



ENROLLMENT PACKET

Complete all forms and return to:

MADISON ACADEMY

Elementary Campus 6170 Torrey Rd. Flint, MI 48507 Office: (810) 655-2949	High School Campus 3266 S. Genesee Rd. Burton, MI 48519 Office: (810) 875-9050
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Current or prospective students not returning completed forms may forfeit their place for 2016-17

Dear Parent or Guardian:

Welcome to Madison Academy. I'm pleased to inform you that your child's application is being considered for enrollment. We are excited about the educational opportunities we will be able to offer the students in our community.

To officially enroll your child in Madison Academy for the **2016-17** school year, a student must be entering any grade from Pre-Kindergarten – 12th and complete the following steps:

- 1 Submit a complete enrollment form for each child attending Madison Academy. (See attached form)
- 2 Include with the application:
 - **A copy of the applicant's birth certificate**
 - **A copy of the applicant's most recent report card (grades 1-12)**
 - **A full transcript (grades 7-12)**
 - **A copy of the applicant's complete immunization record.**
 - **Please Note: If you object to having your child immunized, a waiver must be completed at the Genesee County Health Department. Please call (810) 257-3612, for additional information or to schedule an appointment.**
 - **A complete health report, signed by the appropriate medical personnel, must be turned in as soon as possible.**
 - **A copy of the applicant's behavior records for the past 5 years.**
 - **A copy of the applicant's most recent IEP (special education only)**

Special Note: Enrollment will be considered incomplete unless ALL indicated items are completed and returned.

The above-completed forms may be mailed or returned to:

Elementary Campus
Madison Academy
6170 Torrey Rd
Flint, MI 48507

High School Campus
Madison Academy
3266 S. Genesee Rd
Burton, MI 48519

If you have any questions, please feel free to call the school at: 810-655-2949 (Elementary) or 810-875-9050 (High School).

Sincerely,
Tricia Osborne
Principal; Pre-K-8

Joddi A. Mills
Principal, High School

Enrollment Form

Please print or type all information
2016-17 School Year

Enrollment Information: **Grade in 2016-17** _____

Student Name (as it appears on birth certificate):

Last _____ First: _____ Middle: _____

Name your child goes by: _____ Gender: Male / Female

School District in which student lives: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____

Date of Birth: _____ Place of Birth: _____ Age: _____

(As it appears on birth certificate)

Ethnicity: African American / Asian / Caucasian / Hispanic / Native American / Other _____

Primary language spoken in the home _____

Previous School Attended _____

Highest Grade Completed _____

Does your child have an IEP? Yes _____ No _____

Is your child in a special education program? Yes _____ No _____

Parent/Legal Guardian Information:

Parent/Legal Guardian Name (1): _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Alt. Number: _____

Email Address: _____ (Optional)

Work Place: _____ Hours of Employment: _____

Parent/Legal Guardian Name (2): _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Alt. Number: _____

Email Address: _____ (Optional)

Work Place: _____ Hours of Employment: _____

Student resides with: Both Parents _____ Mother _____ Father _____ Guardian _____ Other _____

Mothers highest level of education: Did not complete high school _____ High School diploma or equivalent _____

some college _____ 2yr. degree _____ 4yr. degree _____ other _____ Military _____

Fathers highest level of education: Did not complete high school _____ High school diploma or equivalent _____

some college _____ 2yr. degree _____ 4yr. degree _____ other _____ Military _____

Sibling Information:

Names of other children living at home	Age	Relationship to student	Grade applying for 2016-17	Grade in 2015-16

Previous School Information:

The last school student attended was:

- Non-Public in district Public in County Non-Public in State
 Public in State Out of State Out of USA
 No Previous School

Why are you leaving your current school?

Parent/Guardian Signature

Date

How did you hear about Madison Academy?

- Newspaper Church
 Radio Other (Please Specify)
 Friends _____
 Relatives

REQUIRED EDUCATION INFORMATION

Student Name _____

Last

First

Middle

Date of Birth _____ Age _____ Grade _____

Previous School attended? _____

Is your child currently under suspension? Yes _____ No _____

From what school? _____

Date(s) _____

Reason(s) _____

Has your child been expelled? _____

What school? _____

Date(s) _____

Reason(s) _____

Has your child been retained? _____ Grade(s) _____

What school? _____

Signature of Parent/Legal Guardian

Date

SPECIAL EDUCATION INFORMATION

Student Name _____

Last First Middle

Date of Birth _____ Age _____ Grade _____

Does your child have a current IEP ? _____

Does your child have a current 504 Plan? _____

Previous School attended? _____

Has your child been expelled? _____

What school? _____

Date(s) _____

Reason(s) _____

Has your child been retained? _____ Grade(s) _____

What school? _____

Signature of Parent/Legal Guardian Date

MEDICAL CONDITION(S)

Student Name: _____

_____ YES, My child **has** a medical condition / and or allergies.

_____ NO, My child **does not** have a medical condition / and or allergies.

List Medical Condition / and or allergies in detail:

- Please attach any relative information regarding the medical condition.

MEDICAL RELEASE

I, _____, do not hold Madison Academy
(Parent's name)

responsible for unintentionally forgetting to administer medication to my child,

(child's name)

I understand that staff members can forget and I take this risk by asking

_____ to give the medication.
(Office staff member name)

If I want to ensure that my child receives the medication, I have the right to come into the school and administer this medication to my child.

Parent Signature

Date

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Date: _____

Student's Name _____ Age: _____

Date of Birth: _____ Highest Grade completed: _____

School Releasing Information:

Name of School

Street Address

City, State, Zip Code

Records Requested:

_____ Phone #

- | | | |
|--|--|---|
| <input type="checkbox"/> Standard Education Report | <input type="checkbox"/> Immunization Record | <input type="checkbox"/> VHD certificate |
| <input type="checkbox"/> Psychological Report | <input type="checkbox"/> Spec. Ed & IEP | <input type="checkbox"/> Gifted Eligibility |
| <input type="checkbox"/> ESOL & ESL Record | <input type="checkbox"/> Disciplinary Report | |
| <input type="checkbox"/> Other _____ | | |

Is the student currently under suspension ___ Yes ___ No

If Yes, for how long? _____

For what reason? _____

This release also confirms that this student has not been expelled by a former school due to a "Weapons in schools" infraction or "physical or verbal assault" infraction.

Signature of Parent/Guardian confirming release information and no "Weapons in Schools" or "physical or verbal assault" infraction.

Signature of Former School Administrator confirming above

Please send information to:

**Madison Academy Elementary
6170 Torrey Rd.
Flint, MI 48507
Fax # 810-655-2931**

**Madison Academy High School
3266 S. Genesee Rd.
Burton, MI 48519
Fax # 810-877-6255**