environment for your child this information will be accessible to the following people: School Nurse, your child's teacher, office manager, personnel responsible for health room coverage and emergency medical personnel.

A. Medical History: Check the ones that apply to your child and describe under the comment section.

- | | | |
|---|---|--|
| <input type="checkbox"/> ADD/ADHA | <input type="checkbox"/> Headaches | <input type="checkbox"/> Other: _____
(explain) |
| <input type="checkbox"/> Anxiety/Panic attack | <input type="checkbox"/> Hearing Problem | <input type="checkbox"/> PE activity |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition | Limited _____ |
| <input type="checkbox"/> Bee Sting Allergy | <input type="checkbox"/> Kidney/Urinary Problem | Not Limited _____ |
| <input type="checkbox"/> Bowel Problem | <input type="checkbox"/> Muscle Disorder | Explain:
_____ |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Neurological Concern | _____ |
| <input type="checkbox"/> Color Blindness | <input type="checkbox"/> Orthopedic Problem | _____ |
| <input type="checkbox"/> Epi-Pen | <input type="checkbox"/> Seizures | _____ |
| <input type="checkbox"/> Emotional Concerns | <input type="checkbox"/> Vision Problems | _____ |

Comments: _____

B. ALLERGIES: List allergies your child has that may cause a problem at school:

Cause of allergy: _____ Treatment: _____
Cause of allergy: _____ Treatment: _____

C. MEDICATION: Please list all medications your child is taking including prescription over the counter and herbal medications.

Name	Used to treat	Taken at school?	Prescribed by:
1) _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
2) _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
3) _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

(Additional medication; reason for it and prescribing physician can be listed on back of this form)

Before medication of any kind can be administered at school, a medication administration form, available in school office, must be completed by parent and physician and kept on file.

D. List any other operation, injury, hospitalization, Give dates: _____

E. Does your student wear contact lens? _____ Glasses? _____

Parent/Guardian Name (print) **Parent/Guardian (Signature)** **Date**