



Great Lakes Academy

6000 Custer Road, Building 7 * Plano, Texas 75023

Phone: 972-517-7498 * Fax: -2-517-0133 * www.greatlakesacademy.com

Where Individuality and Differences are Celebrated!

Entry Year _____

Entry Grade _____

Child Information

Child's First Name: _____ Middle: _____ Last: _____

SS # _____ - _____ - _____ Date of Birth: ____/____/____ Child's Age: _____ Grade: _____

Race/Ethnicity: _____ Sex: _____ Child Cell # _____

Custody: Student Resides with both parent Parents Share Custody

One Parent with Primary Custody: _____
Name Of Primary Parent

Parent 1 Information

Parent / Guardian 1: _____ Middle: _____ Last: _____

Address _____ City: _____ State/Zip: _____

Employer: _____ Occupation: _____

Business Phone: _____ Email: _____

Cell #: _____ Marital Status: married divorced separated single

Parent 2 Information

Parent / Guardian 2: _____ Middle: _____ Last: _____

Address _____ City: _____ State/Zip _____

Employer: _____ Occupation: _____

Business Phone: _____ Email: _____

Cell #: _____ Marital Status: married divorced separated single

Testing

Psychoeducational Testing or FIE (Full Individual Evaluation) Date Tested: _____

Testing done by: _____

Other testing and date: _____

Other testing and date: _____

Diagnosis/Conditions: _____



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Emergency Information

Child's Full Name _____ DOB _____

I request that in my absence _____ be admitted to Medical Center of Plano-Legacy for diagnosis and treatment. (Student Name)

I request and authorize physicians, dentist, and staff of Medical Center of Plano-Legacy to perform any diagnostic procedures, treatment procedures, x-ray treatments, and anesthetics as may be necessary in the diagnosis and treatment of the above minor.

I have not been given a guarantee as to the results of examination or treatment. I authorize Medical Center of Plano-Legacy to dispose of any specimen or tissue taken from the above named person.

Primary Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Illnesses

List all medical conditions aside from learning differences.

1. _____
2. _____
3. _____
4. _____
5. _____

At Home Medications

List below any medication taken **AT HOME** on a regular basis. **MANDATORY**

| | List mg/gr | am/pm | for treatment of |
|------------------|--------------|------------------|------------------|
| Medication _____ | Dosage _____ | Time Given _____ | For _____ |
| Medication _____ | Dosage _____ | Time Given _____ | For _____ |
| Medication _____ | Dosage _____ | Time Given _____ | For _____ |
| Medication _____ | Dosage _____ | Time Given _____ | For _____ |
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In order for school personnel to administer medication, the following requests are made:

Request to Administer OTC Medication

1. A medication check-in form is to be completed for each medication administered at school.
2. A written request from student's physician will be required when over-the-counter medication must be given longer than 10 consecutive days.
3. **All medication** must be in the original, properly labeled container accompanied by the Medication Check-In Form (*Texas Education Code 21:914*). Please request the pharmacist to dispense two labeled medication bottles (one for home and one for school).

Please list all **over-the-counter medications** you give GLA permission to administer to your child:

acetaminophen ibuprofen Clear Eyes/Tears hydrocortisone
 antihistamine cough drops Midol Tums Pepto Bismol

Any additional OTC medications are to be provided by the parent and signed in with the Medication Check-In Form.

Request to Administer Prescription Medication

Please list all **prescribed medications** you give GLA permission to administer to your child:

1. Medication _____ Dosage of Medication _____
Number of pills/tsp. to administer _____ Day and Time to Administer _____
2. Medication _____ Dosage of Medication _____
Number of pills/tsp. to administer _____ Day and Time to Administer _____
3. Medication _____ Dosage of Medication _____
Number of pills/tsp. to administer _____ Day and Time to Administer _____
4. Medication _____ Dosage of Medication _____
Number of pills/tsp. to administer _____ Day and Time to Administer _____

I / We, the undersigned, give my/our permission for the staff of Great Lakes Academy to administer the medications listed on this sheet (including both over-the-counter and / or prescription) to my/our child. _____

Parent Signature: _____ Date: _____

Please print and sign this page. Electronic signature is not accepted.



