



Student Information

First Name: _____ **Last Name:** _____ **Birth Date:** _____

Country of Birth: _____ **Gender:** ___ Male ___ Female ___ Non-Binary

Home Address: _____ **Apt:** _____ **City:** _____ **State:** _____ **Zip:** _____

School Year 2020-2021 School Name: _____ City: _____ State: _____

School Year 2019-2020 School Name: _____ City: _____ State: _____

Grade Level for 2021-2022: *check only one* ___ 4th Grade ___ 5th Grade ___ 6th Grade ___ 7th Grade ___ 8th Grade

Race: *check all that apply* ___ American Indian/Alaska Native ___ Asian ___ Ntv Hawaiian/Pac Islldr
___ Biracial ___ Black/African Am. ___ White

Parent/Guardian/Custodian/Caregiver

Caregiver #1

First Name: _____ **Last Name:** _____ **Relationship to Student:** _____

Email: _____ **Cell #:** _____ **Work #:** _____

Address: _____ **Apt:** _____ **City:** _____ **Zip:** _____

Job Title: _____ **Place of Employment:** _____

Caregiver #2

First Name: _____ **Last Name:** _____ **Relationship to Student:** _____

Email: _____ **Cell #:** _____ **Work #:** _____

Address: _____ **Apt:** _____ **City:** _____ **Zip:** _____

Job Title: _____ **Place of Employment:** _____

Home Language

What is the primary language spoken in the home? ___ English ___ Spanish ___ Arabic ___ Chinese
___ French ___ Vietnamese ___ Other, _____ (please *specify language*)

For newsletters and information coming from the school, do you prefer a different language other than English?
___ No ___ Yes, _____ (please *specify preferred language*)

Physical/Mental/Emotional Health Conditions

Does the student have the following? *Check all that apply*

504 Plan Required Medication IEP for Special Education Services

Allergies Dietary Restrictions Other Health Conditions

IEP Questions *(please answer if child has an IEP; if not, leave blank)*

What school district completed the IEP? _____

Do you have a copy of the IEP? Yes No

Can you provide a copy of the IEP to FLA? Yes Yes, by this date: _____ No

When was the child's last IEP appointment? _____ I don't know

Do you have information for someone to contact in regards to this child's IEP? No Yes (specify below)

Email for IEP contact: _____

Phone # for IEP contact: _____

Physical/Mental/Emotional Health Specifications & Descriptions

Please tell us more about your child's health conditions. The more information we know, the better able we are to help.

Support for Child

Who does this child identify as a support person in their lives? (Family, Friend, DHHS, Private Agency, Etc.)

Support Person #1

Name: _____

Phone #: _____

Email: _____

Relationship to Student: _____

Support Person #2

Name: _____

Phone #: _____

Email: _____

Relationship to Student: _____

Emergency Contacts: Who has permission to pick up the student from school?

Emergency Contact #1

First Name: _____ **Last Name:** _____ **Relationship to Student:** _____

Email: _____ **Cell #:** _____ **Work #:** _____

Address: _____ **Apt:** _____ **City:** _____ **Zip:** _____

Job Title: _____ **Place of Employment:** _____

Emergency Contact #2

First Name: _____ **Last Name:** _____ **Relationship to Student:** _____

Email: _____ **Cell #:** _____ **Work #:** _____

Address: _____ **Apt:** _____ **City:** _____ **Zip:** _____

Job Title: _____ **Place of Employment:** _____

Learning Style

Please describe this child's learning style. _____

FLA is a school focused on redirect and de-escalation techniques when children are upset. What are some ways that work best for this child in coping with distress? _____

Additional Comments

Why are you choosing to enroll this child at FLA? _____

Please list any additional information that would be helpful for us to know. _____

Certification of Person Enrolling Student

I confirm all of the information provided above is correct to the best of my knowledge. I understand that Fostering Leadership Academy will keep this information confidential and will use it for FLA business only.

Print Name: _____ **Signature:** _____ **Date:** _____



FOSTERING LEADERSHIP ACADEMY RELEASE of RECORDS REQUEST

Date of Request: _____

SECTION 1 (To be completed by parent or guardian)

Name of Previous School: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Student Information

Last	_____
First	_____
Middle	_____

Birth Date: _____

Grade _____

Level: _____ Last date of attendance (approx.): _____

Signature of Parent/Guardian (if available) _____

SECTION 2 (For school use)

The following records are hereby requested:

- | | |
|---|---|
| <input type="checkbox"/> Ongoing transcripts and most recent report cards | <input type="checkbox"/> Discipline records |
| <input type="checkbox"/> Test data / standardized test scores | <input type="checkbox"/> Immunization records |
| <input type="checkbox"/> English Language (ELL) test score (if applicable) | <input type="checkbox"/> Health / medical records |
| <input type="checkbox"/> IEP (Individual Education Plan) if applicable | <input type="checkbox"/> Sports physical documentation |
| <input type="checkbox"/> IEP Evaluations and MET (if applicable) | <input type="checkbox"/> Psychological/ Social Work records |
| <input type="checkbox"/> 504 Plan (if applicable) | <input type="checkbox"/> Copy of birth certificate |
| <input type="checkbox"/> Attendance records | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Most recent Behavior Intervention Plan (if applicable) | <input type="checkbox"/> |

Signature of Requesting School Representative:

Signature	Title	Date
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PLEASE MAIL RECORDS TO:

Mr. Adrian Johnson
Fostering Leadership Academy
26645 W. Six Mile Rd.
Redford MI 48240

The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.