



Grand Blanc Academy
K-8th Charter School
 5135 East Hill Road
 Grand Blanc, MI 48439
 Phone (810) 953-3140
 Fax (810) 953-3165

Congratulations! Your child is now eligible to fully enroll at our school for the upcoming school year.

Attached to this coversheet you will find the enrollment packet. Your child is currently pre-enrolled, which means that we are saving a spot for your child for the upcoming school year. However, classes are filling up quickly and enrollment cannot be fully confirmed until this enrollment package is received by the school.

We welcome you to our school community and look forward to working with your child. Please do not hesitate to call me with any questions or concerns; our door is always open. **The checklist below is for your use to make certain all documents are complete and in the order presented.**

Items Included in this packet to be submitted include:

- Student Enrollment Package and Parent Guardian Information (2 pages total)
- Emergency Contact Information
- Parent Request for Release of Student Records
- Child Health Assessment (2 pages)
- Certificate of Immunization
- Photograph/Videotape Permission form

Copies of other essential documents that must be submitted with the enrollment package:

- Birth Certificate
- Copy of Immunization Record
- Proof of Residency (utility Bill, Tax Record, Lease)
- Last Report Card (current grades, Progress report)
- Behavior Discipline Report**

Additional documents to be submitted ONLY if they apply to your child:

- IEP *if applicable*
- Application for Free and Reduced Lunch *if applicable*

Enrollment document that is NOT NEEDED AT THIS TIME, but will be required following your initial parent-student-teacher meeting. These meetings will occur nearer the school's opening date.

- Signed copy of the school's Code of Conduct
- Signed Technology Use Policy and Permissions

Note: Failure to return completed enrollment forms by the deadline date may cause your student to lose their enrollment position in the class!

If you have any questions regarding this procedure or need assistance completing the forms please contact me.

Sincerely,

Patty Wood, M.S., Ed.S
 Principal/Superintendent



Student Enrollment Application
2016-2017
(Required by the State)

All student information is protected by the Family Educational Rights to Privacy Act for the purpose of protecting student confidentiality

STUDENT BASIC INFORMATION

Student's Last Name:									
Student's First Name:						Middle Initial:			
Student's Date of Birth: (Provide Birth Certificate)	____/____/____					Gender:			
						<input type="checkbox"/> Male			
						<input type="checkbox"/> Female			
<i>Both parts must be completed. If either part is not answered, the U.S. Department of Education requires the Academy to supply an answer on your behalf.</i>	Is your child Hispanic/Latino? (Choose only one)	What is the race of the child? (Choose one or more boxes)							
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White							
Entering Grade:	K	1	2	3	4	5	6	7	8
<i>The following information is not required; however, it will be used to determine whether the school is eligible for supplemental funding to enhance instructional opportunities for immigrant children and youth.</i>	Is your child between the ages of 3 and 21?	Was your child born outside of the United States ("United States" is defined as the 50 states, the District of Columbia and the Commonwealth of Puerto Rico)?			Has your child attended one or more schools in the United States for less than three full academic years?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>The following information is not required; however, it is necessary to determine if your child is eligible for English as a Second Language services.</i>	Is your child's native tongue a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the primary language spoken in your home?							
	If yes, what is the language? _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____							

STUDENT ADDRESS INFORMATION

Address where student lives	Street Address:						
	City:	State:			Zip Code:		
Mailing address, if different from above:	Street Address:						
	City:	State:			Zip Code:		

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 (if address is different than student, would you like separate mailings to this address as well?) <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Relationship:				
	Street Address:					
	City:	State:			Zip Code:	
	Home Phone:	Cell Phone:				
	Work Phone:	Email:				
Parent/Guardian #2 (if address is different than student, would you like separate mailings to this address as well?) <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Relationship:				
	Street Address:					
	City:	State:			Zip Code:	
	Home Phone:	Cell Phone:				
	Work Phone:	Email:				

EMERGENCY CONTACT INFORMATION

Emergency Contact #1	Name:	Relationship:
	Home Phone:	Cell Phone:
	Work Phone:	Email:
Emergency Contact #2	Name:	Relationship:
	Home Phone:	Cell Phone:
	Work Phone:	Email:
Emergency Contact #3	Name:	Relationship:
	Home Phone:	Cell Phone:
	Work Phone:	Email:

Legally, do not release my child to: _____ . The Academy will not comply with your request until receipt of Personal Protection Order and/or Custody Papers.

