

**CENTRAL REGISTRY CHECK AUTHORIZATION**

Children’s Protective Services Intake Unit  
Pontiac District I Office  
1685 Baldwin Avenue  
Pontiac, MI 48340  
(248) 975-5400

To Whom It May Concern:

Please send verification of whether the prospective volunteer or staff person named below is listed on the Children’s Protective Services Central Registry system as a perpetrator of abuse/neglect. I have verified the name and date of birth of the prospective volunteer or staff person by checking their identification/driver’s license.

Sincerely,

Agency Name: Crescent Academy  
17570 W. 12 Mile Road  
Southfield, MI 48076

Name & Title: Adrienne Chadwick, Director Early Childhood Program

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I, the undersigned, authorize the Family Independence Agency to check the Central Registry System by name and identifiers to determine if my name has been placed on the Central Registry for substantiated abuse or neglect, as defined in Act No. 238, Public Acts of 1975, as amended, being 722.621 to 722.636 of the Michigan Compiled Laws.

Name of Prospective Volunteer/Staff Person: \_\_\_\_\_  
(PLEASE PRINT)

Maiden Name or Aliases: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
STREET ADDRESS CITY ZIP CODE

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Crescent Public School Academy  
17570 W. 12 Mile Road  
Southfield, Michigan 48076  
Phone: 248-423-4581  
Fax: 248-423-1027

Adrienne Chadwick  
Director of Early Childhood Program

Ms. Louvilla Williams  
Administrative Assistant

**WAIVER OF HEAD START ELIGIBILITY**

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Parent Name: \_\_\_\_\_

The purpose of this statement is to document that although this family is eligible for the Head Start Program, parents/guardians have chose to enroll their child in the Michigan Great Schools Readiness Program.

**I understand that I am eligible for Head Start, but I am choosing to enroll my child in the Great Schools Readiness Program.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**I have discussed with this family that they are eligible for the Head Start Program. However, they have elected to enroll their child in the Great Schools Readiness Program.**

\_\_\_\_\_  
Great Schools Readiness Program

\_\_\_\_\_  
Date

**I acknowledge that this child be enrolled in the Great School Readiness Program.**

\_\_\_\_\_  
Head Start Representative

\_\_\_\_\_  
Date



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Ms. Louvilla Williams  
Administrative Assistant

Date

To All Families:

We would like to welcome you to our program. We are excited to be able to provide this “State Funded Pre-School Program” for your child.

The program will continue to operate, contingent on State Aid Funding or a signed State Aid Bill. There is always a chance that State Funding could be cut resulting in ending classes before the scheduled thirty weeks or worst-case scenario closing classes completely.

We are very optimistic that this will not happen! We will keep you informed of any changes.

Support Children,

Adrienne Chadwick, Director of Early Childhood



Early Childhood Program Office  
Adrienne Chadwick, Director  
17570 W. 12 Mile Road  
Southfield, MI 48076

<b>Date Stamp</b>
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READINESS PROGRAM  
PRE-APPLICATION  
2009-2010

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Child's Name \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Parent Names \_\_\_\_\_

.....

TO BE ELIGIBLE FOR THE READINESS PROGRAM A CHILD MUST:

- \* **Be a resident of the State of Michigan**
- \* **4 years of age but LESS than 5 years of age 12/01/09**
- \* **Meet at least (2) criteria established by the Department of Education**
- \* **Complete and return the Formal Readiness Application as soon as possible.**
- \* **Applications are considered on a first come first serve basis.**
- \* **Parents are required to volunteer in the classroom and participate in family/school workshop activities**



Have any brothers, sisters or parents ever had any school services such as: P.P.I., Speech or Physical Therapy, Teacher Consultant, etc. \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_ How Long? \_\_\_\_\_

Any chronic illness of parent or sibling? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Physical, mental or emotional)

