



AUTISM ACADEMY
for Education & Development

New Student Enrollment 2017/2018

Thank you for your interest in the Autism Academy for Education & Development. After completing the enrollment packet, please remember to attach and turn in together the following items:

Student Name: _____ Grade Entering: _____ Campus: _____

- Enrollment Fee- \$25 single / \$40 family (cash or check ONLY)
- Birth Certificate
- Immunizations/Shot Records
- Religious Beliefs Exemption Form (If Applicable)
- Current IEP & MET Reports
- Scholarship Agreement/Award Information
- Medical Action Plan (Attached)
- Custody Paperwork/ Guardianship (If Applicable)
- Transcripts for 9th -12th grade

Autism Academy for Education & Development

Gilbert: 480-545-6132

Tempe: 480-447-3997

Peoria: 623-979-9593

*Are you in need of transportation? Yes No Kid Commute: gnewcomb@exacservices.com
Please be aware that there is limited space available on the buses and a cost will be include.

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NEW STUDENT ENROLLMENT 2017/2018			<input type="checkbox"/> Gilbert <input type="checkbox"/> Tempe <input type="checkbox"/> Peoria	
Student's Legal Last Name:	Student's Legal First Name:	Student's Legal Middle Name:	Jr., Sr., III, etc:	Gender: M or F:
Date of Birth:	Age:	Grade Student Is Entering:	Person Filling out Form:	
Mother's Name:	Mothers Cell:	Mothers Work:	Mothers E-mail:	
Father's Name:	Fathers Cell:	Fathers Work:	Fathers E-mail:	
Home Phone:	Additional e-mail:		How Did You Hear About AAED:	
PREVIOUS SCHOOL INFORMATION				
Name Of Previous/Current School Attending:	Previous/Current School District:		Previous/Current School Phone #:	
STUDENT BACKGROUND				

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If Separated/Divorced, Who has Legal Custody? Mother Father Joint Custody

Does either Parent/Guardian have Final Decision Making Authority? Mother has Final Father has Final

Does the Non-Custodial parent have restricted visitation rights? Yes No

(If Yes, a copy of the legal papers must be provided)

1. What is the primary language used in the home regardless of the language spoken by the student? _____

2. What is the language most often spoken by the student? _____

3. What is the language the student first acquired? _____

4. Student's primary Nationality/Ethnicity: _____ If 2 or more, please list below:

Please check any special services your child has received at their current school:

Speech/Language Occupational Therapy

Has your child ever been, or is in the process of being, suspended or expelled from another school?

Yes No If Yes, Please Specify _____

Please circle the answer that applies:

Is the student toilet trained? **Yes / No**

Is the student verbal or non-verbal? **Verbal / Non-Verbal** Do they utilize a communication device? **Yes / No**

My student has received the recommended immunization shots? **Yes / No**

My child is behind on immunization? **Yes / No**

My child is not immunized: **Yes / No**

How will you be paying for tuition? (Please circle all that apply):

ESA STO/Tax credit District Placement Private Pay Unsure, need assistance

Family Information

1: Parent/Guardian Name: _____

First

Middle

Last

Home Address: _____

Address

City

State

Zip

Parent DOB: _____ Relation to Student: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ E-mail: _____

Student Lives with? Yes No Full Time Part Time

Employer Name & Address: _____

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2: Parent/Guardian Name: _____

First

Middle

Last

Home Address: _____

Address

City

State

Zip

Parent DOB: _____ Relation to Student: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ E-mail: _____

Student Lives with? Yes No Full Time Part Time

Employer Name & Address: _____

Sibling Name: _____
First Middle Last Relation to Child Age

Sibling Name: _____
First Middle Last Relation to Child Age

Sibling Name: _____
First Middle Last Relation to Child Age

Sibling Name: _____
First Middle Last Relation to Child Age

Sibling Name: _____
First Middle Last Relation to Child Age

Medical Information

Student's Primary diagnosis: _____ Date diagnosed? _____

Secondary diagnosis: _____ Date diagnosed? _____

Other diagnosis: _____ Date diagnosed? _____

Other diagnosis: _____ Date diagnosed? _____

Student's Primary Physician: _____

Address: _____

Phone and Fax: _____

Hospital Preference: _____

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Is the student currently on any medications? Yes No

Will AAED be disbursing medications to you student during school hours? Yes No

Type of Medication	Dosage	Administration Time	Purpose

If Yes, Please list medications below:

Have there been any recent changes in medications? Yes No

If yes, please explain: _____

Has the student ever been admitted to a hospital or treatment center? Yes No

If yes, please explain: _____

Are there any medical conditions to consider when delivering services? Yes No

If yes, please explain: _____

Does your student utilize an Epinephrine auto injector (EpiPen)? Yes No

If yes, please explain: _____
 Please list ALL allergy concerns: _____

Has your child been certified as having a chronic health problem? Yes No

***If yes, you will need to complete a *Chronic Illness Form*, provided to you by the front office.**

Health concerns? Heart Diabetes Asthma Hearing Vision Other

Additional Comments and/or Special instructions: _____

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Check the following medications/remedies, which you are **permitting** AAED to disburse, at the discretion of the health assistant:

Acetaminophen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Calamine Lotion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ibuprofen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	First Aid Antibiotic	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Benadryl	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cough Drops	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tums	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Special Instructions/Comments: _____

Please Note: If there is a specific brand or type of medication that you prefer your student to take, you will need to bring it into the front office and complete the Medical Release form.

I, the undersigned parent/guardian give my consent for the above named child to be released to the persons I have designated to be taken by Emergency Personnel to the nearest medical facility in case of an emergency. I understand that Autism Academy ED does not provide accident medical/dental coverage for students due to injuries/illnesses occurring at school. In case of injury or sudden illness, I, the undersigned parent/guardian, give authority to any hospital or medical personnel to render immediate aid as might be required at the time of his/her health and safety. It is understood by me that any incurred expenses of this service are my responsibility.

Student Name: _____ Parent Name: _____

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION:

Please list at least two people who could assume temporary responsibility in case of illness or injury. Contacts will be called in order listed, and students will only be released to persons listed below unless otherwise authorized by a parent/guardian.

Please do not list parent/guardian, as they will automatically be contacted 1st.

Name:	Home Phone:
Cell Phone:	Work Phone:
Relationship to child:	DOB:
Name:	Home Phone:
Cell Phone:	Work Phone:
Relationship to child:	DOB:
Name:	Home Phone:
Cell Phone:	Work Phone:
Relationship to child:	DOB:

Autism Academy Student Pick up List:

STUDENT INFORMATION:

Student's Last Name:	First Name:	Grade Level:
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RELEASE INFORMATION:

The Following persons may **NOT** remove my child from school:

Name:
Name:
Name:

The following persons MAY pick up my child from school:

Name:	Relationship:	Phone:	DOB:
Name:	Relationship:	Phone:	DOB:
Name:	Relationship:	Phone:	DOB:
Name:	Relationship:	Phone:	DOB:
Name:	Relationship:	Phone:	DOB:

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I, the undersigned Parent/Guardian give my consent for the above named child to be released to the persons I have designated.

Parent/Guardian Signature: _____

Date: _____

While AAED is a school for students with Autism and services the entire spectrum, there are some students that may not be a good fit for the Autism Academy and need a more restrictive environment. AAED reserves the right to inform families when AAED may not be or continue to be the right placement for students. AAED will help support any family with finding a more appropriate environment. Please sign and date below to confirm you have read and understand the above statement.

Parent Name (Print)

Date

Signature