[](https://www.pinterest.com/pin/164592561363148023/) 

728 Parkside Boulevard, Toledo, OHIO 43607

1st-6th grade

This institution is an Equal Opportunity Provider

**Tel:**

**419/ 382-2280**

RE-ENROLLMENT APPLICATION

2022-2023

*Admission’s Office*



***NOTICE OF NON-DISCRIMINATION***

THE ***ACADEMY OF EDUCATIONAL EXCELLENCE***

**DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, OR AGE**

ON ITS STAFF RECRUITMENT, EDUCATIONAL PROGRAMS AND/OR ACTIVITIES.

THE FOLLOWING PERSON HAS BEEN DESIGNATED TO HANDLE INQUIRIES REGARDING NON-DISCRIMINATION POLICIES:

Dr. Israel I. Koppisch

Director of Special Services: SPED Program, Compliance and Title IX

728 Parkside Boulevard

Toledo, Ohio 43607

Tel: 419-382-2280

Email: [iikoppisch@aeetoledo.org](mailto:iikoppisch@aeetoledo.org)



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

**Re-ENROLLMENT APPLICATION 2022-2023**

**RETURNING NEXT YEAR:**

By completing and returning the attached Re-Enrollment Application for 2022-2023 school year, I express my interest in re-enrolling my child for next school year. The Re-Enrollment Application must be returned completely filled by February 3rd , 2022.

If you are interested in enrolling a new Kindergartener student let us know immediately in order to provide you with the needed paperwork to be filled out.

GO TO THE APPLICATION FORM NOW.

**NOT RETURNING NEXT YEAR**

By SIGNING BELOW, YOU ARE STATING THAT YOUR CHILD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CURRENTLY IN THE \_\_\_\_ GRADE, **WILL NOT BE RE-ENROLLING** AT AJHAE FOR THE 2022-2023 SCHOOL YEAR. PLEASE STATE YOUR REASON FOR YOUR DECISION:

* Moving
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You hereby understand that the school will not hold his seat and will make it available for any new student.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date



**Re-ENROLLMENT APPLICATION 2022-2023**

**Section 1: CHILD’S PERSONAL INFORMATION GRADE 2022-2023 \_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 AEE 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 AEE for the 2020-2021 school year.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian Date**