



Lakeland Academy, 101 East Main Street, Freeport, OH
43973, PHONE-740-658-1042 FAX- 740-658-1062
www.lakeland-academy.org

Enrollment Form

Today's Date _____ Official Start Date _____

STUDENT INFORMATION

Name _____

Gender Male Female Date of Birth _____ Age _____

Birthplace _____ County _____ State _____

Home Address _____

City _____ State _____ Zip Code _____

Phone _____ Last grade completed by student _____

Email _____

PARENT/GUARDIAN/MOTHER/STEPMOTHER

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Place of Employment: _____

Email _____

Does Student reside with this individual? YES NO

Does this individual have legal custody? YES NO

May this individual access student records YES NO

PARENT/GUARDIAN/FATHER/STEPFATHER

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Place of Employment: _____

Email _____

Does Student reside with this individual? _____ YES _____ NO

Does this individual have legal custody? _____ YES _____ NO

May this individual access student records _____ YES _____ NO

EMERGENCY CONTACT INFORMATION

If we are unable to reach the parents/guardians listed on the enrollment form, please contact the individual listed below:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Signature of the parent/guardian authorizing this contact _____

PREVIOUS SCHOOL HISTORY

What school district do you currently live in? _____

Name of the last school attended _____ Date of last attendance _____

Address _____

City _____ State _____ Zip Code _____

Currently Being home schooled? _____ YES _____ NO

Was this student enrolled in any special programming at his/her current school? __ YES __ NO

Is this student currently on probation by the juvenile court system? __ YES __ NO

ETHNIC CODE

___ White ___ Asian ___ Black ___ American Indian or Alaska Native ___ Native Hawaiian or

If student is multi-racial, more than one group should be selected other Pacific Islander

Is the student of Hispanic/Latin Heritage? ___ YES ___ NO

MIGRANT OR HOMELESS STATUS

Is this student, this student's parent, guardian or spouse a migratory worker? ___Yes ___NO

Does the student have a permanent, regular and adequate residence? ___YES ___NO

NATIVE LANGUAGE

Is English the Student's native language? ___YES ___NO

If NO, please identify the student's native language_____

Please read the circumstances listed below that apply, then check yes or no

a) Was not born in the US and his/her native language is not English ___YES ___NO

b) Resides in a home in which a language other than English is used ___YES ___NO

c) Resides in a home in which a language other than English has a significant impact on his/her level of understanding of the English language ___YES ___NO

I certify that the information reported on this enrollment form is accurate.

Parent/guardian signature_____ Date_____

Relationship to student_____

State of non-Discrimination:

It is the policy of the Lakeland Academy to provide equal opportunities in all of its educational programs and operations and in all areas of employment practice, and to ensure that there shall be no discrimination against any employee or applicant or student on the basis of age, race, color, religion, disability, sex, national origin or ancestry. The Lakeland Academy is an Equal Opportunity Employer.

Applications and other necessary documentation must be mailed or faxed to the address shown below:

*Lakeland Academy
101 East Main Street
Freeport, OH 43973
Phone, 740-658-1042 and Fax, 740-658-1062*

EMERGENCY MEDICAL AUTHORIZATION

The purpose of this form is to enable the parent/guardian to authorize the provision of emergency medical treatment for a child who becomes ill or injured while under school authority when the parent/guardian cannot be reached. Examples of school functions may include, but are not limited to, school field trips, school picnics, school dances and graduation.

Printed Student Name _____ Grade _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Place of Employment _____

PART 1 - TO GRANT CONSENT

I hereby grant consent for the following medical care providers and local Hospital to be called.

Doctor _____ Phone _____

Dentist _____ Phone _____

Preferred Hospital _____ Phone _____

Specialist/Counselor/Mental Health _____ Phone _____

Does your child suffer from any medical conditions that we and/or emergency medical providers should be aware of? If so, please list _____

Does your child take any medications, use inhaler, etc. If so, please list:

Allergies: Medical _____

Food _____

Other(list & explain - Example: bee stings) _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctor, or in the event the designated preferred practitioner is not available by another licensed physician and (2) the transfer of my child to any hospital reasonably accessible. The authorization does not cover major surgery unless the medical opinions of two other licensed physicians concurring there is a necessity for such surgery are obtained prior to the performance surgery.

Signature _____ Date _____

Relationship to student _____ Phone _____

PART 2 - REFUSAL TO GRANT CONSENT

DO NOT COMPLETE THIS SECTION IF PART 1 IS FILLED OUT

I DO NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I request that the school authorities take the following action:

Signature _____ Date _____

Relationship to student _____ Phone _____

PART 3 - EARLY DISMISSAL

In the unlikely event that school is dismissed early due to a power failure, bad weather or some other emergency, my child should:

_____ Proceed home as usual, walking

_____ I will pick my child up as soon as I am notified

_____ My child should stay at the school until regular dismissal time and proceed home as normal

_____ My child should go home with _____



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CONSENT FOR RELEASE OF STUDENT RECORDS

To Whom It May Concern:

The student named below has registered at Lakeland Academy. Please release the records for:

Student _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Grade _____

School _____ School District _____

School Address _____

School City _____ State _____ Zip Code _____

School Phone _____ School Fax _____

Please forward the records identified below to:

jbardall@lakeland-academy.org

School IRN #011511

Phone - 740-658-1042 Fax - 740-658-1062

I authorize the release of records including IEP, ETR AND 504 records for the above named student:

Parent/Guardian Signature _____ Date _____

Please forward the following records:

__ Transcript of ALL grades and credits __ Ohio Proficiency Test Results __ Standardized Test

__ Withdrawal grades and credits received __ Attendance Records __ Health Records

__ Adoption/Custody Papers (if applicable) __ Psychological Reports (if applicable) __ IEP, ETR and 504 records (if applicable) __ Vocational Evaluation (if applicable) __ Intervention Assistance Team Reports

If records are unavailable, please return this request indicating the following:

__ NO records available, reason _____

__ Unable to send, reason _____

Written consent for release is no longer required when records are requested by authorized school personnel. (Educational Amendments of 1974 "Protection of the Rights and Privacy of Parents and Students" Section 438, Subsection (b) (1) parts A and B Page 97)