



" Excellence is the Expectations"

48980 Woodward Ave, Pontiac, MI 48342, (B) 248-972-9100 (F) 248-972-9101

www.webbermediaarts.com

2018-19 Student Registration Form

Registration Checklist – Needed forms and documents

Student's Name: _____ Grade Enrolling in Fall 2016 : _____

Forms in this packet that must be completed before registration begins, include:

<input type="checkbox"/> Registration Form (pages 2 &3)
<input type="checkbox"/> Internet/Computer Acceptable Use Form (page 4 top)
<input type="checkbox"/> Photo Consent Form (page 4 bottom)
<input type="checkbox"/> Health Appraisal Form (attachment to be completed by pediatrician)
<input type="checkbox"/> Supplemental Survey (attachment)

Records that need to be provided to the school to complete registration:

- **Certified copy of child's birth certificate**
- **Copy of student's last report card from previous school**
- **Copy of child's up to date immunization record (may be included on Health Appraisal Form)**

When completed return this packet to: Sarah J
Webber Media Arts Academy
48980 Woodward Avenue, Pontiac, MI www.Webbermaa.org

2018-2019 Student Registration Form
Please Print All Information on Both Sides of this Form

Student First (Legal) Name			Middle Name			Last Name (Include Jr., II, etc.)			
Gender <input type="radio"/> Male <input type="radio"/> Female	Birthdate (Mo/Day/Year)		City of Birth			State / Country of Birth		Grade (in the fall)	
Ethnicity (choose all that apply) <input type="radio"/> American Indian or Alaskan <input type="radio"/> Asian (including China, India) <input type="radio"/> Black or African American <input type="radio"/> Hispanic or Latino <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White (including Middle Eastern)						District of Residence			
						County of Residence			
Physical Address						Mailing Address (if different than Physical Address)			
Apt. Number	House Number	Street				Apt. Number	House Number	Street	
City			Zip			City		Zip	
Primary Phone Daytime Phone Number ()						Alternate Phone Number ()			

Parent/Guardian 1 (with whom the student resides)



First Name	Last Name	Relationship to Student
Email Address	Work Phone ()	Cell Phone ()

Parent/Guardian 2 (other parent in the household or custodial parent living at another address)

First Name	Last Name	Relationship to Student			
Email Address	Work Phone ()	Cell Phone ()			
Same Address as Student? <input type="radio"/> Yes <input type="radio"/> No - If no, enter address to the right	Apt. Number	House Number	Street	City	Zip

Student is residing with (please only select one):

- | | |
|------------------------------------|---|
| <input type="radio"/> Both Parents | <input type="radio"/> Mother & Stepfather |
| <input type="radio"/> Father only | <input type="radio"/> Father & Stepmother |
| <input type="radio"/> Mother only | <input type="radio"/> Other (explain) _____ |

Emergency Contact #1:

Name	Relationship to child	Phone ()
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Emergency Contact #2:

Name	Relationship to child	Phone ()
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Emergency Contact #3:

Name	Relationship to child	Phone ()
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Student First (Legal) Name	Middle Name	Last Name (Include Jr., II, etc.)
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Home Language Survey

U.S. Citizen <input type="radio"/> Yes <input type="radio"/> No	Parent Country of Origin	What date did child enter the United States (Month/Day/Year)
A. Is your child's native language a language other than English? <input type="radio"/> Yes <input type="radio"/> No If Yes, What language? _____	B. Is the primary language used in your home a language other than English? <input type="radio"/> Yes <input type="radio"/> No If Yes, What language? _____	Does your family need translation services for school information? <input type="radio"/> Yes <input type="radio"/> No If Yes, What language? _____

If you answered YES to either question A or B above, your child will be assessed to determine his/her eligibility to receive English as a Second Language (ESL) / English Language Learner (ELL) Services.

