

Threshold Academy

5827 Orleans Rd Orleans, MI 48865
PH. 616-761-2296 • Fax 616-761-2298
2009-2010 Student Registration Form



Today's Date: _____
Grade Student is Entering: _____
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 _____

Has your child had chicken pox? YES NO If yes, when? _____

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

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