

HEARN ACADEMY Enrollment Application

Please print neatly. Give complete information.

For Office Use Only

Grade	Teacher
Entry Date/Code	
PS Entry Date	
Withdrawal Date/Code	

Grade student will be entering for 2020-21 school year _____

Student Name _____
Last First Middle

Birth Date _____ Gender: Male Female
Month Day Year

Federal Race and Ethnicity:

White Black or African American American Indian/Alaskan Native Asian Native Hawaiian/Pacific Islander

Is this child Hispanic or Latino? Yes No

Parent/Guardian Name _____

Relationship: Mother Father Stepmother Stepfather Relative Guardian Other _____

Student lives with this parent/guardian? Yes No Shared with other parent/guardian

Address _____ City _____ Zip _____

Primary phone number _____ Cell Home/landline Work

Secondary phone number _____ Cell Home/landline Work

Primary contact email _____

Parent/Guardian Name _____

Relationship: Mother Father Stepmother Stepfather Relative Guardian Other _____

Student lives with this parent/guardian? Yes No Shared with other parent/guardian

Address _____ City _____ Zip _____

Primary phone number _____ Cell Home/landline Work

Secondary phone number _____ Cell Home/landline Work

Primary contact email _____

Has this student ever received special education (including speech, OT, or resource) services? Yes No

Is there a current IEP (Individualized Educational Plan) for this student? Yes No

Has this student received any of the following? English Learner support/ESL support 504 Accommodation Plan

Has this student been retained? Yes No If yes, what grade(s)? _____

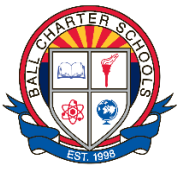
Is this student presently suspended from another school? Yes No

If Yes, from where? _____

Has this student ever been expelled or been withdrawn while in the process of being expelled from another school?

Yes No If yes, where? _____

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HEARN ACADEMY Enrollment Application (page 2)

Please print neatly. Give complete information.

Does this child have siblings currently enrolled at Val Vista Academy?

Yes No

Does this child have siblings newly enrolling at Val Vista Academy?

Yes No

Sibling Information that is enrolled/enrolling with Val Vista Academy:

Name _____ Age _____ Gender _____ Grade entering _____

Name _____ Age _____ Gender _____ Grade entering _____

Name _____ Age _____ Gender _____ Grade entering _____

Emergency Information

Contact (other than parent) _____ Relationship to student _____

Primary phone number _____ Cell Home/landline Work

Secondary phone number _____ Cell Home/landline Work

Primary Care Physician or Clinic _____ Phone _____

Preferred Hospital _____

Are there court-ordered custody and/or educational decision making decrees? Yes No

If YES, court documentation must be provided.

Individuals authorized to pick up your child:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Individuals NOT allowed to remove your child. Please provide documentation

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Additional Student Information

Primary language used in the home, regardless of the language spoken by the student _____

Language most often spoken by the student _____

Language that the student first acquired _____

Previous school attended _____

Address

City/State

Zip

Phone

Do you consider yourself homeless at this time? Yes No

Parent/Guardian Signature _____ Date _____

Hearn Academy will not limit admission based on race, ethnicity, national origin, gender, orientation, income level, disabling condition, proficiency in English, or athletic ability. Val Vista Academy reserves the right to limit admission based on program capacity.