If yes, please explain \_\_\_\_\_

Ethnic Background \_\_\_ Caucasian (white) \_\_\_ African American \_\_\_ Hispanic \_\_\_ American Indian  
\_\_\_ Asian/Pacific Islander \_\_\_ Alaskan Native \_\_\_ Multi-racial – explain \_\_\_\_\_  
\_\_\_ Other-explain \_\_\_\_\_

Is this student's native tongue English? \_\_\_ Yes \_\_\_ No If no, what is the language? \_\_\_\_\_

Primary Language Used In The Home

\_\_\_ English \_\_\_ Spanish \_\_\_ Vietnamese \_\_\_ Bosnian \_\_\_ Other: \_\_\_\_\_

If the parent does not understand English, please list an interpreter we can contact.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **EMPLOYMENT**

Mother

Father

Present Employer \_\_\_\_\_

Present Employer \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Length of Employment \_\_\_\_\_

Length of Employment \_\_\_\_\_

Hours Scheduled \_\_\_\_\_

Hours Scheduled \_\_\_\_\_

Estimated Income (Yearly) \_\_\_\_\_

Estimated Income (Yearly) \_\_\_\_\_

Previous Employer \_\_\_\_\_

Previous Employer \_\_\_\_\_

Length of Employment \_\_\_\_\_

Length of Employment \_\_\_\_\_

Annual Family Income \_\_\_\_\_  
(Proof of income must be shown at interview)

Has either parent ever been a client of the State Department of Social Services? \_\_\_ Yes \_\_\_ No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_



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Administrative Assistant

### **REGISTRATION CHECK LIST**

Student's Name \_\_\_\_\_

- \_\_\_\_\_ 1. Current guardian's driver's license with district address
- \_\_\_\_\_ 2. A current: (dates within 12 months of the date of enrollment)
  - Closing statement
  - Signed lease with lease holder's name, address, phone number
  - Landlord affidavit
  - Current property tax bill
  - Mortgage payment book relating to the property address with the district
- \_\_\_\_\_ 3. Two of the following current bills (within 30 days), showing name of parent/guardian and address within district:
  - Gas bill
  - Other utility bill
  - Telephone/cell phone bill
  - Electric bill
  - City water/sewage bill
  - Cable or satellite bill
- \_\_\_\_\_ 4. Birth Certificate
- \_\_\_\_\_ 5. Immunizations/Health Appraisal Form
- \_\_\_\_\_ 6. Proof of Income -3-4 check stubs or last years income tax form
- \_\_\_\_\_ 7. Parent Contract; Home visits and workshops
- \_\_\_\_\_ 8. Crescent Registration Forms
- \_\_\_\_\_ 9. Language Survey
- \_\_\_\_\_ 10. FIA Background check; both parents
- \_\_\_\_\_ 11. Crescent Volunteer Screening; signature only from both parents
- \_\_\_\_\_ 12. State Police background check; both parents
- \_\_\_\_\_ 13. Pest Control
- \_\_\_\_\_ 14. (2) Emergency Cards
- \_\_\_\_\_ 15. Field Trip Permission Form
- \_\_\_\_\_ 16. Head Start Waiver

O.K.'d by \_\_\_\_\_ (Initial//Date)

**CHILD'S HEALTH AND DEVELOPMENT DATA**

Birth Weight: \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Did your child have a normal birth? \_\_\_\_ Yes \_\_\_\_ No  
If no, please explain \_\_\_\_\_

Has your child had any special growth and developmental problems in the infant years? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain \_\_\_\_\_

Physical Handicaps \_\_\_\_\_

Does your child show good coordination? \_\_\_\_\_

Long term/chronic illness of child? \_\_\_\_\_  
(Ear infections, tubes in ears, asthma, etc.)