MEDICAL HISTORY

List severe allergies: (i.e., peanut allergy, etc.)	
List medical concerns which require a medical action plan: (Chronic health concerns such as diabetes, asthma, epilepsy, etc.)	
List medications/ treatments:	
Doctor's Name:	Phone:

SPECIAL SERVICES (Please check all that apply)

<u>Support Services:</u>	<u>Special Education:</u>	<u>Service Delivery:</u>
<input type="checkbox"/> 504 Plan <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Social Work <input type="checkbox"/> Assistive Technology _____ <input type="checkbox"/> English as a Second Language <input type="checkbox"/> Title IA/31a Services <input type="checkbox"/> Other: _____	<input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Emotional Impairment <input type="checkbox"/> Cognitive Impairment <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Other Health Impairment <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Early Childhood Developmental Delay <input type="checkbox"/> Speech and Language Impairment <input type="checkbox"/> Severe Multiple Impairment <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Other: _____	<input type="checkbox"/> Self-contained classroom <input type="checkbox"/> Resource Room pull-out <input type="checkbox"/> Resource Room push-in <input type="checkbox"/> Co-taught courses <input type="checkbox"/> TC support only <input type="checkbox"/> Date of last IEP: _____ <input type="checkbox"/> Date of last REED: _____

DISCIPLINE HISTORY

Has your child ever received an in-school detention? Yes No
 If yes, how many times? _____ When did the detention occur? _____

Has your child ever received a suspension from school? Yes No
 If yes, how many times? _____ When did the suspension occur? _____

Has your child ever been expelled from school? Yes No

Has your child ever been convicted of a felony? Yes No

SIBLINGS (Please all siblings who are also applying for enrollment at the Academy. Information in this section is to ensure sibling status if one of your children is accepted. Each child applying must complete a separate Student Enrollment Application.)

Last Name	First Name	Class

The following question is intended to address the McKinney-Vento Act.

Your response will help administrators determine residency documents necessary for enrollment of this student.

Student Lives In a house In an apartment In a shelter In a motel, car, campsite
 In a house w/more than one family with friends or family other than parent/guardian

I understand that by completing and signing this form that my child will be considered for enrollment at the Academy. I further understand that this process does not automatically guarantee enrollment in the Academy, and that my child's name may be placed in a lottery for enrollment purposes.

I affirm that all the information provided is complete and accurate to the best of my knowledge:

 Parent/Guardian Signature

 Date

FOR OFFICE USE ONLY (Initial complete, NA if not applicable)

- ____ Health Appraisal
- ____ Immunizations Record
- ____ Immunization Waiver
- ____ Birth Certificate (copy)
- ____ Completed Records Release
- ____ Student Residency Questionnaire
- ____ CA-60 from prior school
- ____ IEP
- ____ Free & Reduced Meals Application
- ____ Household Survey

- ____ Photograph & Publicity Release Form
- ____ Age of Majority Form (HS only)
- ____ Network & Internet Acceptable Use Agreement
- ____ Field Trip Permission Form
- ____ Authorization for Administering Medication/Treatment
- ____ Medical Action Plan
- ____ Student Handbook
- ____ Handbook Acknowledgement
- ____ Concussion Information Acknowledgement

CHILD HEALTH ASSESSMENT

Parent/Guardian completes this section

Student Information:

Last Name:	First Name:	Middle Name:
Child's Date of Birth:	Home Phone:	Parent/Guardian Name:
Home Address:		
Check Present Grade: K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> SP ED <input type="checkbox"/>		
RACE/ETHNICITY: <input type="checkbox"/> African American (Non-Hispanic) <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> White (Non-Hispanic)		

Consent:

I hereby give my consent as the parent/guardian of the above named child to release, discuss or otherwise inform the school of my child's health condition and any health concerns:

Parent/Guardian Signature: _____ Date Signed: ____/____/____

Physician completes this section

Health History and Medical Information Pertinent to Routine Care:

