



**ACADEMY OF FLINT**  
**STUDENT**  
**REGISTRATION FORM**  
SCHOOL YEAR: 2012-2013

**OFFICE USE ONLY**

Revised 2/28/2012

Student ID Number	
Household Survey	
Certified Birth Record	
Immunizations	
Social Security Card	
Verified/Enrolled by:	

**STUDENT INFORMATION**

GRADE LEVEL for 2012-2013: _____	Will student attend Academy of Flint in 2012-2013? (Please Check Appropriate Answer) ____ YES ____ NO	Is this student currently eligible for Special Education Services? YES NO		
Student's Last Name	First	M.I.	Social Security Number	Sex M F
Street Address		City	Zip	
Home Telephone Number	Parent/Guardian Name and Cell Phone Number		Emergency Contact Name and Phone Number	
Students Cell Phone Number	Parent/Guardian Name and Cell Phone Number		Student's Date of Birth	
Concerns About Your Child:	Incarcerated Parent? Yes ( ) No ( ) Homeless? Yes ( ) No ( )		Foster Care? Yes ( ) No ( )	

**It is imperative that the above information is completed in order to reserve a seat for your student in the upcoming school year.**

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

\_\_\_\_\_  
Date





# Academy of Flint

## Food Substitution Form

Student's Name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

**Medical/Special Dietary Restrictions: (Please Specify)**

None \_\_\_ Food Allergy \_\_\_ Food Dye Allergy \_\_\_ Iron Intolerance \_\_\_  
Lactose Intolerance \_\_\_ Obesity \_\_\_ Other \_\_\_ (Please Specify) \_\_\_\_\_

**Food(s) To Be Omitted:**

All Milk Products (Cheese, Yogurt, etc.) \_\_\_\_\_ Fruit (Please Specify) \_\_\_\_\_  
Milk Only \_\_\_ Nuts (Please Specify) \_\_\_\_\_ Wheat Product \_\_\_ None \_\_\_  
Other (Please Specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Food(s) To Be Substituted In Place of Food(s) To Be Omitted:**

Rice Milk Products \_\_\_ Soy Milk Products \_\_\_ Other \_\_\_ (Please List)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete the following if your child is physically challenged.**

Description of condition and indication that restricts the student's diet:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of major life activity affected by condition:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Academy of Flint**  
**PHOTO/VIDEO RELEASE FORM**

I hereby give my permission for the Academy of Flint to photograph and video my child and use such photographs and/or videos in which my child appears anonymously in promotional materials for the Academy of Flint. I acknowledge, understand and agree that neither myself or my child will receive any type of financial compensation and that by signing this document we are releasing the Academy of Flint from any future claims as well as from any liability arising from the use of such photographs and/or videos.

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

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_