Has your child ever been hospitalized? \_\_\_\_ Yes \_\_\_\_ No  
If yes, explain \_\_\_\_\_

In your opinion, is your child healthy? \_\_\_\_ Yes \_\_\_\_ No

Does your child have any special nutritional needs or deficiency? \_\_\_\_\_

Has your child ever been referred for testing? \_\_\_\_ Yes \_\_\_\_ No

What type of testing? \_\_\_\_\_ Referred by whom? \_\_\_\_\_

Has your child ever attended pre-school? \_\_\_\_ Yes \_\_\_\_ No

At what school will your child attend kindergarten? \_\_\_\_\_

Has the student received any of the following special services in his/her previous school?  
\_\_\_\_ Bilingual                      \_\_\_\_ Occupational Therapy                      \_\_\_\_ Special Education  
\_\_\_\_ Counseling/Psychologist                      \_\_\_\_ Physical Therapy                      \_\_\_\_ Speech  
\_\_\_\_ Social Work                      \_\_\_\_ Other, please list \_\_\_\_\_

Does your child wear any of the following?  
\_\_\_\_ Eye Glasses                      \_\_\_\_ Hearing Device                      \_\_\_\_ Physical Brace  
\_\_\_\_ Other, please list \_\_\_\_\_

Is there anything you can tell us about your child that would be helpful? For example: language deficiency, behavior concerns, personality traits, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any family circumstances that would be helpful to know?  
\_\_\_\_\_  
\_\_\_\_\_

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Why do you think your child would benefit from this program?

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What factors do you think would make your child eligible for this program?

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**OTHER INFORMATION:**

Crescent Public School Academy has permission to publish the information provided on this form in a school directory.  Yes  No

Crescent Public School Academy has permission to release photos/videos of my son/daughter.  Yes  No

Has your student ever been officially expelled or recommended for expulsion?  Yes  No

Is there any legal court action, which the school should be made aware of?  Yes  No

If you have a restraining order, guardianship papers, or name changes, please allow the school to make a copy of such papers for your child's records. Please provide any relevant information.

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Parent's Signature

Date

Return this form to:  
Crescent Academy  
Readiness Program  
Early Childhood Office  
17570 W. 12 Mile Road  
Southfield, MI 48076  
(248) 423-4581  
(248) 423-1027

You may return this form without the health or birth certificate. They will be needed before your child is officially entered into the Readiness Program.

It is the policy of Crescent Public School Academy that no person shall on basis of sex, race, color, national origin, or handicap be excluded from participation in, be denied the benefits, or be subjected to discrimination, in employment or any of its programs or activities.

These materials were developed with state funds allocated by the Michigan State Board of Education.

The programs will continue to operate, contingent on State Aid Funding or a signed State Aid Bill. There is always a chance that State Funding could be cut resulting in ending the program before the scheduled thirty weeks or worst-case scenario closing the program completely.

# CRESCENT ACADEMY READINESS PROGRAM

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

## COMPLETE ALL AREAS THAT WOULD HELP US IN MEETING YOUR CHILD'S NEEDS

### HEALTH

Does your child have any physical disabilities? \_\_\_\_\_

Any serious illness or hospitalization? \_\_\_\_\_

Are there any medications given regularly? \_\_\_\_\_

Are there any foods your child cannot eat? \_\_\_\_\_

### SOCIAL RELATIONS

Does your child spend time with both parents? \_\_\_\_ If you are separated, how often does your child see the absent parent?

\_\_\_\_\_ Names and ages of siblings: \_\_\_\_\_

Has your child had experiences in playing with other children? \_\_\_\_\_ By nature is your child friendly?

Aggressive \_\_\_\_\_ Shy \_\_\_\_\_ or Withdrawn \_\_\_\_\_

Do you feel your child adjusts easily to a day care situation? \_\_\_\_\_ Does your child enjoy being alone?

