

EMERGENCY INFORMATION

PLEASE LIST PEOPLE OTHER THAN PARENTS WHO COULD PICK UP YOUR CHILD OR BE CONTACTED IN CASE OF AN EMERGENCY
NOTE THAT WE WILL ATTEMPT TO CALL PARENTS FIRST

NAME + RELATIONSHIP

PRIMARY PHONE

ALT PHONE

NAME + RELATIONSHIP

PRIMARY PHONE

ALT PHONE

SCHOLASTIC INFORMATION

HAS THIS STUDENT EVER BEEN SUSPENDED, DISMISSED, OR REFUSED ADMISSION TO ANOTHER SCHOOL? YES NO

IF YES, PLEASE EXPLAIN _____

PLEASE INDICATE (CIRCLE) IF ANY OF THE FOLLOWING APPLY TO THE PREVIOUS SCHOOL, TO THE HOME, OR TO OTHER INSTANCES:

BEHAVIORAL / DISCIPLINARY ISSUES

PLACED ON PROBATION

IS THERE ANYTHING YOU FEEL WE SHOULD KNOW ABOUT YOUR CHILD IN ORDER TO ASSIST THEM MOST EFFECTIVELY? _____

DOES THE APPLICANT HAVE ANY MENTAL, EMOTIONAL, OR PHYSICAL HANDICAPS THAT MAY AFFECT HIS/HER ACTIVITIES OR
PROGRESS THAT SHOULD BE KNOWN? (IF YES, PLEASE EXPLAIN) _____

STUDENT HANDBOOK AGREEMENT

WE HAVE READ THE STUDENT HANDBOOK IN ITS ENTIRETY AND AGREE TO FOLLOW THE GUIDELINES AND EXPECTATIONS
AS PARENTS/GUARDIANS AND AS A STUDENT OF HAVEN ACADEMY OF SALINA. WE AGREE TO THE TERMS GIVEN AND
ACKNOWLEDGE THE DISCIPLINARY PLAN THAT WILL ENSUE WHEN INAPPROPRIATE BEHAVOIR IS DISPLAYED.

PRINTED STUDENT NAME

STUDENT SIGNATURE

PRINTED PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE