



Great Lakes Academy

6000 Custer Road, Building # 7 * Plano, Texas 75023

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

Where Individuality and Differences are Celebrated!

Enrollment Form

Visiting Dates _____ **Enrollment Date** _____

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

Child's SS # _____ - _____ - _____ Date of Birth _____ Child's Age _____

Child's Sex _____ Grade level at signup date _____ Race/Ethnicity _____

Child's Cell # _____ Child's Email _____

Primary custody **Shared custody** **Student resides with both parents**

Parent/Guardian First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Social Security # _____ - _____ - _____ Date of Birth _____

Business Phone _____ Occupation _____ Place of Employment _____

Cell # _____ Email 1 _____ Email 2 _____

I give *Great Lakes Academy* permission to release my phone number/address to other GLA parents Yes No

Primary custody **Shared custody** **Student resides with both parents**

Parent/Guardian First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Social Security # _____ - _____ - _____ Date of Birth _____

Business Phone _____ Occupation _____ Place of Employment _____

Cell # _____ Email 1 _____ Email 2 _____

I give *Great Lakes Academy* permission to release my phone number/address to other GLA parents Yes No

Educational & Evaluation Information:

Date Tested _____ Tested by : _____

Diagnosis/conditions: _____

In case of an emergency, please notify:

Name _____

Address _____ Business Phone _____

Relationship to Student _____ Cell Number _____

Signature _____ **Date** _____

Great Lakes Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.



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Emergency Information * Medication Information * Food & Allergy Reactions

Child's Full Name _____

Primary Physician's Name _____ Phone _____

Secondary Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

PLEASE LIST ALL MEDICAL CONDITIONS (Aside from Learning Differences): _____

MEDICAL ALERT INFORMATION

Is your child allergic to any medications? (If yes, please describe allergy & reaction) _____

Is your child allergic to any foods? (If yes, please describe allergy & reaction) _____

Does your child require the use of an Epi-Pen should he/she have an allergic reaction? _____

Please list all recommended treatments _____

PLEASE LIST BELOW ALL (STUDENT) MEDICATIONS TAKEN AT HOME ON A REGULAR BASIS (MANDATORY):

Medication _____ For Treatment of _____ Dosage _____ Time(s) _____

Medication _____ For Treatment of _____ Dosage _____ Time(s) _____

Medication _____ For Treatment of _____ Dosage _____ Time(s) _____

Medication _____ For Treatment of _____ Dosage _____ Time(s) _____

Requests for the administration of medications by school personnel are made as follows:

1. A medication check-in form is to be completed for **all prescription** medications 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 this completed 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: (To be provided by parents in original bottle with name and date marked clearly)

_____ Acetaminophen	_____ Ibuprofen	_____ Clear Eyes/Tears	_____ Robitussin	_____ Hydrocortisone
_____ Antihistamine	_____ Triaminic	_____ Cough Drops	_____ Midol	_____ Sudafed
_____ Tums	_____ Pepto Bismol	_____ Other, Please List _____		

PLEASE LIST ALL PRESCRIPTION MEDICATIONS YOU GIVE GLA PERMISSION TO ADMINISTER TO YOUR CHILD:

1. Medication _____ Strength of Individual Pill _____
(name)

Student Dosage In-take _____ Day and Time to Administer _____
(Number of Pills to administer or Tsp/Tbsp of Liquid)

2. Medication _____ Strength of Individual Pill _____
(name)

Student Dosage In-take _____ Day and Time to Administer _____
(Number of Pills to administer or Tsp/Tbsp of Liquid)

3. Medication _____ Strength of Individual Pill _____
(name)

Student Dosage In-take _____ Day and Time to Administer _____
(Number of Pills to administer or Tsp/Tbsp of Liquid)

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

Parent's Signature _____ Date _____

Please print and sign this page – electronic signature not accepted



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Student Pick Up

My child, _____ Grade _____
Name of Child

may be picked up from GLA by :

Name of person or service/daycare	Relationship	Phone Number
Name of person or service/daycare	Relationship	Phone Number
Name of person or service/daycare	Relationship	Phone Number
Name of person or service/daycare	Relationship	Phone Number
Name of person or service/daycare	Relationship	Phone Number
_____	Parent's Signature	_____
		Date

General Waiver

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

is/are the legal guardian/s of _____
Name of Student

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 of said parties from all liability by reason of any accident or injury suffered by said child while on said trips or engaged in such activities.

