

**Application for Admission 2016-2017**

**Elementary\_\_ Middle\_\_ High\_\_**

**Please type or 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

\_\_\_ Caucasian

\_\_\_ Hispanic

\_\_\_ African-American

\_\_\_ Asian American

\_\_\_ Native Hawaiian/Pacific Isl.

\_\_\_ Other

\_\_\_ 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: \_\_\_\_\_

**SAFETY, RESPECT, LEARNING & COMMUNITY**

196 Cesar E. Chavez Ave. Pontiac, Michigan 48343

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

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
_____	_____	_____	___ yes ___ no
_____	_____	_____	___ yes ___ no
_____	_____	_____	___ yes ___ no
_____	_____	_____	___ yes ___ no
_____	_____	_____	___ yes ___ 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.

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**★Parent/Guardian**

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**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 consent to Pontiac Academy for Excellence to  
Name of Parent  
use the information (example: name, grade, awards or certificates) of my child,  
\_\_\_\_\_ for the purposes of school marketing/advertising  
Name of Student  
during the 2016-2017 school years.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date