



For office use only:

Start date \_\_\_\_\_

Check # \_\_\_\_\_ Amount \_\_\_\_\_

Reg fee paid \_\_\_\_\_ MISD employee Yes/No

By: \_\_\_\_\_

## 2017-18 Enrollment Form

### Student Information

First name \_\_\_\_\_ Last name \_\_\_\_\_

Nickname \_\_\_\_\_ Male / Female

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Home address \_\_\_\_\_

Custodial parent: both parents \_\_\_\_\_ father \_\_\_\_\_ mother \_\_\_\_\_ other \_\_\_\_\_

Primary Contact Name and number \_\_\_\_\_

Primary payer? Yes \_\_\_\_\_ No \_\_\_\_\_

### Primary Guardian Information

First name \_\_\_\_\_ Last name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Contact Number \_\_\_\_\_

Email \_\_\_\_\_ Driver License # \_\_\_\_\_

### Secondary Guardian Information

First name \_\_\_\_\_ Last name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Contact Number \_\_\_\_\_

Email \_\_\_\_\_ Driver License # \_\_\_\_\_

**Permission to release**

Please list all persons (in additional to those listed on the previous page) who are authorized to pick up your child. Your child will only be released to an individual named below. Each will be required to sign your child out and show proof of identification.

Name	Relationship	Driver's License #	Phone Number

**Additional information:**

Is your child currently receiving any special services? Yes \_\_\_\_ No \_\_\_\_  
(If yes, please circle: Gifted and Talented, Special Education, 504, ESL, Dyslexia, Speech)

Please list all allergies your child has. \_\_\_\_\_

Please list any existing illnesses or medications prescribed for continuous long-term use, \_\_\_\_\_

My child has the following special needs (health, academics, social, emotional),  
\_\_\_\_\_  
\_\_\_\_\_

**Please initial**

\_\_\_\_\_ I authorize employees of The Academy to alert the appropriate medical emergency personnel for medical care and to transport my child for medical treatment.

\_\_\_\_\_ Parent signature

Note: The Academy does not discriminate against applicants on the basis of race, color, national origin, sex, age, religion, or disability. Inquiries for accommodations for children with special needs should be directed to the Program's Administrator.