

Office use only

Date rec'd _____

Rec'd by (initials) _____

Barack Obama Leadership Academy

Enrollment Application Grades K-8

Acceptance is based on a **completed** application and the availability of space for each grade.

Date: ____ / ____ / ____ School year applying for: _____ Grade applying for: _____

Student: _____, _____ (Last Name) (First Name) (M.I.)

Address: _____ (Street Address) (City) (Zip Code) (County)

Phone: _____ Work Phone: _____

Age: _____ Date of Birth: ____ / ____ / ____ Gender: Male ____ Female ____

Ethnicity/Race: (Check all that apply)

African American ____ American Indian ____ Caucasian ____ Hispanic ____ Multi-racial ____ Other ____

Language spoken in home: _____ Child's primary language: _____

Previous School Information:

Current School Attending: _____ Current Grade Level: _____

Location: _____ City, State & Zip Code: _____

Type of School: Public ____ Private ____ Parochial ____ Charter ____ Home school ____

Was your child suspended from school during the previous school year? Yes ____ No ____

If yes, how many times? ____ Please indicate reason(s) for the child's suspension.

Has the child been expelled from school for any reason? Yes ____ No ____ Date of expulsion _____

What school year(s) _____ Please indicate reason(s) _____

Does your child require special education services? Yes ____ No ____

If yes, please provide current IEP with this application. (No exceptions!)

Do you have children who are currently students at BOLA? Yes ____ No ____

If answered yes, please list the name and grade of the student(s) for the upcoming school year:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

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Birth Certificate ____ Immunizations ____
Report Card / Transcript ____
IEP (if applicable) ____

Student ID# _____
Start Date: _____
Sent for records: ____ / ____ / ____

EMERGENCY MEDICAL INFORMATION

Student's Physician of Health Care: _____

Physician's Address: _____ Phone: () _____

Health Insurance Policy Name: _____ Policy Number: _____

Is your child subject to a condition which may cause emergencies such as epilepsy, diabetes, fainting, allergies, asthma, etc.?

Yes ____ No ____ If yes, please explain _____

Is your child taking any medication for the above mentioned condition or any other condition? Yes ____ No ____

*****If yes, please request a medication permission form from the main office to give our staff permission to administer medication.**

Does your child have any health conditions that may limit participation in strenuous activities such as physical education or athletics? Yes ____ No ____ If so, please explain _____

Has your child had chicken pox? Yes ____ No ____ Has your child been immunized for chicken pox? Yes ____ No ____

Mother/Guardian Information:

(please check one) Parent ____ Guardian ____ *(provide documents)* Deceased ____ Joint Custody ____ *(provide documents)*

Last Name: _____ First Name: _____

Address: *(if different from student)*

(Street Address) (City) (Zip Code)

Email Address: _____@_____.

Home Phone: () _____ Cell Phone: () _____

Employer: _____ Occupation: _____

Business Address: _____ Business Phone: () _____

Marital Status: Single ____ Married ____ Divorced ____ Separated ____ Widowed ____

Father/Guardian Information:

(please check one) Parent ____ Guardian ____ *(provide documents)* Deceased ____ Joint Custody ____ *(provide documents)*

Last Name: _____ First Name: _____

Address: *(if different from student)*

(Street Address) (City) (Zip Code)

Email Address: _____@_____.

Home Phone: () _____ Cell Phone: () _____

Employer: _____ Occupation: _____

Business Address: _____ Business Phone: () _____

Marital Status: Single ____ Married ____ Divorced ____ Separated ____ Widowed ____

Emergency Contact(s) Information:

#1 Name: _____ Relationship to Student: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

#2 Name: _____ Relationship to Student: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

#3 Name: _____ Relationship to Student: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

#4 Name: _____ Relationship to Student: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

#5 Name: _____ Relationship to Student: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Parent/Guardian's Signature _____ Date: _____

***NOTE: Falsification of information contained in this application will immediately void such agreement and result in said child being dropped from Barack Obama Leadership Academy.**

Barack Obama Leadership Academy

FIELD TRIP INFORMATION

I hereby give permission to Barack Obama Leadership Academy for my child to be transported in a vehicle and/or participate in field trips.

Signature of Parent/Guardian: _____

Date signed: _____

PERMISSION FOR USE OF MEDIA IMAGES

I hereby give my permission to use photographs, reproductions and/or sound reproductions of my child for promotional purposes. Such activities may include advertising, publicity and promotion of school events (plays, open house, etc.)

Signature of Parent/Guardian: _____

Date signed: _____

Barack Obama Leadership Academy

10800 E. Canfield
Detroit, MI 48214
(313) 823-6000 / FAX (313) 823-9748

RELEASE OF STUDENT RECORDS FORM

Enrollment Date: _____

Name of School _____

Address _____

City, State, Zip Code _____

Re: Release & forward student records for:

Student's Name

Date of Birth

Grade

***Include in the records the transcript, Individualized Education Plan - (IEP) if applicable, standardized test scores, health record, disciplinary history and any other pertinent information that will enhance the student's education.**

**Forward records to:
Barack Obama Leadership Academy
Attn: Records Clerk
10800 E. Canfield
Detroit, MI 48214**