

# Threshold Academy

5827 Orleans Rd Orleans, MI 48865  
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## 2010-2011 Student Registration Form



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

Grade Student  
is Entering: \_\_\_\_\_ County: \_\_\_\_\_

Previous School: \_\_\_\_\_

Enrolled Date: \_\_\_\_\_ Exit Date: \_\_\_\_\_

### Student Personal Information

Name: (Legal Last Name, First, Middle) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

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

Gender:  Male  Female Ethnic Group: (Optional) \_\_\_\_\_

Adult Male Living at Home: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Adult Female Living at Home: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Number where Parent can be reached during the day: \_\_\_\_\_

Parent Living Elsewhere: \_\_\_\_\_ Phone: \_\_\_\_\_

Brother(s) & Sister(s): Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Job: \_\_\_\_\_ Workplace: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Job: \_\_\_\_\_ Workplace: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

(Parents listed above will be contacted first then we will try to contact the people listed below, in the order in which they are written.)

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are there any legal court documents keeping a parent, or anyone else, from picking up your child from school? If yes, please provide court documents and list names: \_\_\_\_\_

**Please Complete Other Side**

## Medical Information (Circle All That Apply)

Nothing known      Wear Glasses      Asthma      Allergic to Bee Stings      Diabetic  
Nose Bleed      Headaches      ADD/ADHD      Allergy \_\_\_\_\_

Does your child take medication regularly?  YES  NO If yes, please list below:

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times Per Day: \_\_\_\_\_

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Will your child be taking medication at school?  YES  NO

Describe any other medical conditions your child has that the school should know about: \_\_\_\_\_

### Special Education/Special Needs

Does your child have a special education eligibility? YES NO

If yes, briefly state the IEP requirements \_\_\_\_\_

Was your child in an alternate classroom setting for instruction at his/her previous school? YES NO

Did your child see a speech therapist at his/her previous school? YES NO

Did your child see a social worker at his/her previous school? YES NO

Do you have any concerns about your child? \_\_\_\_\_

### Home Language Survey Questions

What is the first language your child learned to speak?

English  \_\_\_\_\_

Is a language other than English spoken at home?  Yes  No

If yes, what language? \_\_\_\_\_

Field Trip: I hereby give permission to Threshold Academy for my child to be transported in vehicle and/or participate in field trips. I give permission to Threshold Academy to secure emergency medical treatment for my child while in their care.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

### Insurance/Physician Information

Name & phone number of child's physician or health clinic: \_\_\_\_\_

Health insurance policy name and number: \_\_\_\_\_

I give Threshold Academy permission to use photographs and videos of my child (with or without his name) at school and/or his/her school work in media (including newspaper, television and the internet) in news stories and publicity for Threshold Academy.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

In order for your child to begin school we must have the following on all students:

**Birth Certificate**

**Up-to-Date Immunization Records**

**All Enrollment Papers**