



FOSTERING LEADERSHIP ACADEMY

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

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

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

Previous School: **School Name:** _____ **City:** _____ **State:** _____

Race: *check all that apply* ___ American Indian/Alaska Native ___ Asian ___ Ntv Hawaiian/Pac Isldr
___ 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: _____

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

Emergency Contacts: NOT Parent/Guardian Listed Above

Emergency Contact #1

First Name: _____ **Last Name:** _____

Relationship to Student: _____

Email: _____ **Cell #:** _____

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

Emergency Contact #2

First Name: _____ **Last Name:** _____

Relationship to Student: _____

Email: _____ **Cell #:** _____

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

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:** _____

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 _____

PLEASE MAIL RECORDS TO:

Attn: Enrollment
 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.