



**HOLLY ACADEMY**  
**REGISTRATION FORMS**



## CHILD INFORMATION RECORD

<b>Date of Admission:</b> _____	<b>Allergies, Special Needs and Special Instructions:</b> _____
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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 _____

<b>Email Address</b> _____	<b>Email Address</b> _____		
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) _____

<b>EMERGENCY CONTACT (phone number optional) &amp; RELEASE OF CHILD (in order of preference):</b>			
1. _____	Phone _____	4. _____	Phone _____
2. _____	Phone _____	5. _____	Phone _____
3. _____	Phone _____	6. _____	Phone _____

**I give permission to Holly Academy 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 _____
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## Student Acceptance Form

\_\_\_\_\_ will be attending grade \_\_\_\_\_  
My Child's Name Grade for 2020-2021

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
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 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature (Grades 5 and up)

\_\_\_\_\_  
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: \_\_\_\_\_  
(Grades 5 and up)

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 (Grades 5 and up)

\_\_\_\_\_  
Date



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

Immunizations are an important part of keeping 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. § 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.

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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: \_\_\_\_\_



**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.

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 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: \_\_\_\_\_



**Holly Academy Consent  
for Virtual Enrollment**

**Student name (print)** \_\_\_\_\_

**Student grade** \_\_\_\_\_

**Parent/guardian name (print)** \_\_\_\_\_

**I give my consent for the abovementioned student to be enrolled in the virtual program (HVA) at Holly Academy during the 2020-2021 school year.**

**Parent/guardian signature** \_\_\_\_\_

**Parent/guardian email address** \_\_\_\_\_

**Date** \_\_\_\_\_