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Child's Full Name: _____

Medical Alert Information

Is your child allergic to any medications? If yes, please list allergy and reaction to expect.

Is your child allergic to any foods? If yes, please list allergy and reaction to expect.

Does your child require the use of an Epi Pen should he/she have an allergic reaction? _____
If so, please have your child's physician complete the attached procedure form.

Insurance Company: _____

Policy Number: _____ Group Number: _____

Emergency Contacts

Emergency Contact Information: (in the order to call)

| | | | | |
|----|-------|--------------|--------|-------------|
| 1. | _____ | _____ | _____ | _____ |
| | Name | Relationship | Cell # | Alternate # |
| 2. | _____ | _____ | _____ | _____ |
| | Name | Relationship | Cell # | Alternate # |
| 3. | _____ | _____ | _____ | _____ |
| | Name | Relationship | Cell # | Alternate # |
| 4. | _____ | _____ | _____ | _____ |
| | Name | Relationship | Cell # | Alternate # |

Please attach a current copy of your child's immunization record to accompany these pages.



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Transportation Form

My child _____ Grade _____ may be picked up from GLA by:

Student Pick Up Persons

1. _____
Name of Person/Service/Day Care Relationship Phone Number
2. _____
Name of Person/Service/Day Care Relationship Phone Number
3. _____
Name of Person/Service/Day Care Relationship Phone Number
4. _____
Name of Person/Service/Day Care Relationship Phone Number
5. _____
Name of Person/Service/Day Care Relationship Phone Number

General Waiver

General Waiver

My signature below verifies that I/we _____
Name of Parent/Legal Guardian

am/are the legal guardian(s) of _____
Child's Name

and that, as such, is under my/our control and in my/our custody. I desire my/our child to participate in any and all activities and/or go on any and all field trips, along with the staff, students, and volunteers of Great Lakes Academy during the school year. In consideration of said child being permitted to make such trips, or take part in such activities and the instruction my/our child will receive by reason thereof, I hereby release Great Lakes Academy, the directors, teachers, and employees, together with any volunteer carrier of such child without compensation, from any and all liability and responsibility in connection with such trips and activities, and hereby release all said parties from liability by reason of any accident or injury suffered by said child while on said trips or engaged in such activities.

Parent Signature: _____ Date: _____

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Media Consent

Media Consent

This parental consent form serves to both inform you and to request permission for your child's photo/image or likeness, voice or creative work(s) to potentially be used by GLA on its website, school management system (RenWeb), or on a CD or any other electronic/digital media or print media. This may also include advertising brochures, and other media promoting and advertising services of Great Lakes Academy.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we, as a school, do want to celebrate your child and his/her work.

Therefore, GLA **will not release** the following personally identifiable information: student last names (surnames), residential addresses, e-mail address, phone numbers, or location and time of class trips. Information within the GLA newsletter and on RenWeb is released only to GLA parents, and is not on public forums.

As the child's parent or legal guardian, I agree to release and hold harmless GLA, its members, trustees, agents, officers, contractors, volunteers, and employees from and against any and all claims, demands, actions, complaints, suits, or any other form of liability resulting from such use.

Dated this _____ day of _____, _____.

month

year

Parent Signature

Parent Signature

Print Name

Print Name

Release of Parental Information

I give Great Lakes Academy permission to release my phone number, and email address to other GLA parents.

Yes

No

Parent Signature

Date

Yes

No

Parent Signature

Date

Release of Parent Info



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General Health Screening

General Health Screening

It is my understanding that Great Lakes Academy will have a general health screening which is required by the Texas Department of Health and done by Metroplex Educational Consultants. The general testing for vision, hearing, and diabetes/AN (acanthosis nigricans) is done in grades 1, 3, 5, and 7. Grades 6 and 9 are required to have a spinal screening. If I have had these tests privately from June 1st to May 30th and can provide documentation, these tests will not be given. I will be notified of what tests my child will require at the time of the screening, and the cost that will be remitted from my child's activity fees. If my child is absent on the day testing, I will have to get these tests done prior to May 30th to be in compliance with the law.

The cost for the tests is presently from \$6 to a total of \$31.

