



**APPLICATION FOR ADMISSION**  
*Family Foundations Academy, Inc.*  
 1101 Delaware St. New Castle, DE 19720 Phone (302) 324-8901 Fax (302) 324-8908

*\*Important Notice\** Notification about Kindergarten, Sixth, and Seventh grade will not be available until spring 2010. We do understand that you may want to have your child enrolled at another school until you are officially notified of our addition. The Choice Enrollment application does not oblige you to a specific school. You may complete a Choice Enrollment application for several schools. We do sincerely apologize for the inconvenience. Please continue to check our website for any updates.

**APPLICANT INFORMATION**

Date of Application: \_\_\_\_\_

Applying for Grade \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Citizenship \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Gender \_\_\_\_\_ M \_\_\_\_\_ F Ethnicity/Race \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth \_\_\_\_\_

Current Grade \_\_\_\_\_ Current School \_\_\_\_\_ School Phone \_\_\_\_\_ Years Attended \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail address for School contact with family \_\_\_\_\_

How did you hear about the Family Foundations Academy, Inc.? \_\_\_\_\_ friend \_\_\_\_\_ community meeting \_\_\_\_\_ website \_\_\_\_\_ other

Names of other siblings who are submitting applications to Family Foundations Academy \_\_\_\_\_

**FAMILY INFORMATION**

Student lives with \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both parents \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Other

Mother/Guardian/Other Name \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Mother's Home Address (if different from above) \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_\_) \_\_\_\_\_

Mother/Guardian/Other Position and Employer \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Father/Guardian/Other Name \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Father's Home Address (if different from above) \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Father/Guardian/Other Position and Employer \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_\_) \_\_\_\_\_

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

**CERTIFICATION OF INTENT TO ENROLL**

If my child is admitted to the Family Foundations Academy Inc., I \_\_\_\_\_ (parent or guardian), parent or guardian of \_\_\_\_\_ (name of child) will enroll my child at the Family Foundations Academy, Inc. for the 2010-2011 school year. I acknowledge my child will attend this school for the complete school year. I understand that I am permitted to withdraw my child(ren) from the school for any "good cause"\* set forth in the charter school law during the one-year commitment upon board approval.

*\*Delaware School Laws Title 14 Section 403 Pupil application; withdrawal (c) states: The parent of a school age child may withdraw the application at anytime prior to action on the application by the board of the receiving district by giving written notice to the boards of the receiving district and the district of residence.*

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_

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**Please answer the following questions:**

Have you moved across state or school district lines within the last 3 years? \_\_\_\_\_ yes \_\_\_\_\_ no  
Have you ever or are you currently seeking employment in agriculture, food processing, or in the fisheries? \_\_\_\_\_ yes \_\_\_\_\_ no  
Was your move into the school district or charter related to your employment? \_\_\_\_\_ yes \_\_\_\_\_ no  
Is another language other than English spoken? \_\_\_\_\_ yes \_\_\_\_\_ no by whom? \_\_\_\_\_  
What language is it? \_\_\_\_\_

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**Please take a moment and tell us about your child. This information will be used solely for teacher information.  
Not for admission.**

List all the schools your child has attended:  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's hobbies?  
\_\_\_\_\_  
\_\_\_\_\_

What are your educational goals for your child?  
\_\_\_\_\_  
\_\_\_\_\_

***Thank you for your interest in the Family Foundations Academy now that you have completed the application. Please visit our website for updated information and see how you can be involved [www.familyfoundationsacademy.org](http://www.familyfoundationsacademy.org)***

**Family Foundations Academy Charter School  
STUDENT EMERGENCY INFORMATION/TREATMENT CARD**

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last Name, First Name M.I.

Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_ Bus# \_\_\_\_\_ am \_\_\_\_\_ pm

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Resides with \_\_\_\_\_ Relationship \_\_\_\_\_

**Mother/Guardian's Information**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**Father/Guardian's Information**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency contacts if parents/guardians cannot be reached and are allowed to pick-up your child from school (Photo ID will be required). Please provide daytime phone numbers.**

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Last Exam \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Last Exam \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Family Eye Physician \_\_\_\_\_ Last Exam \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Student is Allergic to:** ( ) medications \_\_\_\_\_

( ) foods \_\_\_\_\_

( ) others \_\_\_\_\_

Current Medications \_\_\_\_\_

Any Serious Medical Conditions \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Group # \_\_\_\_\_

Insurance Address \_\_\_\_\_ Phone \_\_\_\_\_

Other Insurance: \_\_\_\_\_ Group # \_\_\_\_\_

Insurance Address \_\_\_\_\_ Phone \_\_\_\_\_

**This information may be shared on a "need to know" basis with school personnel and emergency medical staff.**

(Please complete back page)

## Student Health History

Please check if your child has had difficulty with any of the following. **Please explain under "Comments".**

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Asthma/Respiratory	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Bone/Spine
<input type="checkbox"/> Bowel/Bladder	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Emotional/Behavior
<input type="checkbox"/> Hearing/Ears	<input type="checkbox"/> Heart	<input type="checkbox"/> Infections	<input type="checkbox"/> Kidney
<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Seizures	<input type="checkbox"/> Skin	<input type="checkbox"/> Vision/Eyes

Comments: \_\_\_\_\_

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1. Does your child have allergies to:  
 Medicines    Food    Insect Bites    Latex    Dust/Mold    Other  
To What: \_\_\_\_\_ What Happens: \_\_\_\_\_  
Treatment: \_\_\_\_\_
2. Has your child had any illnesses/surgeries since school ended June?    Yes    No  
What: \_\_\_\_\_ When: \_\_\_\_\_
3. Has your child had any immunizations since school ended in June?    Yes    No  
List immunizations/dates: \_\_\_\_\_
4. Has your child had any emotional upsets since school ended in June?    Yes    No  
List: \_\_\_\_\_
5. Does your child need to take any medications during the school day?    Yes    No  
**\*If yes, please contact the school nurse to make arrangements.**

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I give permission for the school nurse to administer the following over-the-counter medications to my child. They will be given only after a careful assessment by the nurse and only on an as-needed basis. All other over-the-counter medications to be given by the school nurse will require signed parent permission. **All prescription medications to be given by the school nurse require signed health care provider and parent permission.** (Please Initial next to the O-T-C medication giving permission to administer).

<input type="checkbox"/> Tylenol (acetaminophen)	<input type="checkbox"/> Motrin/Advil (ibuprofen)	<input type="checkbox"/> Cough Drops
<input type="checkbox"/> Robitussin (cough Syrups)	<input type="checkbox"/> Tums (calcium carbonate)	<input type="checkbox"/> Topical Ointments

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## SCHOOL EMERGENCY PROCEDURES

Family Foundations Academy Charter School has adopted the following procedures in caring for a student when he/she becomes sick or injured at school:

In case of a life-threatening emergency, the school will call 911 and then follow the steps below. In case of other emergencies and/or need of medical or hospital care:

1. The school will call the home. If there is no answer,
2. The school will call the father's, mother's or guardian's place of employment. If there is no answer,
3. The school will call the other telephone number(s) listed and the physician.
4. If none of the above answer, the school will call an ambulance, if necessary, to transport the student to a local medical facility.
5. Based upon the medical judgment of the attending physician, the student may be admitted to a local medical facility.
6. The school will continue to call the parents, guardians, or physician until one is reached.

If I cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

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