



HOLLY ACADEMY REGISTRATION FORMS



CHILD INFORMATION RECORD

Date of Admission:

Allergies, Special Needs and Special Instructions:

Name of Child (Last, First, Middle Initial)

Child's Date of Birth

Address (Number and Street, Building/Apartment Number)

City

State

Zip Code

Mother/Legal Guardian's Name

Home Phone

Father/Legal Guardian's Name

Home Phone

Home Address (if different)

Cell Phone

Home Address (if different)

Cell Phone

City

State

Zip Code

City

State

Zip Code

Email Address

Email Address

Employer Name

Work Phone

Employer Name

Work Phone

Name of Child's Physician or Health Clinic

Physician's or Health Clinic's Phone Number

Hospital preferred for Emergency Treatment (optional)

EMERGENCY CONTACT (phone number optional) & RELEASE OF CHILD (in order of preference):

1. _____
Phone

4. _____
Phone

2. _____
Phone

5. _____
Phone

3. _____
Phone

6. _____
Phone

I give permission to Holly Academy, licensed by the Department of Human Services to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Signature of Parent or Guardian

Date Signed



Student Acceptance Form

Dear Holly Academy,

_____ will be attending grade _____
My Child's Name Grade for 2019-2020

Parent/Guardian Signature

Date



Holly Academy

Student Code of Conduct

Parents/Guardians should familiarize themselves with the expectations, rules, and procedures as outlined in the Parent/Student Handbook under the *Holly Academy Student Code of Conduct section*. This will enable staff members to work cooperatively with the home to maintain a positive school environment.

Please sign below. Your signature indicates that you have received a copy of *The Student Code of Conduct*, are knowledgeable about its contents, and support the staff and administration in carrying out this process.

Students will not be admitted to class without a signed *Student Code Conduct Contract*.

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____



**Acknowledgement of
Parent/Student Handbook**

I/we have read and understand the Holly Academy Parent/Student Handbook and accompanying disciplinary policies, and I/we agree to abide by these policies at all times while attending Holly Academy.

Parent/Guardian's Signature

Date

Student's Signature (For Grades 5 and up)

Date



**Acknowledgement of
Dress Code Policy**

I/we have read and understand the dress code policy and accompanying disciplinary policies, and I/we agree to abide by these policies at all times while attending Holly Academy.

Parent/Guardian's Signature

Date

Student's Signature (For Grades 5 and up)

Date



PERMISSION TO PHOTOGRAPH OR VIDEOTAPE

RELEASE TO UTILIZE

The advancement of technology has provided many ways for individuals to communicate with one another. These electronic communications include social networking, emailing, and photo sharing, among others. Additional methods of electronic communication can be anticipated as technology continues to evolve. At times, Holly Academy highlights educational initiatives using the aforementioned technology. Please choose an option below regarding your child and/or his/her schoolwork to be photographed or videotaped as part of an educational program produced by the Holly Academy staff.

Yes _____, (please initial) we further grant permission for the photographs or videotapes to be used in media presentations that are made available to others through a cable television station, school network, Facebook or any media school web page. We further understand that our child's image, name, schoolwork, and grade may be revealed in the presentation(s) but that no other information about our child or his/her schoolwork will be revealed without our prior consent.

No _____, (please initial) we **DO NOT** grant permission for the photographs or videotapes to be used in media presentations that are made available to others through a cable television station, school network, Facebook or any media school web page. *(Please complete form and return to school office)*

Student Name: _____

Grade: _____

Homeroom Teacher: _____

Parent's Signature

Printed Name

Home Phone _____ Work Phone _____

Date _____

It is the policy of Holly Academy that no student shall be discriminated against on the basis of race, color, religion, national origin or citizenship status, creed or ancestry, age, gender, disability, height, weight, or other protected characteristics.



**CONSENT FOR DISCLOSURE OF IMMUNIZATION INFORMATION TO
LOCAL AND STATE HEALTH DEPARTMENTS**

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, Date of Birth, gender, and address with local state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. s 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize Holly Academy to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____ Date of Birth: ____/____/____

Signature of Parent/Guardian
Or Eligible Student: _____ Date: ____/____/____

Printed Parent/Guardian Name: _____



**Consent for Release of
Student Records, Files, and Data**

1. Student Records Requested:

Child's Name

Name of School Last Attended

Address of School

Grade When Attending Above School

Birthdate

Student UIC Number

2. Please send records to: Holly Academy
820 Academy Road
Holly, MI 48442

2. We are requesting the release of medical, educational, or special program information including psychological reporting, IEPC reports, etc.

PL 93-380, The Federal Family Educational Rights and Privacy Act, provides that written consent of the parent/guardian/eligible student IS NOT REQUIRED to release educational records to officials of other schools or school systems in which the student seeks or intends to enroll.

3. Please check if your child was receiving any of the following services?

Speech _____ Learning Disability _____ E.M.I. _____

E.I. _____ Social Work _____ Head Start _____ Other _____

Signature of Parent/Guardian: _____ Date: _____