

Elementary _____ Middle _____ High _____

(Please select only one)

Individual Student Re-enrollment Form (2016-2017)

Pontiac Academy for Excellence must have a record by the end of open enrollment of all current students who are planning to continue attending the school in the fall of 2016.

Student Name: _____
Last First Middle

Entering Grade: _____

Other household members:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

YES, this student will be continuing at the Academy in the fall.

NO, this student will not be continuing at the Academy in the fall.

Explain reason: _____

**(PLEASE NOTE THAT YOU MUST FILL OUT AN APPLICATION FOR NEW SIBLINGS
(such as Kindergarteners.)**

SAFETY, RESPECT, LEARNING & COMMUNITY

196 Cesar E. Chavez Ave. Pontiac, Michigan 48343

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

Type(s) of Health Conditions: Circle All That Apply

High Blood Pressure	Crohn's Disease	Depression
Low Blood Pressure	Ulcerative Colitis	Dizziness
Chest Pains	Irritable Bowel Syndrome	Fainting
Bleeding Disorder	Heartburn/Reflux	Migraines/Headaches
Irregular Heart Beat	Diabetes	Eczema
Rapid Heart Beat	Low Blood Sugar	Chronic Pain
High Cholesterol	Hernia	Asthma
Heart Condition	Kidney Disease	Epilepsy/Seizures
Hydrocephalus/Shunt	Muscular Disorders	Allergies: Specify
Bone and Joint Conditions	Tubes in Ears	
Recent Fracture/Injury	ADD/ADHD	
Anemia	Anxiety	Other:

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 Elementary, Middle, or High School Office.

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

If yes, name: _____

Address: _____

Phone Number: _____

 *Parent/Guardian Signature

 Date

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 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

Entering Grade

SAFETY, RESPECT, LEARNING & COMMUNITY

196 Cesar E. Chavez Ave. Pontiac, Michigan 48343

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

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