Emergency Care: None Yes; describe:

Allergies to Food or Medicine: None Yes, describe:

Height	Weight	Head Circumference	Blood Pressure
_____ IN/CM %of ILE _____	_____ LB/KG %of ILE _____	_____ IN/CM %of ILE _____	_____/_____

Physical Examination:

Date of Examination: ____/____/____

<u>Physical Examination</u>	<u>Normal</u>	<u>Abnormal</u>	<u>Comments</u>
Head/Ears/Eyes/Nose/Throat			
Teeth			
Cardio/Respiratory			
Abdomen/GI			
Genitalia/Breasts			
Extremities/Joints/Back/Chest			
Skin / Lymph Nodes			
Neurological / Tone			
Developmental (E.G. DDST)			

CHILD HEALTH ASSESSMENT

Physician completes this section

Child's Name: _____

Screening Tests:

Screening Tests	Normal	Abnormal	Comments
LEAD			
ANEMIA (HGB/HCT)			
URINALYSIS (UA)			
HEARING			
VISION			
DATE OF DENTIST'S LAST EXAMINATION: ____/____/____			

Recommendations/Health Care Provider's Signature:

<p><u>HEALTH PROBLEMS OR SPECIAL NEEDS</u></p> <p><input type="checkbox"/> <u>NO</u> Problems <input type="checkbox"/> <u>YES</u>, Describe:</p>	<p><i>Recommended Treatment – Medication - Special Care</i> <i>(Attach Additional Sheets as Necessary)</i></p>
<p>Medical Care Provider:</p>	<p>NEXT APPOINTMENT: (MONTH/YEAR)</p> <p>____/____</p>
<p>Address:</p>	
<p>Phone:</p>	
<p>_____ <i>Signature of Attending Physician or CRNP</i> Date: ____/____/____</p> <p style="text-align: right;">MD DO CRNP</p>	

NOTE: Age appropriate health services and immunizations must follow the schedule recommended by
The American Academy of Pediatrics

CERTIFICATE OF IMMUNIZATION

<u>Last Name:</u>	<u>First Name:</u>	<u>Middle Name:</u>
<u>Child's Date of Birth:</u> ____/____/____	<u>Home Phone:</u>	<u>Parent/Guardian Name:</u>
<u>Home Address:</u>		<u>Grade:</u>

<u>VACCINE</u> CIRCLE APPROPRIATE ITEM	ENTER MONTH, DAY, AND YEAR EACH IMMUNIZATION WAS GIVEN DOSES				
<i>Diphtheria and Tetanus</i> <i>(DtaP, DTP, Td, or DT)</i>	1) ____/____/____	2) ____/____/____	3) ____/____/____	4) ____/____/____	5) ____/____/____
<i>Polio (OPV or IPV)</i>	1) ____/____/____	2) ____/____/____	3) ____/____/____	4) ____/____/____	
Hepatitis B	1) ____/____/____	2) ____/____/____	3) ____/____/____		
Measles – Mumps – Rubella (MMR)	1) ____/____/____	2) ____/____/____	Or Measles Serology: Date: ____/____/____ titer: _____		
Varicella (Vaccine or Disease)	1) ____/____/____	2) ____/____/____	Rubella Serology: Date: ____/____/____ titer: _____		
Other	1) ____/____/____	2) ____/____/____	Mumps disease diagnosed by a physician: <input type="checkbox"/> Yes Date: ____/____/____		

Doses required by law for new school enterers (K or 1st Grade) are shaded in gray.
Age appropriate dose(s) of varicella vaccine or history of disease and 3 doses Hepatitis B vaccine required for entry into 7th grade.

To the best of my knowledge, this child has received the minimum required immunizations. Source: Written Verbal Both
Signed: _____ Date: ____/____/____
(PHYSICIAN, PUBLIC HEALTH OFFICIAL, SCHOOL NURSE, OR OTHER DESIGNEE)

Statement for Exemption to Immunization Law (If applicable)

MEDICAL EXEMPTION

The physical condition for the above named child is such that immunization would endanger life or health.