Information for Student Records



Name of Last School Attended	City	State	County
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Incoming Kindergarten: Preschool Attended <input type="radio"/> No <input type="radio"/> Yes – School _____	Please release / forward all records, including medical records, social and psychological evaluations, assessment scores and special education records for the student identified in this section and checked below to Sarah J Webber Media Arts Academy, XXXXXXX MI 482XX. Thank you. <div style="text-align: right;"> Parent Signature _____ </div>
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Brothers / Sisters (Check box if enrolling in Webber MAA as well)	Date of Birth	Previous Grade	Current/Previous School / City
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Special Needs Information Has your child received any special education services? <input type="radio"/> No <input type="radio"/> Yes If yes, please specify (Please provide recent copy of IEP)	If yes, please specify _____ _____
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Medical Information (Choose all that apply)			
<input type="checkbox"/> Nothing Known	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Special Blood Condition	<input type="checkbox"/> Food Allergy Specify:
<input type="checkbox"/> Medical Waiver	<input type="checkbox"/> Aspirin Allergy	<input type="checkbox"/> Sulfa Allergy	
<input type="checkbox"/> Rheumatic	<input type="checkbox"/> Penicillin Allergy	<input type="checkbox"/> Asthma	<input type="checkbox"/> Other Specify:
<input type="checkbox"/> Cardiac	<input type="checkbox"/> Iodine Allergy	<input type="checkbox"/> Insect / Bee Sting	
<input type="checkbox"/> Hemophiliac	<input type="checkbox"/> Multiple Critical Allergies	<input type="checkbox"/> Contact Lenses	
Special Instructions:			

I hereby authorize the school nurse, administrator, or designated person to call any of the listed emergency contacts if needed for the care of my child. I also, authorize the academy to contact my child's doctor in case of an emergency. _____ (initial)

I hereby authorize the release of any health information to the school district when necessary for the safety and benefit of my child.

_____ (initial) Authorized Parent / Guardian Signature: _____

Date of Authorization ____ / ____ / ____

ACCEPTABLE USE AGREEMENT FOR TECHNOLOGY RESOURCES AND INTERNET ACCESS

Webber Media Arts Academy provides technology and internet access for all students for the purpose of instruction, curriculum support and communication. Students will be provided with instructions on the procedures for accessing email and/or Internet usage.

School policy states that **ALL** students must have a signed Acceptable Use Agreement form on file before they are allowed to use Academy provided technology and Internet resources independently.

Unacceptable use includes the following but not limited to:

- Sending or displaying offensive messages or pictures
- Using obscene, harassing or insulting language Violating copyright laws or fair-use practices Trespassing in other's folders, documents or files
- Using the network to access inappropriate material
- Intentionally damaging computers, computer systems, computer networks
- Using another person's password
- Downloading software without permission of school administration
- Other behaviors in violation of the Academy policy, state statutes, or federal law


The Academy reserves the right to monitor all computers, software and stored records in cases where there is reasonable cause to expect wrong-doing or misuse of the system.



STUDENT TECHNOLOGY / INTERNET ACCEPTABLE USE POLICY

STUDENT NAME: _____ **GRADE:** _____

I have read and discussed the Acceptable Use Procedures for technology resources and internet with my child. We understand that this access is designed for educational purposes only and that the Academy has taken precautions to eliminate controversial material. I fully understand that if my child utilizes technology / the internet inappropriately that he/she may have his/her access revoked and possible disciplinary actions may be applied as deemed necessary for inappropriate usage.

 **Parent Signature X** _____ **Date:** ____/____/____

My parent(s) discussed the Technology Resources / Internet Acceptable Usage Policy with me. I agree to follow ALL guidelines provided by the academy for appropriate use.

Student Signature X _____ **Date** ____/____/____

****Please note that parents may not sign for students****

PHOTO CONSENT/DENIAL FORM

I hereby give to Sarah J. Webber Media Arts Academy (WMAA), its nominees, agents and assigns, my free and unlimited consent and permission, waiving all claims for any compensation by reason thereof or for damages by reason thereof, to use, publish, republish or exhibit in the furtherance of its work, with or without identification of me and/or my child by name, the photographs, videos, or statements taken during any and all academy events and to disseminate statements referring to me in conjunction therewith if WMAA so desires and to authorize any newspaper, company or other organization to use, publish, republish or exhibit said photograph with or without identification of me and/or my child by name and to publish or disseminate statements referring to me in conjunction therewith in the promotion of WMAA and any of its fund campaigns or any of its activities.

Student's Name _____

I give my permission for my child to be video recorded, photographed, and/or interviewed during Academy events. _____(initial)

I DO NOT want my child's image to be used in any school-related or outside media publications. _____(initial)

 **Parent / Guardian Signature:** _____ **Date** ____/____/____