Parent's / Guardian Signature Date

MEDICAL CENTER OF PLANO
 3901 w. 15TH Street
 Plano, Texas 75075

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

I request and authorize physicians, dentist and staff of Medical Center of Plano to perform any diagnostic procedures, treatment procedures and 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 to dispose of any specimen or tissue taken from above named person.

DATE OF CHILD'S BIRTH _____ CHILD'S SSN _____ - _____ - _____

HISTORY OR PERTINENT ILLNESSES

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

DATE OF LAST TETANUS BOOSTER _____

EMERGENCY CONTACT INFORMATION

Name	Relationship	Phone Number	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INSURANCE COMPANY _____

PRIMARY ACCOUNT HOLDER _____

PRIMARY ACCOUNT HOLDER'S EMPLOYER _____

GROUP NUMBER _____

POLICY NUMBER _____

CHILD'S ID NUMBER _____

BILLING ADDRESS _____
 (If different from home address) City State Zip Code

HOME ADDRESS _____
 City State Zip Code

Parent 1 Daytime Phone Number _____

Parent 2 Daytime Phone Number _____

 Signature of Parent 1

 Signature of Parent 2

Documenting History of Illness: Varicella (Chickenpox)

This form summarizes the “**Exceptions to Immunization Requirements (Verification of Immunity/History of Illness)**” incorporated in Title 25 Health Services §97.65 of the Texas Administrative Code (TAC)

§97.65 of the TAC states, “A written statement from a parent (or legal guardian or managing conservator), school nurse, or physician attesting to a child's positive history of varicella disease (chickenpox), or of varicella immunity, is acceptable in lieu of a vaccine record for that disease (see form at <http://www.dshs.state.tx.us/immunize/docs/c-9.pdf>.)” School nurses may also write this statement to document cases of chickenpox that they observe. The school shall accurately record the existence of any statements attesting to previous varicella illness or the results of any serologic tests supplied as proof of immunity. The original should be returned to the child/student or the child’s/student’s parent or guardian. If a child or student is unable to submit such a statement or serologic evidence, varicella vaccine is required.

Documentation of prior varicella illness can be provided by the following methods:

1. A serologic confirmation of varicella immunity (positive varicella IgG result).
2. A written statement from a physician, school nurse, or the child’s/student’s parent or guardian containing wording such as:

“This is to verify _____ had varicella disease (chickenpox)
(Name of student)

on or about _____ and does not need the varicella vaccine.”
(Approximate month/day/year)



(Signature)

(Relationship to student)

(Date)

Visit our website at:
<http://www.immunizetexas.com/>

Mailing Address:
Texas Department of State Health Services
Immunization Branch
MC-1946
P.O. Box 149347
Austin, Texas 78714-9347



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Release and Consent Form

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 web site, 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. Personally identifiable information includes student last names (surnames), residential addresses, e-mail address, phone numbers and locations and times of class trips.

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 other forms of liability resulting from such use.

Dated this _____ day of _____, _____.
month year

Parent's Signature

Parent's Signature

Printed Name

Printed Name

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the Executive Director.



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Student Information Release Form

Name _____

S.S. Number _____

D.O.B. _____ Grade _____

To: _____ Phone No. _____
Name of last school attended

_____ Fax No. _____
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 Evaluations

Educational Evaluations

Individual Educational Program/Plan (IEP)

Spinal Examination

Psychological Evaluation/Treatment Information

Social/Developmental History

Speech/Language Evaluation

Standardized Test Data

Transcript of Grades

Immunizations/Health Records

Other(specify) _____

Please send or fax these records as soon as possible to:

**Great Lakes Academy
6000 Custer Road Building 7
Plano, Texas 75023
Fax 972-517-0133**

Permission for release of records for the above named student is granted.