\_\_\_\_\_ How does your child show his/her feelings? \_\_\_\_\_

Is your child frightened of any of the following? Animals \_\_\_\_\_ Dark \_\_\_\_\_ Loud Noises \_\_\_\_\_ Storms \_\_\_\_\_

Other \_\_\_\_\_

### PERSONAL HISTORY

Does your child walk \_\_\_\_\_ Is child a good climber? \_\_\_\_ Does child fall easily? \_\_\_\_ Has child begun talking? \_\_\_\_

Does child speak in words? \_\_\_\_ Sentences \_\_\_\_ Other language \_\_\_\_\_

Special words child uses to describe needs \_\_\_\_\_

### TOILET HABITS

Is your child toilet trained? \_\_\_\_\_ In the process of being trained? \_\_\_\_\_ Can the child indicate his/her bathroom wishes? \_\_\_\_\_

Word/Phrase used to indicate "Potty" \_\_\_\_\_ Does your child have

frequent toilet accidents? \_\_\_\_\_ What level of assistance does your child need when using the restroom? \_\_\_\_\_

### SELF HELP SKILLS

Is your child able to fully dress his/her self? \_\_\_\_\_ Areas needing assistance \_\_\_\_\_

### SLEEPING HABITS

Does your child nap? \_\_\_\_\_ List approximate nap schedule \_\_\_\_\_

### FEEDINGS

Does your child have any dietary restrictions or dislikes? \_\_\_\_\_

Does your child drink from a cup? \_\_\_\_\_ Does your child use a spoon? \_\_\_\_\_

### SCHOOL AGE

Is your child enrolled in special education or special interest programs? \_\_\_\_\_

Describe \_\_\_\_\_

Please circle which best describes your child in relation to his/her school experience:

Successful      Troubled      Difficult      Enjoyable

**CRESCENT PUBLIC SCHOOL ACADEMY  
17570 W. 12 Mile Road  
Southfield, MI 48076**

**CRIMINAL BACKGROUND CHECK/VOLUNTEER CONSENT  
FORM FOR PRE-SCHOOL/READINESS PROGRAM**

**As a prospective volunteer for Crescent Academy, I understand that it is the district's policy to secure conviction criminal history information as part of their pre-screening process using the information provided below:**

**NAME:** \_\_\_\_\_  
                    **Last**                                    **First**                                    **Middle**

**MAIDEN NAME/NAME PREVIOUSLY USED:** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_ **ETHNIC BACKGROUND:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**DRIVER'S LICENSE NUMBER:** \_\_\_\_\_

**I understand the above information is required by the Central Records Division of the Michigan State Police, Lansing, Michigan. I authorize Crescent Academy to utilize the above information for the sole purpose of obtaining a conviction-only criminal history file search.**

**VOLUNTEER'S  
SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



Crescent Public School Academy  
17570 W. 12 Mile Road  
Southfield, Michigan 48076

Adrienne Chadwick  
Director  
Louvilla Williams  
Administrative Assistant

**CRESCENT ACADEMY  
VOLUNTEER/STAFF SCREENING PROCEDURE**

This is to verify that I have never been convicted of child abuse and neglect and/or have not been convicted of a felony involving harm or threatened harm. This statement is to certify that I have not been convicted of any criminal charge or that I have not been involved in any Protective Services investigation or offense:

- **I am aware that abuse and neglect of children is against the law**
- **I am aware of the school district's policy on child abuse**
- **I understand that care givers are mandated by law, to report abuse and neglect.**

\_\_\_\_\_  
Employee/Volunteer Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

All classroom staff and volunteers will be required to obtain clearance from the FIA Central Registry and provide documentation that they have been cleared.

All Pre-K Readiness parents working in the classroom will be supervised by the staff at all times.

**This process is to ensure that all staff/volunteers meet licensing requirements outlined by the consumer and industry services child day care licensing division, and that all staff/volunteers be responsible and of good moral character.**



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**17570 W. 12 Mile Road**  
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Adrienne Chadwick  
Director of Early Childhood Program

Louvilla Williams  
Administrative Assistant

Dear Parents:

As part of our Readiness Program, parents are required to attend at least four activities for the school year. These are designed to strengthen the relationship with the school, parent and child. A parent is required to attend Parent/Teacher Conferences and participate in two (2) home visits during the course of the program. Regular attendance is required, unexcused absences may result in your child being dismissed from the program. By reading and signing this letter, you are guaranteeing your commitment to the previously listed requirements.