Signed: _____ Date: ____/____/____
Physician's Signature

RELIGIOUS EXEMPTION

Includes a strong moral or ethical conviction similar to a religious belief

The parent or guardian of the above named child adheres to a religious belief whose teachings are opposed to such immunizations. State your reasons for requesting religious exemption: _____

Signed: _____ Date: ____/____/____
Parent/Guardian Signature



Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act, in regards to children and youth in transitional living arrangements. Your answer will help the administration determine residency documents necessary for enrollment and additional services available to your family. This questionnaire will be kept separately from the student's permanent record and filed by the Homeless Education Liaison.

1. Presently, where is the student living? Please check one:

- in a shelter
 with more than one family in a house or apartment
 in a motel, car or campsite
 with friends or family members (other than parent/guardian)
 awaiting foster care placement
 none of the above **If you checked this item, then you do NOT need to complete the remainder of this form.**
-

2. The student lives with:

- 1 parent
 2 parents
 1 parent & another adult
 a relative, friend(s) or other adult(s)
 alone with no adults
 an adult that is not the parent or the legal guardian

School: _____

Name of Parent/Guardian: _____

Address: _____

Phone: _____

Student Names: _____

Signature of Parent/Guardian: _____ Date _____



Home Language Survey

The information requested will be used only to determine whether the student may be eligible for programs offered at the Academy that provide enhanced instructional opportunities for limited English proficient and/or immigrant students. You are not required to complete this information. However, if you choose not to complete this information, the Academy may not be eligible for supplemental funding.

Please respond to the questions below by checking the appropriate boxes.

Thank you for your cooperation.

Student Information

Student Name: _____
 First Middle Last

Date of Birth: _____ - _____ - _____ Grade Level: _____
 Month Day Year

Student Language Information

1. Is your child's native tongue a language other than English? Yes No If yes, what is that language? _____
2. What is the *primary language spoken in your home? English Other: _____

*"Primary Language" means the dominant language used by a person for communication.

Student Immigrant Information

1. Is your child between the ages of 3 through 21? Yes No
2. Was your child born outside of the United States ("United States" is defined as the 50 states, the District of Columbia and the Commonwealth of Puerto Rico)? Yes No
3. Has your child attended one or more schools in the United States for less than three full academic years?
 Yes No

I hereby verify that the above information is true and correct to the best of my knowledge.

 Parent/Guardian Signature

 Date

 Print



Photograph/Videotape Permission

Dear Parent:

From time to time school staff records student activities through the use of photography and/or videotape. Generally the resulting material is used internally to serve as a form of documentation of school/student activity and as a learning tool for both students and faculty. On occasion photographs and/or videotapes may be used for advertising purposes to promote enrollment at our school or as a backdrop to employment recruitment efforts.

In order for the school to produce materials for both internal and external uses we need your permission to use photo and/or video images of your child. Please put a check in the appropriate box and sign below to indicate your preference of permission for the following:

1. I **(do)** give permission for my child to be photographed/videotaped and the resulting photographs/videotape to be used and displayed within the school as well as, to be used for public display and/or published for the benefit of the school.
2. I **(do not)** give permission for my child to be photographed/videotaped and the photographs/videotape to be publicly displayed and/or published.

Please Note: There is no payment or any other form of compensation for use of your child's image if a photograph and/or video image of your child is used either internally or externally as explained in the examples above.

Please Print:

Student's Name: _____

Grade: _____ Teacher's Name: _____

Parent/Guardian Name: _____

Sign Below

Parent/Guardian Signature

_____/_____/_____
Date Signed

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Michigan Department
of Community Health



Rick Snyder, Governor
James K. Haveman, Director

▶ **"IT'S BETTER TO MISS ONE GAME
THAN THE WHOLE SEASON"**

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO

www.cdc.gov/headsup

Concussion Fact Sheet Acknowledgement

I acknowledge that I have received and reviewed the Concussion Fact Sheet for Parents.
Students and parents should review and keep the educational materials available for future reference.

Please complete this form and return to the school office with enrollment documents.

Student Signature

Parent/Guardian Signature

Student Name- printed

Parent/Guardian Name- printed

Date

Date



2016-2017 ALLERGY FORM

Student name: _____

Grade: _____

Food Allergy: _____

Please list any special needs regarding meals:

*Please attach or fax any Doctor note(s) regarding special dietary needs. Thank you.

