

728 Parkside Boulevard, Toledo, OHIO 43607

K-6th grade

This institution is an Equal Opportunity Provider

**Tel:**

**419/ 382-2280**

INCLUSIVE LEARNING ENVIRONMENT

RE-ENROLLMENT APPLICATION

2021-2022

*Principal's Office*

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***Empowering Students to Become Leaders in a Changing World***

**Re-ENROLLMENT APPLICATION 2021-2022**

**Section 1: CHILD’S PERSONAL INFORMATION GRADE 2021-2022\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME** |  | **LAST NAME** | |  | |
| **DATE OF BIRTH** |  | **PLACE OF BIRTH** | |  | |
| **NATIONALITY** |  | **MALE** | |  | **FEMALE** |
| **ADDRESS** |  | | | | |
| **PARENT’S TELEPHONE NUMBERS** | **HOME** | **MOBILE** | | | **OFFICE** |
| **NAME AND GRADES OF ANY OTHER SIBLING ATTENDING AEE:** | **NAME** | | **GRADE** | | |
|  | |  | | |
|  | |  | | |

**SECTION 2: LEGAL PARENT / GUARDIAN / CAREGIVER DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| **Father’s Name** |  | **Mother’s**  **Name** |  |
| **Occupation** |  | **Occupation** |  |
| **Work Place** |  | **Work Place** |  |
| **Office Address** |  | **Office Address** |  |
| **Work Phone** |  | **Work Phone** |  |
| **Email** |  | **Email** |  |

**SECTION 3: EMERGENCY CONTACT INFORMATION AND CONSENT**

In the event reasonable attempts to contact parent(s) /guardian listed on the enrollment form are unsuccessful, I hereby consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event, the designated preferred practitioner is not available, by another licensed physician or dentist and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

|  |  |  |  |
| --- | --- | --- | --- |
| **DOCTOR** |  | **DENTIST** |  |
| **Address** |  | **Address** |  |
| **Insurance Provider** |  | **Insurance Provider** |  |
| **Policy Number** |  | **Policy Number** |  |
| **Phone Number** |  | **Phone Number** |  |
| **Hospital** |  | **Hospital** |  |
| **Phone Number** |  | **Phone Number** |  |

**SECTION 4: DECLARATION**

**I confirm that, to the best of my knowledge, the information provided on this form is correct. I have understood and agree to abide by all school rules and regulations including school discipline, inter-school/city transfers, bus and food services regulations.**

**I also acknowledge that while the school does its best to ensure the safety of each child’s life, health and property, the school cannot be held responsible for any damages to these.**

**I commit to support my child teacher(s) and to follow-up on his/her academic achievement on a regular basis. I commit to attend to the Parent-Teacher Conferences scheduled by the school.**

**( ) I authorize ( ) I do NOT authorize my child to participate in school planned fieldtrips. School will provide information to parent’s ahead of time in order to offer general information about our educational activities.**

**( ) I authorize ( ) I do NOT authorize AJHAE to take photos and/or videos in which my child can be depicted. I understand that school may use these photos or videos for marketing purposes and/or to inform parents about activities being held at school (through social media or school newsletters).**

**I understand that as a parent/guardian I should support my child’s academic performance. I commit to support teachers and follow-up on a daily basis my child’s school homework in order for him to be able to comply with school’s academic expectations.**

**By signing below, I express my intention of having my child RE-ENROLLED at AJHAE for the 2021-2022 school year.**

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**Signature of Parent/Guardian Date**