



AUGUSTINE
— P R E P —

Your City - Your School - Aug Prep

Office Use Only

Appt. Date: _____ / _____ / _____

Time: _____ : _____ AM / PM

App Check by: _____ Logged _____

Student Name: _____
Last _____ First _____ MI _____ 18-19 Grade _____

2018 - 2019
ENROLLMENT APPLICATION

NOTE: Please read and complete each section of this application carefully. Applications found to be incomplete or have misleading/false information will not be considered. Any information provided will be kept confidential.

STUDENT INFORMATION

Student *Full Legal Name*: _____ DOB: _____

Last

First

Gender: ___ Male ___ Female

Current Grade: _____ Current School: _____

NEW STUDENTS ONLY - Does this student have an IEP (Individual Education Plan for Special Education) and/or a 504 Plan?

___ No ___ If yes, our Director of Special Education will contact with you regarding special education services offered at Aug Prep. ****Please have a copy of the IEP/504 Plan ready for review****

STUDENT DEMOGRAPHICS

HOUSEHOLD INFORMATION

Student lives with ___ Mom ___ Dad ___ Both ___ Other: _____

Parent/Guardian Information - Both Parents must be listed or use N/A if not applicable.

1. Parent/Guardian Full Name: _____ Gender: ___ Male ___ Female

Address: _____ City: _____ Zip: _____

Ph1: _____ Ph2: _____ Email: _____

2. Parent/Guardian Full Name: _____ Gender: ___ Male ___ Female

Address: _____ City: _____ Zip: _____

Ph1: _____ Ph2: _____ Email: _____

***For custody placements court ordered documents must be provided to our office** Check here if there is a court order*

Siblings in the same household:

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

EMERGENCY CONTACT / OTHERS AUTHORIZED TO PICK-UP

**to add more, please use a different sheet and attach.*

1. Full Name: _____ Relationship to student: _____ Gender: ___ Male ___ Female

Address: _____ Ph1: _____ Ph2: _____

2. Full Name: _____ Relationship to student: _____ Gender: ___ Male ___ Female

Address: _____ Ph1: _____ Ph2: _____

3. Full Name: _____ Relationship to student: _____ Gender: ___ Male ___ Female

Address: _____ Ph1: _____ Ph2: _____

STUDENT RACE/ETHNICITY (answer *both* questions below)

1. Is the Individual Hispanic/Latino? ___ Yes ___ No

2. Is the individual from one or more of these races? (check all that apply)

___ American Indian or Alaska Native

___ Native Hawaiian or Other Pacific Islander

___ Asian

___ White

___ Black / African American

END OF SCHOOL DAY DISMISSAL INSTRUCTIONS

My child is able to (check all that apply):

___ walk home

___ take the city bus

___ be picked up by car/walk with _____

___ YMCA (Services ages 4-13 and is located at Aug Prep, must complete application in August 2018, charges apply)

___ Other: _____

HEALTH HISTORY AND CONSENT FORM

Please complete all *five (5)* areas of this form. This form must be complete in order for the school nurse to provide any health services to your child. Updates to the child's health condition must be reported promptly to the nurse/school. **Your child cannot be seen for non-emergency care without this signed consent form.**

1. HEALTH CARE PROVIDER INFORMATION

Physician Name: _____ Name of Clinic: _____ Ph: _____

Dentist Name: _____ Name of Clinic: _____ Ph: _____

2. MEDICAL HISTORY

Does your child have any medical or environmental allergies?

___ No ___ if yes, please explain: _____

Does your child have any food allergies?

___ No ___ if yes, please explain: _____ EPI-PEN? ___ Y ___ N

***** You must provide an allergies form completed by a physician, please ask the front office for this form*****

Does your child have any medical conditions?

___ No ___ if yes, please explain: _____

Does your child have a 504 accommodation plan for a medical condition(s)?

___ No ___ if yes, please explain: _____

Does your child have any of the following (please check all that apply):

___ Asthma ___ Inhaler ___ Diabetes ___ Seizures ___ Other: _____

Does your child take any medications?

___ No ___ if yes, please list : 1. _____ 2. _____ 3. _____

***** If your child will be taking medication(s) during the school day, you must provide a medication form completed by a physician, please ask the front office for this form*****

Does your child receive any therapy?

___ No ___ if yes, please describe _____

3. CONSENT TO RECEIVE MEDICATION

I give permission for my child to receive health services from the nurse located in Aug Prep. I understand my child will receive services from an Ascension school nurse. I understand these services could include physical examination, health screening, and treatment for illness or injury. If needed, I will allow the school nurse to give my child (please check all that apply):

___ Acetaminophen (Tylenol) ___ Ibuprofen (Advil) ___ Antihistamine (Benadryl/Zyrtec)

4. EMERGENCY CONTACT

If the event that we cannot reach parent/guardian, please provide with an alternate contact person.

Name: _____ Relationship: _____ Phone: _____

5. SIGNATURE

A record will be kept of all treatment given to my child. If my child would need emergency treatment, I give permission for him/her to be transported to an emergency medical facility. I consent to the exchange of relevant health information (including information about physical exams, health histories, and other information) between the school nurse and school personnel in order to meet the health needs of my child. I agree to allow information to be released to our family physician or any medical referral source and I authorize our family physician to share relevant medical information with the school nurse. **This consent expires September 15, 2019.**

Parent Name: _____ Signature: _____ Date: _____

PHOTO + VIDEO RELEASE

As a parent or guardian of this student, I hereby consent to the use of photographs/video taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use. Please check one of the following:

Yes, I give consent for St. Augustine Prep to photograph/video record my child for school purposes and/or school events.

No, I do not give consent for St. Augustine Prep to photograph/video record my child for school purposes and/or school events.

PARENT + STUDENT ENROLLMENT AGREEMENT

Student
Initials

Parent
Initials

** Student signature only required for sixth through twelfth graders.*

_____ I hereby affirm that I have read the Parent & Student Handbook Overview. I certify that I consent and will submit to all governing policies of the school, including all applicable policies in the Student Handbook. I understand that the Parent & Student Handbook Overview does not contractually bind Aug Prep and is subject to change without notice by decision of Aug Prep's governing body.

_____ I understand that that admission to the school is a privilege, not a right, and that any behavior, either on or off campus, which is not consistent with the school's standards could result in the loss of that privilege.

Parent Name: _____ Signature: _____ Date: _____

DOCUMENTS TO SUBMIT

_____ Present birth certificate or passport _____ / ____ / _____

_____ Immunization records

_____ Current report card and attendance

_____ IEP/504 Plan (if applicable) **current students do not need to resubmit

_____ Form - *Athletic Code Agreement* (for middle and high-school only)

_____ Must complete the Choice Application online and submit verification along with this application.

PLEASE DROP OFF APPLICATION AND ALL DOCUMENTS TO OUR MAIN OFFICE

Enrollment Hours

Monday - Friday
8 am - 2:30pm
Except Holidays

Augustine Preparatory Academy

2607 S 5th Street
Milwaukee, WI 53207
Ph 414-810-1380
Fax 414-810-1734