\*Non- involvement in the program may result in your child being removed from the Readiness Program.

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I have read the above statement and understand that by signing this letter I am guaranteeing that I will participate in my child's education. I will attend a total of four (4) activities throughout the school year. I will participate in home visits and attend Parent/Teacher Conferences during the course of the Readiness Program, and have my child attend regularly.

Parent's Signature \_\_\_\_\_

Child's Name \_\_\_\_\_



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Director of Early Childhood Program

Louvilla Williams  
Administrative Assistant

**FIELD TRIP PERMISSION SLIP**

I hereby request that my child, \_\_\_\_\_, be permitted to  
(Child's name)

Participate in field trips to the park or any other activities that would involve taking

My child outside of Crescent Academy for his/her benefit while in attendance at this facility.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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ADVISORY TO ALL PARENTS (5/10)

**The Michigan Pesticide Control Act and your right to be informed of pesticide application in and around your child's school**

Dear Parent(s) or Guardian(s):

As a part of the Crescent Academy Public School District, including day-care center, Pest Management Programs, pesticides are occasionally applied. You have the right to be informed prior to any pesticide application made to the school grounds and building. In certain emergencies, pesticides may be applied without prior notice, but you will be provided notice following any such application. If you need prior notification, please complete the information below and submit this written request to your child's school.

Note: Mike Vance, Director of Operations, Crescent Academy, 17570 W. 12 Mile Road, Southfield, MI 48076, may also be contacted by phone (610-458-5902) if you have any questions or concerns regarding this letter or the Integrated Pest Management Program.

The Crescent Academy has trained and licensed persons applying the needed pesticides to our school building and grounds. All applications are made in compliance with the regulations mandated by the Michigan Pesticide Control Act. **All applications are done after hours to protect the students from contact with the products used. The premises and areas treated are also clearly marked for everyone's protection.**

The material safety data sheets for every product used are on file in the school's Human Resource office of Crescent Academy.

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**PESTICIDE PRIOR NOTIFICATION REQUEST**

Parent/Guardian Name: \_\_\_\_\_

Student's (Child's Name) \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

Please check one:

- I wish to be notified prior to scheduled pesticide treatment inside of the building
- I wish to be notified prior to scheduled pesticide treatment of the school grounds/daycare
- Both of the above

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**STUDENT INFORMATION**

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First	Middle	Last	Grade
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**EMERGENCY CONTACT INFORMATION**

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(Parent/Guardian to be contacted)	(Relationship to Student)	(Phone)
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(Person to contact if parent/guardian cannot be reached)	(Relationship to Student)	(Phone)
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**Authorization for Emergency Treatment**

Completion of this portion will authorize the school staff to contact your child's physician and to act on his/her advice for treatment in the event that your child is injured or ill at a school sponsored activity. It also authorizes the school staff to contact another physician for direction in the event your physician is not available. In all cases, an effort will be made to contact the parent, guardian or designated emergency contact person first.

**Note 1:** Be sure to consider carefully who your emergency contact person will be (above), and that they understand it will be his/her responsibility to authorize treatment if you cannot be reached.

**Note 2:** If considered necessary by school administration, 911 emergency personnel will be contacted immediately.

In the event of a medical emergency, and I or my designated contact person cannot be reached, I authorize \_\_\_\_\_ to receive medical treatment from our physician or alternate physician (named below)

(Student's Name)

**Name of Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Alternate Physician:** \_\_\_\_\_

**Hospital Preferred:** \_\_\_\_\_

**Health Insurance Provider:** \_\_\_\_\_

**Plan No./HMO Number:** \_\_\_\_\_ **Ambulance Service Preferred:** \_\_\_\_\_

**Note: I authorize ambulance service if required and understand that I am responsible for payment of this bill** \_\_\_\_\_ Y \_\_\_\_\_ N

**Please note any special health conditions, allergies or medication reactions for your son/daughter.**

Asthma     Bee Stings     Diabetes     Allergies \_\_\_\_\_

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

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**Parent/Guardian Signature**

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**Date**

Crescent Public School Academy does not discriminate on the basis of race, color, national origin, sex, age, disability, religion, height, weight or martial status in its program and activities.