Household Information Survey

SCHOOL USE ONLY
Approved for:

1 2

To determine eligibility for various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return this application to Grand Blanc Academy.

These sections must be completed by the head of household or designee.

PART A. SIZE OF FAMILY - Enter the total number of individuals living in your household, including all adults and children →

PART B. CURRENT BENEFITS - Complete below if applicable

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDIPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: _____ Case Number: _____

PART C. STUDENT INFORMATION - Complete for each student Pre-K through 12th Grade

Last Name	First Name	Birth Date XX-XX-XXXX	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as a Page 2.

PART D. TOTAL MONTHLY HOUSEHOLD INCOME - Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	

PART E. SIGNATURE - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal/state funds based on the information I give. I understand that sponsor officials may verify (check) the information.

Sign Here: X _____ Print Name: _____ Date: _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____ I do not have a Social Security Number

Address _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____ Email Address _____
By providing your email address you may be contacted via email by the district



GRAND BLANC ACADEMY All Stars

5135 E Hill Rd, Grand Blanc MI., 48439
810 953.3140 Office

Kindergarten Waiver Request for 2016-2017 School Year

Student Name: _____

According to Michigan Law, if a child residing in Genesee is not 5 years of age on September 1, 2016 but will be 5 years of age not later than December 1, 2016, the parent or legal guardian of that child may enroll the child in kindergarten for the 2016-2017 school year if the parent or legal guardian notifies the school district in writing, that he or she intends to enroll the child in kindergarten. A school district that receives this written notification may make a recommendation to the parent or legal guardian of a child described in this subsection that the child is not ready to enroll in kindergarten due to the child's age or other factors. The parent or legal guardian retains the sole discretion to determine whether or not to enroll the child in kindergarten if the student is 5 years of age not later than December 1, 2016.

Verification of Age (circle one)

Birth Certificate

Court Record

Date of Birth ____ / ____ / ____

Government Record

Citizenship Paper

Hospital Record

Other

Parent Name: _____

Evidence of School Readiness Provided by Parent

1: _____

2: _____

3: _____

4: _____

Parent Signature _____ Today's Date: _____

Grand Blanc Academy Recommendation

Patty Wood agrees with the recommendation of the parents to enroll in Kindergarten.

Patty Wood recommends beginning kindergarten in September, 2016 for the following reasons:

1: _____

2: _____

3: _____

4: _____

Signature _____ Today's Date: _____



Release of Student Records Form

Student's Grade: _____

Today's Date: ____ / ____ / ____
Mo Day Year

Student's Date of Birth: ____ / ____ / ____
Mo Day Year

Child's Full Name (please print) _____
First Name Middle Name Last Name Appendage (i.e. Jr.)

Parent/Guardian Name _____

Parent/Guardian Address _____

Parent/Guardian Signature _____

Whereas my child is currently enrolled in Grand Blanc Academy for the 2016-2017 academic-years, I give my permission to:

Previous School: _____

School Address: _____

School Phone Number: _____

School Fax: _____

To release my child's academic records to **Grand Blanc Academy**. Please include all relevant records including special education, academic testing, official school records, medical records, and academic or disciplinary interventions.

Please send the information to: **School Secretary**
Grand Blanc Academy
5135 East Hill Rd
Grand Blanc, MI 48439

The Family Educational Rights and Privacy Act (FERPA) permits the disclosure of personal identifiable information from a student's education record without the consent of the parent/guardian or eligible student when the education record is being sent to another school where the student seeks or intends to enroll if the disclosure is for purposes related to the student's enrollment or transfer.



GRAND BLANC ACADEMY
All Stars



****Current riders MUST fill out & return in order to retain a seat on the bus.****

TRANSPORTATION INFORMATION

_____ Returning Student **OR** _____ New Student (Please check ONE only)

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Address: _____ Zip: _____

Contact Number/s & Names: _____

Current bus route # _____ & Current bus stop location: _____

(Please list the nearest main cross streets if you are new
_____)

Please fill out this form as completely as possible & return it to GBA. ****New Riders will be accommodated on a first come first serve basis. Current riders need to return this form as confirmation of retaining a seat on the bus.****