



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

Returning Student New Student

Registration Form 2016-2017

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.		

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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 ()

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:
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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 <input type="checkbox"/> No <input type="checkbox"/>	Mother: U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>

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:
Name:	Age:	Grade:	School:
Name:	Age:	Grade:	School:
Name:	Age:	Grade:	School:

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 regarding educational programs:

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:

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EDUCATION INFORMATION – (continued)

Educational Programs - continued

My child qualifies for the following services: 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:

PROGRAM REGISTRATION INFORMATION

Programs: Please check the programs that you are registering for: **See Fee Schedule for Tuitions/Cost**

<input type="checkbox"/> Five Day Program	<input type="checkbox"/> Early Morning Care	<input type="checkbox"/> Homeschool Partnership
<input type="checkbox"/> Four Day Program	<input type="checkbox"/> After School Session	<input type="checkbox"/> Homeschool Program
<input type="checkbox"/> NILD Educational Therapy	<input type="checkbox"/> Intensive Reading Program	<input type="checkbox"/> Intensive Writing Program

Individual Course Registration for Homeschool or Homeschool Partnership Program:

Choose the courses your part-time student will be taking: (See Fee Schedule for Individual Tuition Fees)

Elementary Courses: Math Reading/Vocabulary Writing/Grammar Science History

Middle School Courses: Math Pre-algebra Algebra 1 Spanish 1 Science
 Writing/Grammar Reading/Vocabulary History

High School Courses: Geometry Algebra 2 Pre-Calculus Spanish 2 Biology English
 British Literature American Literature Physical Science Earth Science
 9th Grade Physics American History World History Government
 Economics FLVS Courses

After School Programs: Check the programs you will register for: Fees to be determined

TYNKER – a popular computer coding program where students learn coding to create computer games and animation & much more. Two classes available

Middle School Elementary

Craft Class – Students will be doing unique and imaginative crafts. Special emphasis will be on crafting gifts for others and charity.

Middle School & Elementary

Conversational Spanish – a class for 3rd – 8th grade. Students will learn Spanish in a fun and no stress way designed to promote bilingual skills in verbal communication.

Middle School Elementary

Private Tutoring – a 30 to 60-minute session with a teacher to build skills and improve academic progress. Check the subject areas you anticipate enrolling your child in:

Math Reading Grammar Writing Science Spanish Other:

Private Homework Assistance: a program designed to teach study skills; help complete homework correctly; provide extra practice in weak subject areas, and help relieve homework issues at home

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 with the following file name: **last name_first name_Registration_2016-2017**
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 and soniherath@me.com

Office Use:

Date Registration rec'd in office: _____ Date Registration rec'd via e-mail: _____

Date Registration Fee rec'd: _____ Amount rec'd: \$ _____ Check# _____

Qualifies for Registration Fee Discount: Yes ___ (received by April 15th)

Received by: _____