



## Enrollment Packet

### Thank you for choosing to enroll your child at Pansophia Academy!

Please bring this completed enrollment packet with you along with a copy of your child's most recent report card, your child's birth certificate, immunization/shot records, and proof of current address.

For school hours or to schedule a tour call the main office at 517-279-4686.

#### Student Information

Legal Name: \_\_\_\_\_  
first middle last

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Gender:  M  F Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ apartment no. \_\_\_\_\_  
street  
\_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code

Do you need bussing?  Yes  Not at this time

#### Parent/Guardian Information

The first parent/guardian listed will be the main contact for the school. They will receive automated attendance calls, discipline calls, and report cards. Please provide a cell and work number so that you may be reached during the school day if necessary.

1. Parent Name: \_\_\_\_\_  Mother  Father  \_\_\_\_\_  
first last

Home Address: \_\_\_\_\_ apartment no. \_\_\_\_\_  
\*Leave blank if same as student address above street  
\_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code

Phone Numbers: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_

What is your preferred number?  Cell  Home  Work

Email address: \_\_\_\_\_

#### Emergency Contacts

List any adults authorized to pick-up your child from Pansophia including additional parent/guardians below. Photo ID will be required for all person(s) picking up a student who is not the parent/guardian.

2. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
first last  
Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Cell  Home  Work

3. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
first last  
Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Cell  Home  Work

4. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
first last  
Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Cell  Home  Work



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

**Health Profile**

Does your child have:

**Yes**    **No**

- History of anaphylaxis; if yes does your child have an EpiPen®?     Yes     No
  
- History of asthma; if yes does your child have an inhaler?     Yes     No
  
- Completed immunizations, if no please complete these before the first day of school and bring an updated copy of their complete shot record to the school.
  
- Allergies to food/milk; describe: \_\_\_\_\_
  
- Allergies to medication; describe: \_\_\_\_\_
  
- Medications they need to take during the school day; if yes, complete the medication chart below.

Medications to be distributed to your child during the school day

Name of Medication	Dosage (example: 1oz)	When (example: after lunch)
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_____	_____	_____
_____	_____	_____

Medication must be brought to Pansophia main office by a parent/guardian and properly labeled with the student's full name, medication name, and dosage.

Additional information regarding any of the above:

\_\_\_\_\_

\*a note from a medical provider must be provided to offer an alternative meal or milk option

**Field Trip Permission**

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant the School Leader or his or her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed above and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present. This authorization is valid for the current school year or until such time as I withdraw the authorization. Permission is granted for the student listed above to participate in out-of-school activities that support the educational program. I understand that parents will be notified in advance of all trips. I hereby release Pansophia Academy, and all adult leaders and drivers from any liability and from any and all claims against them, individually and collectively, for any injuries which might occur to the above-named child at any time and place during participation in out-of-school activities.

Parent/Guardian initials \_\_\_\_\_

**Student Photo Release**

Pansophia Academy has my permission to use photographs of the above-named student for marketing purposes. Such photographs may appear in newspapers, magazines, school website, social media, brochures, slide shows, or other publicity materials without any compensation or prior approval.

Parent/Guardian initials \_\_\_\_\_

**Student/Parent Handbook Acknowledgement**

I understand that it is my responsibility to read and understand the Student/Parent Handbook, is available on Pansophia Academy website for my review. The handbook contains all the rules and regulations, including but not limited to, the Anti-Bullying Policy, the Internet Use Policy and the Student Attendance Policy and Procedures.

Parent/Guardian initials \_\_\_\_\_



**Data Collection: Ethnicity and Race**

The U.S. Department of Education has issued guidelines regarding the collection of data on ethnicity and race for public school students. All states must collect this information and report using designed categories.

Please answer both\* questions.

- 1. Ethnicity: Is your child of Hispanic/Latino origin?  Yes  No
  
- 2. Race: mark all that apply
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or other Pacific Islander
  - White/Caucasian

\*The federal government requires that both ethnicity and race be identified and provides only the categories listed. If you do not answer both questions, school personnel are required to make selections for you.

**Language**

What language did your child first learn?  English  Spanish  Arabic  \_\_\_\_\_

Is your child's primary language at home English?  Yes  No  
If no, what is your child's primary language at home? \_\_\_\_\_

Was your child born outside the U.S.?  Yes  No  
If yes, what date did he/she enter the U.S.? \_\_\_\_\_

**Special Needs**

Does your child have a current Individualized Education Plan (IEP)?  Yes  No  
If yes, please select:  CI  EI  OHI  TBI  SLD  \_\_\_\_\_  
If yes, will you be able to provide a copy to Pansophia prior to your child's first day of school:  Yes  No

Does your child have a current 504 Plan?  Yes  No  
If yes to either having an IEP or 504 please check all services currently in their plan:  
 Speech/Language  
 Social Work  
 Occupational Therapy  
 Physical Therapy  
 \_\_\_\_\_

**This questionnaire is intended to address the McKinney-Vento Act:**  
Presently where is the student living?

\_\_\_\_\_ In a Shelter \_\_\_\_\_ more than one family \_\_\_\_\_ Motel/car or campsite \_\_\_\_\_ waiting foster care  
\_\_\_\_\_ with friends or family members (other than parent/guardian) \_\_\_\_\_ Parent/Guardian

I affirm that all the information provided is complete and accurate to the best of my knowledge:

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



## Consent for Disclosure of Personally Identifiable Information and 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 and 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 and immunization 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 Pansophia Academy to release my child's immunization record and personally identifiable information 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: \_\_\_\_\_

Printed Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_