



**2018-2019**  
**K – 1<sup>st</sup> Grade Enrollment Application Check List**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Dear Parent/Guardian,

Thank you for choosing American Montessori Academy. This checklist is designed to assist you in ensuring that all required forms and documents are on file at the Academy prior to the first day of school.

**The following information is required upon acceptance of enrollment packet:**

- \_\_\_\_\_ Birth Certificate, Original with Seal
- \_\_\_\_\_ Immunization Record (*current*)
- \_\_\_\_\_ Photo Copy of Parent/Guardian Michigan Driver's License
- \_\_\_\_\_ Proof of Residency if different than Driver's License
- \_\_\_\_\_ Most Recent Report Card
- \_\_\_\_\_ Home Language Survey
- \_\_\_\_\_ Records Release Request Form
- \_\_\_\_\_ Special Education Information (*if required*)
- \_\_\_\_\_ Kindergarten Waiver (*if required*)
- \_\_\_\_\_ Kindergarten Health Appraisal
- \_\_\_\_\_ PPO/Custody Papers/Other Court Documents (*if required*)

**Without the above information, your application is not complete and we cannot enroll your child.**

If you have any questions or require further information, please contact the school office at 734-525-7100.

# American Montessori Academy

## Student Enrollment Application

### 2018-2019

For Office Use Only	
Date & Time rec'd:	By:
Start Date:	
Teacher:	Room #:

Grade Level \_\_\_\_\_

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) <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the race of the child? (Choose one or more boxes) <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	
<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?  <input type="checkbox"/> Yes <input type="checkbox"/> No	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)?  <input type="checkbox"/> Yes <input type="checkbox"/> No	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
<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 If yes, what is the language? _____	What is the primary language spoken in your home? <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)**

<p><b><u>Support Services:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 504 Plan</li> <li><input type="checkbox"/> Speech Therapy</li> <li><input type="checkbox"/> Occupational Therapy</li> <li><input type="checkbox"/> Physical Therapy</li> <li><input type="checkbox"/> Social Work</li> <li><input type="checkbox"/> Assistive Technology _____</li> <li><input type="checkbox"/> English as a Second Language</li> <li><input type="checkbox"/> Title IA/31a Services</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<p><b><u>Special Education:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Specific Learning Disability</li> <li><input type="checkbox"/> Emotional Impairment</li> <li><input type="checkbox"/> Cognitive Impairment</li> <li><input type="checkbox"/> Physical Impairment</li> <li><input type="checkbox"/> Other Health Impairment</li> <li><input type="checkbox"/> Autism Spectrum Disorder</li> <li><input type="checkbox"/> Visual Impairment</li> <li><input type="checkbox"/> Hearing Impairment</li> <li><input type="checkbox"/> Early Childhood Developmental Delay</li> <li><input type="checkbox"/> Speech and Language Impairment</li> <li><input type="checkbox"/> Severe Multiple Impairment</li> <li><input type="checkbox"/> Traumatic Brain Injury</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<p><b><u>Service Delivery:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Self-contained classroom</li> <li><input type="checkbox"/> Resource Room pull-out</li> <li><input type="checkbox"/> Resource Room push-in</li> <li><input type="checkbox"/> Co-taught courses</li> <li><input type="checkbox"/> TC support only</li> <li><input type="checkbox"/> Date of last IEP: _____</li> <li><input type="checkbox"/> Date of last REED: _____</li> </ul>
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Is the student's parent or guardian currently on active duty for any branch of the military?

Yes     No    If so, which branch: \_\_\_\_\_

## 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

I \_\_\_\_\_ affirm that my child \_\_\_\_\_  **has**  **has not been** suspended or expelled from any public or private school in Michigan or any other state, for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against person and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

**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

### How did you hear about us?

Radio  Billboard  Mailing  Facebook  Commercial  Referred by: \_\_\_\_\_

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

<p><b>FOR OFFICE USE ONLY (Initial complete, NA if not applicable)</b></p> <p>___ Birth Certificate (copy)</p> <p>___ Immunizations Record or Waiver (current)</p> <p>___ Photo Copy of Parent/Guardian Michigan Driver's License</p> <p>___ Proof of Residency (if different from Driver's License)</p> <p>___ Student Residency Questionnaire</p> <p>___ Most Recent Report Card</p> <p>___ Home Language Survey</p> <p>___ Completed Records Release Form</p> <p>___ Special Education Documentation (complete)</p> <p>___ PPO/Custody Papers/Other Court Documents (complete)</p>	<p><b>Fall Packet</b></p> <p>___ Free &amp; Reduced Meals Application</p> <p>___ Authorization for Administering Medication/Treatment</p> <p>___ Medical Action Plan</p> <p>___ Student Handbook Acknowledgement</p> <p>___ Concussion Information Acknowledgement</p> <p>___ Student Compact</p> <p>___ Directory Information Opt Out Form</p>
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## RECORDS RELEASE

Today's Date: \_\_\_\_\_

Date Request Sent: \_\_\_\_\_

Please release the cumulative files, including: (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> CA-60                | <input type="checkbox"/> Health Records                          |
| <input type="checkbox"/> Social Work Records  | <input type="checkbox"/> Special Education Records (include IEP) |
| <input type="checkbox"/> Psychological Report | <input type="checkbox"/> Discipline Records                      |
| <input type="checkbox"/> Other: _____         |  |

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Students Grade: \_\_\_\_\_

Records being requested from:

School/Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send Records To: American Montessori Academy  
14800 Middlebelt Road  
Livonia, MI 48154  
Phone: 734-525-7100 Fax: 734-525-8952

**The Federal Reg. Vol. 41 No. 188, Sec 99.31, June 17, 1976 states: "prior consent for disclosure not required... if the disclosure is...to officials of another school or school system in which the student seeks or intends to enroll.**

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

Date: \_\_\_\_\_

.....  
Check all documents being sent:

- |  |  |
|--|--|
| <input type="checkbox"/> CA-60                 | <input type="checkbox"/> Health Records                          |
| <input type="checkbox"/> Social Work Records   | <input type="checkbox"/> Special Education Records (include IEP) |
| <input type="checkbox"/> Psychological Records | <input type="checkbox"/> Discipline Records                      |
| <input type="checkbox"/> Other: _____          |  |

Registrars 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: **American Montessori Academy**

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Student Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_