## Crescent Public School Academy

### Home Language Survey

Our school needs to know the language(s) spoken and heard at home by each child. This information will be used by the district to determine the best instruction possible for all students.

Please answer the following questions. Thank you for your help.

Name of Student: \_\_\_\_\_

School: Crescent Academy

Grade: \_\_\_\_\_

Age: \_\_\_\_\_

1. Which language did your child first learn to speak?	English	Other: _____
2. What language does your child use most often at home?	English	Other: _____
3. What language do you most often use to speak to your child?	English	Other: _____
4. Does your child understand a language other than English?	No	Yes, please list: _____
5. In what country was your child born? USA	Other: _____	
6. If your child was born outside of the USA,		
a. Is he/she a refugee?	___ Yes	___ No
b. When did he/she arrive in the U. S. ?	___/___/___	
c. Country of immigration:	_____	
d. When did he/she first attend a U. S. School?	_____	

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_

**CRESCENT ACADEMY REGISTRATION FORM**

ENROLLMENT DATE: \_\_\_\_\_

PLEASE PRINT INFORMATION

**STUDENT'S LEGAL NAME:**

\_\_\_\_\_  
(Last) (First) (complete middle name)

Student's Language:  English  Other \_\_\_\_\_ Student's Language in home  English  Other \_\_\_\_\_

Residency:  Southfield  Detroit  Other \_\_\_\_\_

Sex:  Male  Female Grade Level \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Mo/Day/Yr City/State/Country

**Ethnic Background:**  Immigrant  Refugee

**Check only one:**  Hispanic or Latino  White  Hispanic/White  Native Hawaiian/or Pacific Islander  
 Black or African American  Black/White  Asian American  American Indian or Alaskan Native

Student Resides With:  (B) Both Parents  (M) Mother Only  (O) Relative \_\_\_\_\_  
 (F) Father only  (MS) Mother/Stepfather  (FO) Foster Home \_\_\_\_\_  
 (FS) Father/Stepmother  (G) Guardian  (CP) Court Placed \_\_\_\_\_

Student's Address: \_\_\_\_\_  
(House #) (Street Name) (Apt. #)

(City) (State) (Zip Code) (Home Phone No.) Unlisted  Yes  No

**CONTACT INFORMATION:**

**PRIMARY** Parent/Guardian: \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**SECONDARY** Parent/Guardian: \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Parent Living Elsewhere:  Yes  No Parent's Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Request mailings to parent living elsewhere:  Yes  No

\_\_\_\_\_  
(Address) (Apt. #) (City) (State) (Zip Code)

**Father's Education:** Last Grade Completed \_\_\_ College yrs. Completed \_\_\_

**Mother's Education:** Last Grade Completed \_\_\_ College yrs. Completed \_\_\_

Other Siblings in residence who attend Crescent Academy:

Name \_\_\_\_\_ Grade \_\_\_\_\_  natural sibling  step-sibling

Name \_\_\_\_\_ Grade \_\_\_\_\_  natural sibling  step-sibling

**Other Information:**

Crescent Academy has permission to **release photos/videos of my son/daughter**  Yes  No

- Has your student received **special services** in the past?  Yes  No (If yes, please identify type): \_\_\_\_\_
  - Has your student been **expelled, suspended, or recommended for expulsion or long-term suspension?**  Yes  No
- 

I certify, that as the parent/legal guardian, **all information provided above is true and accurate, and that my child and I reside at the listed address.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Crescent Academy does not discriminate on the basis of race, color, national origin, sex, age, disability, religion, height, weight, or marital status in its programs and activities.**

**Falsifying** information may lead to student dismissal.