Child's Full Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Address: _____

City & State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Race/Ethnicity (for AN test): _____ Teacher: _____ Grade: _____

Parent Signature: _____ Date: _____

Testing to Be Done

To be completed by the office:

Required Tests

Vision \$____

Hearing \$____

Diabetes/AN \$____

Spinal \$____

for a total cost of \$_____ to be remitted from activity account.



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Student Information Release Form

Student Information Release Form

First Name _____ Middle: _____ Last: _____

SS Number _____ DOB _____ Grade _____

To: _____ Fax # _____ Phone # _____
Name of Last School Attended

_____ Address

_____ City, State & Zip

The student listed above recently enrolled at Great Lakes Academy and reported to us that they formally attended your school. The following information would be helpful to us in assessing placement and progress.

Check the information to be released:

- Copy of birth certificate and social security card
- Vision, Hearing, AN, and Spinal Screening Results
- Educational Evaluations
- Psychoeducational Evaluation and/or FIE
- Speech/Language Evaluation
- Individual Educational Program/Plan (IEP)
- Standardized Test Data
- Transcript of Grades

Please mail, email, or fax these records as soon as possible to the Registrar at the above address.

Permission for release of records for the above named student.

Parent Signature: _____ Date: _____

Please print and sign this page. Electronic signature is not accepted.



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Background Check

Consent to Background Check

All Texas public schools are required by state law to obtain criminal history record information on all individuals who work or volunteer in the public school systems (Texas Education Code Section 21.97). For the safety of all our students, GLA requires the same of all volunteers. Thank you for your continued support and dedication to Great Lakes Academy. The information requested below is necessary to perform the criminal history background check.

Student Name: _____ Date: _____

Parent / Guardian 1

Parent/Guardian 1

Last Name: _____ First: _____ Middle: _____

Maiden: _____ Last Previous Name: _____

DOB: _____ Male Female Race/Ethnicity: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Do you have a valid Texas Driver's License? _____ If not, list state for valid license: _____

License Number: _____

Signature of Parent / Guardian 1

Parent / Guardian 2

Parent/Guardian 2

Last Name: _____ First: _____ Middle: _____

Maiden: _____ Last Previous Name: _____

DOB: _____ Male Female Race/Ethnicity: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Do you have a valid Texas Driver's License? _____ If not, list state of valid license: _____

License Number: _____

Signature of Parent / Guardian 2



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Aftercare Program

Aftercare Program

Great Lakes Academy provides aftercare Monday through Friday from 3:30 p.m. -5:45 p.m. This service is for working parents who cannot pick up their student at regular dismissal times. Aftercare is a structured time to provide the students an opportunity to relax, play, have a snack, and start homework. This is not just an opportunity for kids to stay and play. The expectations for student behavior are the same as during the school day. GLA reserves the right to refuse this service to any student who does not comply with the rules.

Fees/Billing

Fees: **Aftercare Fee:** \$10.00 per day

Aftercare Late Fee: \$2.00 per minute. A late fee is levied beginning at 5:46 (see note re: late fees below) and will be billed.

Billing: Parents will be billed monthly. All questions regarding billing should be directed to Ms. Borsten.

Snacks: Parents are responsible for their child's snack during aftercare. Please send a healthy snack or extra money for the vending machine in the Art Café.

Homework: Students will start their homework and will be provided guidance by the teacher. However, each evening parents will still need to make sure everything is complete. Students may need help at home studying spelling words, vocabulary, math facts, or for a test.

Aftercare Attendance

Student Name: _____ **Grade:** _____

My child will attend Aftercare:

- Monday \$10.00
- Tuesday \$10.00
- Wednesday \$10.00
- Thursday \$10.00
- Friday \$10.00

My child will attend Aftercare on an as-needed basis and understand that I need to contact the office at **972-517-7498 extension 100** to let the office know.

I understand that the late fee of \$2.00 per minute has been instituted in order to deter anyone from retrieving their child past 5:45 p.m. GLA recruits their regular teaching staff to provide aftercare and it is imperative that these individuals are able to get home to their families on time. Thank you. However, in case of an emergency or unforeseen event, I _____, acknowledge and agree to pay the late fee of \$2 per minute beginning at 5:45 p.m. _____ (Parent Initials)

Parent Signature

Date