



A.E.E.

Academy of Educational Excellence

RE-ENROLLMENT APPLICATION

2019-2020

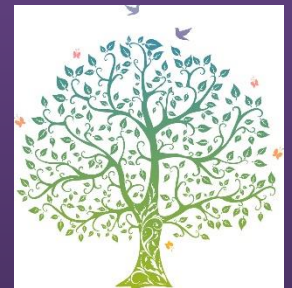
Principal's Office

Tel:

419/ 382-2280

This institution is an
Equal Opportunity Provider

K-6th grade



728 Parkside Boulevard, Toledo, OHIO 43607



Re-ENROLLMENT APPLICATION 2019-2020

RETURNING NEXT YEAR:

By completing and returning the attached Re-Enrollment Application for 2019-2020 school year, I express my interest in re-enrolling my child for next school year. Re-Enrollment Application must be returned completely filled by February 1st, 2019. GO TO THE APPLICATION FORM NOW.



NOT RETURNING NEXT YEAR:

By SIGNING BELOW, YOU ARE STATING THAT YOUR CHILD _____ CURRENTLY IN THE ____ GRADE, WILL NOT BE RE-ENROLLING AT AEE FOR THE 2019-2020 SCHOOL YEAR. PLEASE STATE YOUR REASON FOR YOUR DECISION:

- Moving
- Other:

Signature of Parent/Guardian

Date



Re-ENROLLMENT APPLICATION 2019-2020

Section 1: CHILD'S PERSONAL INFORMATION

GRADE 2019-2020:

NAME		LAST NAME	
DATE OF BIRTH		PLACE OF BIRTH	
NATIONALITY		MALE	FEMALE
ADDRESS			
PARENT'S TELEPHONE NUMBERS	HOME	MOBILE	OFFICE
NAME AND GRADES OF ANY OTHER SIBLING ATTENDING AEE:	NAME		GRADE

SECTION 2: LEGAL PARENT / GUARDIAN / CAREGIVER DATA

Father's Name		Mother's Name	
Occupation		Occupation	
Work Place		Work Place	
Office Address		Office Address	
Work Phone		Work Phone	
Email		Email	

SECTION 3: EMERGENCY CONTACT INFORMATION AND CONSENT

In the event reasonable attempts to contact parent(s) /guardian listed on the enrollment form are unsuccessful, I hereby consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event, the designated preferred practitioner is not available, by another licensed physician or dentist and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

DOCTOR		DENTIST	
Address		Address	
Insurance Provider		Insurance Provider	
Policy Number		Policy Number	
Phone Number		Phone Number	
Hospital		Hospital	
Phone Number		Phone Number	

SECTION 4: DECLARATION

I confirm that, to the best of my knowledge, the information provided on this form is correct. I have understood and agree to abide by all school rules and regulations including school discipline, inter-school/city transfers, bus and food services regulations.

I also acknowledge that while the school does its best to ensure the safety of each child's life, health and property, the school cannot be held responsible for any damages to these.

I commit to support my child teacher(s) and to follow-up on his/her academic achievement on a regular basis. I commit to attend to the Parent-Teacher Conferences scheduled by the school.

I authorize I do NOT authorize my child to participate in school planned fieldtrips. School will provide information to parent's ahead of time in order to offer general information about our educational activities.

I authorize I do NOT authorize AEE to take photos and/or videos in which my child can be depicted. I understand that school may use these photos or videos for marketing purposes and/or to inform parents about activities being held at school (through social media or school newsletters).

I understand that as a parent/guardian I should support my child's academic performance. I commit to support teachers and follow-up on a daily basis my child's school homework in order for him to be able to comply with school's academic expectations.

By signing below, I express my intention of having my child RE-ENROLLED at AEE for the 2019-2020 school year.

Signature of Parent/Guardian

Date