Signature of Parent or Guardian

Admissions

Dated _____

Dated _____



Information Checklist for General Information Student File

Student's Name: _____ Grade _____

Student Date of Birth: _____ Enroll Date: _____ Date Checked: _____

Information received:

_____ **Page 1** – Enrollment Data Form - __Yes to release phone number and/or address & email address to other parents

_____ **Page 2** – Permission to Dispense Medication/ Emergency and Food Allergy Reaction Form

_____ **Page 3** – Student Pick-Up and General Waiver Form

_____ **Page 4** – Hospital Consent to Treat Form

_____ **Page 5** - History of Varicella (chickenpox)

_____ **Page 6** - Release & Consent Form

_____ **Page 7** - Request for Records from Former School/Student Info release form

_____ **Page 8** - *Student Information Checklist (this form)*

_____ **Page 9** – After care

_____ **Page 10** – Background check for parents _____ Mom _____ Dad

_____ **Last page Student Handbook** - Dress Code signed by _____ Parent/Guardian _____ Student

To be filed in General Info Folder

_____ Immunization/Health Records

_____ Vision/Hearing/Spinal/Acanthosis Nigricans Evaluations (available at GLA in April)

_____ Copy of Birth Certificate and Social Security Card (or number)

To be filed in Report Cards/Progress Reports Folder

_____ Transcript of Grades/Report Cards & all Progress Reports

To be filed in Testing Folder

_____ Brigance Test

_____ Iowa Test

_____ TAAS/TAKS Test (or other standardized test) for each of the previous years

_____ IEP

_____ Educational Evaluations

_____ Speech/Language Evaluations

_____ Psychological Evaluations/Treatment Information

_____ Social Developmental History

_____ Other _____

Great Lakes Academy

Aftercare Program

Great Lakes Academy provides aftercare, Monday through Friday from 3:30p.m. - 5:45p.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 and play, have a snack, and start their 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: After Care \$10.00 per day

After Care Late Fee: \$2.00 a 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 to be saved for aftercare.

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

Aftercare Enrollment Form

Student Name: _____ Grade: _____

My child will attend Aftercare:

Monday	_____	(\$10.00)
Tuesday	_____	(\$10.00)
Wednesday	_____	(\$10.00)
Thursday	_____	(\$10.00)
Friday	_____	(\$10.00)

On an as-needed basis _____ (\$10.00 per session)

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 \$2.00 per minute beginning at 5:45 p.m. _____ (Parent initial)

Date: _____ Parent Signature _____



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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 schools systems (Texas Education Code Section 21.97). For the safety of all our students, GLA is now requiring all volunteers to obtain a criminal background check, as well.

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 2

Last Name: _____

Last Name: _____

First Name: _____

First Name: _____

Middle Name: _____

Middle Name: _____

Previous Last Name (if any) _____

Previous Last Name (if any) _____

Date of Birth: _____

Date of Birth: _____

Circle One: Male or Female

Circle One: Male or Female

Address: _____

Address: _____

City: _____

City: _____

State: _____

State: _____

Zip Code: _____

Zip Code: _____

County: _____

County: _____

Home Phone: _____

Home Phone: _____

Cell or Daytime Phone: _____

Cell or Daytime Phone: _____

Do you have a valid U.S. driver's license? _____

Do you have a valid U.S. driver's license? _____

Driver's License Number: _____

Driver's License Number: _____

DL State: _____

DL State: _____

Race/Ethnicity: _____

Race/Ethnicity: _____

I understand that my position as a volunteer is contingent upon the completion of a criminal background check as required by Great Lakes Academy.

I Agree _____

I Agree _____

Signature Date

Signature Date

I Do Not Agree _____

I Do Not Agree _____

Signature Date

Signature Date