



ENROLLMENT PACKET

Thank you for choosing to enroll your child at Mid-Michigan Leadership Academy!

Please bring this completed enrollment packet with you along with a copy of your state issued photo ID, your child's most recent report card (grades 1-8), 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 517-485-5379.

Student Information

Legal Name: _____

Date of Birth: _____ / _____ / _____ Gender: M F Grade (in fall): _____
month day year middle last grade

Home Address: _____ street _____ apartment no.
_____ city _____ state _____ zip code

Do you need bussing? Yes Not at this time

Students bus stop must be more than a 1 mile radius from the school. Bussing is available on a first come first serve basis. Transportation applications will be available starting in August, please check the MMLA Facebook page for updates.

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*: _____ street _____ apartment no.
*leave blank is same as student address city state zip code

Phone Numbers: _____ cell _____ home _____ work

What is your preferred daytime number? Cell Home Work

Email address: _____

Emergency Contacts

List any adults authorized to pick-up your child from MMLA 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: _____

3. Name: _____ Relationship to Student: _____
first last
Daytime Phone: _____

4. Name: _____ Relationship to Student: _____
first last
Daytime Phone: _____

517.485.5379

www.mmlalions.org

facebook.com/mmlalions





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: 1 oz)	When (example: after lunch)
_____	_____	_____
_____	_____	_____

Medication must be brought to MMLA's 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 Mid-Michigan Leadership 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

The Mid-Michigan Leadership 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 the Mid-Michigan Leadership Academy website for my review. The handbook contains all the rules and regulations of MMLA, including but not limited to, the Anti-Bullying Policy, the Internet Use Policy and the Student Attendance Policy and Procedures.

Parent/Guardian initials _____

Parent/Guardian Signature: _____ **Date:** _____



Student Name: _____

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

Is your child's native language English? Yes No

If no, what is your child's native language? _____

Is your child's primary language at home English? Yes No

If no, what is your child's primary language at home? _____

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 MMLA 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
- _____

FOR OFFICE USE ONLY

Student Number: _____ Student UIC: _____

Diagnostics Result (Kindergarten/KG Jr. Only): _____

