



THREE OAKS PUBLIC SCHOOL

1212 Kingsley Street
Muskegon, MI 49442
231.767.3365 – p
231.777.9815 – f

Three Oaks Public School Academy
Enrollment Application
2010-2011 School Year

Required Information: (please print or type all information)

Student's Name (last, first, middle) _____

Birth Date: ____/____/____ Male ___ Female ___ Age: _____ Grade Entering: _____

Birthplace (City/State): _____ Last School Attended: _____

Parent / Legal Guardian Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Home Telephone: _____ Other: _____

Ethnic Code: ___ White ___ African American ___ Hispanic
___ Hawaiian ___ Asian ___ American Indian ___ Other

Special Services your child has received at previous school: *

___ Speech ___ Special Education Services

___ Other Academic Help (describe): _____

* If yes, please fill out additional paperwork.

Has your child ever been expelled or suspended from any school? ___ yes ___ no

If yes, please explain: _____

Are discipline proceedings pending? ___ yes ___ no

If yes, please explain: _____

Is your child's native tongue other than English? * ___ yes ___ no

What is the language? _____ * If yes, please fill out additional paperwork.

Is the primary language used in your child's home a language other than English? * ___ yes ___ no

What is the language? _____ * If yes, please fill out additional paperwork.

Please provide additional information on the back of this form. Thank you!

Parent / Guardian Signature is required for this application to be complete.
I am applying for my child to be enrolled in Three Oaks Public School Academy.

FOR OFFICE USE ONLY – DO NOT FILL OUT OR MARK

Teacher Name _____ Grade Level _____ Enrollment Date _____
Birth Certificate ___ Lunch Form ___ Transportation Form ___ ELL / Special Ed. Form ___ Referral Form ___



THREE OAKS PUBLIC SCHOOL

Three Oaks Public School Academy EMERGENCY PROCEDURE CARD

Child's Name (Last, First, M.I.) _____

Address _____ City _____ Zip _____

Home Phone _____ Other Phone _____

Student Lives with (parents, grandparents, appointed guardian, etc.) _____

Child's Birthplace _____

Mother / Legal Guardian's Name _____

Home address (if not same as child's) _____

City _____ State _____ Zip _____

Mother / Guardian's Employer or School _____

Employer / School Address _____

Employer / School Phone Number _____

Hours of Employment / School (i.e. 8:00 am – 5:00 pm) _____

Father / Legal Guardian's Name _____

Home address (if not same as child's) _____

City _____ State _____ Zip _____

Father / Guardian's Employer or School _____

Employer / School Address _____

Employer / School Phone Number _____

Hours of Employment / School (i.e. 8:00 am – 5:00 pm) _____

Name of local person to be notified in an emergency when parents / guardians are not available:

Home phone: _____ Other phone: _____

See Reverse Side

Name of person(s) other than parents / legal guardians to whom child may be released:

Is there anyone your child **MAY NOT** be released to? If there are legal restrictions on the release of this child, please provide a copy of the legal documentation.

Are there restrictions on your child's activities or medical concerns regarding your child? Is your child on any prescribed medication? If YES, please explain.

STATEMENT OF HISTORY OF VARICELLA (Chickenpox)

My Child, _____, born on _____

had Varicella (chickenpox) in _____ of (year) _____, or had the

Varicella (chickenpox) immunization on _____.

MEDICAL INFORMATION (used only in case of an emergency in the event the child's parent, guardian, or designated person cannot be reached):

_____ I give permission for Three Oaks Public School Academy to secure emergency medical and/or surgical treatment for my child while in the school's care.

_____ I **DO NOT** give permission for Three Oaks Public School Academy to secure emergency medical and/or surgical treatment for my child while in the school's care.

Doctor's Name _____ Doctor's Phone _____

Hospital Preferred _____ Hospital's Phone _____

Health Insurance Policy Name and Number

List any known allergies, medication or otherwise

Signature of Parent / Guardian _____ Date _____



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Dear Parents / Guardians

Your child will have the opportunity to use the school library on a regular basis throughout the school year. He/she will be responsible for the use and care of any books he/she checks out. If books are damaged or not returned, you will be charged a replacement fee (based on current book prices). Creating a history of overdue or damaged books may result in the loss of library use. Also, students may be excluded from participation in school and extracurricular activities if they have overdue books.

By completing and returning this form, you and your child understand and agree to the conditions listed above and will take responsibility for the books he/she uses for the library. Your child will not be permitted to take books out of the library unless this form is completed and returned.

Parent / Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Student Printed Name: _____

Grade: _____ Teacher: _____

**Three Oaks Public School Academy
Acceptable Use Policy Agreement**

Three Oaks Public School Academy provides a full range of electronic information services, including Internet access, to students and faculty. Three Oaks Public School Academy strongly believes in the educational value of such electronic services and recognizes their potential in support of our curriculum and student learning goals of our school. Our goal in providing this service is to promote educational excellence by facilitating resource sharing, innovation, and communication. Three Oaks Public School Academy will make every effort to protect students from computer use that is harmful to minors, including but not limited to sexually explicit matter or any other illegal activities. Technology protection measures (“filters”) will be employed.

Internet, Network, Electronic Communication (please read this document carefully)

Computers here at Three Oaks Public School Academy are intended for students to use responsibly for research and schoolwork. By signing this agreement, the student takes full responsibility for their actions and will abide by the rules set forth. Internet usage will be strictly monitored for appropriateness to schoolwork.

Network Etiquette Rules:

- I will not visit inappropriate Internet sites. These are any sites not directly related to my research in school and those possibly infected by viruses.
- I will not put any food or drinks by the computers at any time.
- I will use life-skills at all times by computers.
- I will not use metallic or magnetic objects by computers.
- I will use my time wisely and quickly – letting the next person use the computer when I have completed my research.
- I will not surf the net without the permission of my teacher or administrator.

Violation of any the above may result in termination of current use and future technology access and discipline. Students or their parents / guardians will be responsible for all costs of damage to the school's equipment or technology system including fees to restore the school's computer system due to the damage.

The signature(s) at the end of this document indicate the party (parties) who sign have read the terms and conditions carefully and understand the policy.

STUDENT:

I understand and will abide by the above acceptable Use Agreement. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action.

Student Name: _____ Date: _____

Student Signature: _____

PARENT / GUARDIAN:

As the parent / guardian, I have read this agreement and understand that this access is designed for educational purposes. I understand that my child's privileges may be revoked. I recognize it is impossible to restrict access to all controversial materials and I will not hold Three Oaks Public School Academy responsible for materials acquired on the network.

Parent / Guardian's Name (print): _____

Signature: _____ Date: _____



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Three Oaks Public School Academy will be providing transportation for Three Oaks Students within a five mile radius of the school. Please direct all inquiries to the office at 231.767.3365, thank you.

Child(ren)'s Name (Last, First, Middle): _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Grade(s) Entering: _____

Birthdate(s): _____ Male _____ Female

There is to be one pick-up and drop-off location. All address changes take 48 hours to become effective. In an emergency, we will only transport to the address listed on your emergency procedure card.

Transportation

I would like Three Oaks to provide transportation for my child to and from school yes no

If Three Oaks does not provide transportation, how will your child usually be arriving to and going home after school walk car

If Three Oaks will be providing transportation for your child(ren) please indicate where you would like your child(ren) to be picked up and / or dropped off if the address is not the same as the home address.

Name of Adult receiving student(s):

Pick-up Address:

Drop-off Address:

Please indicate if the pick-up or drop-off is a daycare facility yes no