



The Academic Link  
 970 Pike Road  
 West Palm Beach, FL 33411

Returning Student  New Student

## Registration Form 2017-2018

STUDENT INFORMATION			
Name:		M.I.	Last:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:	Age:
Birth Place: City: State: Country:		U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Address:			
Street:			
City:		State:	Zip Code:
Secondary Address: (If student travels between two homes – such as shared custody)			
Street:			
City:		State:	Zip Code:
Student Contact Information:			
Home Phone:		Cell Phone:	E-mail:
Father's Name		Cell Phone:	E-mail:
Mother's Name:		Cell Phone:	E-mail:

MEDICAL INFORMATION		
Emergency Contact Information:		
List persons to contact in an emergency. Please list them in the order in which The Academic Link should contact.		
Name:	Relationship:	Ph:
Name:	Relationship:	Ph:
Name:	Relationship:	Ph:
Medications:		
Please list medications your child takes that The Academic Link should be aware of. Provide the name of the medication and what the medication is prescribed to treat. For example: Albuterol for asthma		
Medical and Health Conditions:		
Please list any other medical or health conditions The Academic Link should be aware of. For example, migraines, allergies, etc.		

## MEDICAL INFORMATION - continued

**Medication Permission:** Please indicate which over-the-counter medications or products The Academic Link has your permission to dispense to your child.

Tylenol   
  Advil   
  Tums   
  Sunscreen   
  Cortisone Cream   
  Neosporin   
  Hand Sanitizer  
 Other (        )

These medications must be provided by the parent with a written note giving permission to The Academic Link to dispense the medication according to the package directions.

**Food & Dietary Restrictions & Requests:** Check all that apply.

No peanuts or nuts   
  Gluten Free   
  No Milk/Dairy   
  No Food with Dyes   
  Allow Frequent Snacks  
 Restrict Candy   
 Other:

**Medical Provider:** Primary  
Doctor's Name:

Phone:

Preferred Hospital:

## FAMILY INFORMATION

Father's Name:

Mother's Name:

Address:

Address:

Occupation:

Occupation:

Company:

Company:

Address:

Address:

Work Ph:

Work Ph.:

Father: U.S. Citizen Yes  No

Mother: U.S. Citizen Yes  No

**Languages:** Please indicate the languages spoken in the home.

English:  Spanish:  Other:  If other, please list:

**Marital Status:**

Married:  Divorced:  Separated:  Widowed:  Single Parent:  Living together:

**Siblings:** Please complete the following regarding siblings

Name:	Age:	Grade:	School:
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Name:	Age:	Grade:	School:
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Name:	Age:	Grade:	School:
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Name:	Age:	Grade:	School:
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## EDUCATION INFORMATION

**School History:** Please provide a history of previous schools student has attended.

School Name:	City:	State:	Grade(s):	Year(s):
School Name:	City:	State:	Grade(s):	Year(s):
School Name:	City:	State:	Grade(s):	Year(s):

**Please complete the following:**

My child has an IEP issued by a public school: Yes  No

If YES, please list the specific learning disability or disabilities reflected in the IEP:

My child has a 504 Plan: Yes  No  If YES, please list the modifications/accommodations:

My child qualifies for the following services through the public-school system: Check all that apply:

Speech Therapy     Occupational Therapy     Reading Specialist     Other:

**Testing and Evaluations:**

Does your child have a school psychologist evaluation?  Yes  No If YES, provide the year tested:

The Psych-Eval indicated the following about my child:  Gifted     Non-Specific Learning Disability

ASD     ADHD     Other:

## PARENT FEEDBACK

Please let The Academic Link know what your goals are for your child this year.

What do you want the teachers to know about your child?

What is your requirement regarding homework for your child? Are there special considerations the teachers should be aware of? What are your thoughts on how much homework is reasonable homework? Etc...

Share your child's strengths:

Share your child's weaknesses:

What is your child involved in after school?  
Sports? Music lessons? Etc.

How much time does your child spend on the computer or electronic devices playing games or social networking:

What restrictions do you impose on your child's computer activities? What rating of games is he or she allowed to play?

What are your thoughts on students earning free time on the computer for completing work with a strong effort?

## ADDITIONAL INFORMATION

Please use this space to provide any information or thoughts that will assist the teachers in serving, nurturing, and mentoring your child.

### Directions for submission:

1. Save document as a Word document:: **last name\_first name\_Registration\_2017**
2. Print the completed form and return to The Academic Link with the Registration Fee. (Your child is not registered until the completed form and payment are received.)
3. Email the completed form to: [Cindyknoess@icloud.com](mailto:Cindyknoess@icloud.com) and [soniherath@me.com](mailto:soniherath@me.com)

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Office Use:

Date Registration rec'vd in office: \_\_\_\_\_ Date Registration rec'vd via e-mail: \_\_\_\_\_

Date Registration Fee rec'vd: \_\_\_\_\_ Amount rec'vd: \$ \_\_\_\_\_ Check# \_\_\_\_\_

Received by: \_\_\_\_\_