

# YWA Application



## Application for YWA's School Year Program

YWA's Summer and Tutoring program do not require an application. Please see our website for registration instructions.

Today's Date: \_\_\_\_\_  
(mm/dd/yyyy)

### Student Information

Legal Name: _____	Preferred Name (if different from legal name): _____
Birthdate: _____ (mm/dd/yyyy)	Grade: _____
<b>Optional Information</b>	
Ethnicity: _____	Gender: _____ Pronouns: _____

### Parent/Guardian Contact Information

Parent/Guardian Name: _____	Relationship: _____
Address: _____ Street Number City Zip	
Email: _____	
Phone: _____ Cell Home	
Employer: _____	

### Second Parent/Guardian Contact Information

Parent/Guardian Name: _____	Relationship: _____
Address: _____ Street Number City Zip	
Email: _____	
Phone: _____ Cell Home	
Employer: _____	

### School Record

Current School: _____
Previous School Attended: _____

**Student Name:** \_\_\_\_\_

**Application Details**

Program of Interest:  Full Time  Part-Time  Single Class  Not Sure

Applications are not needed for our summer or tutoring/test prep programs.

Applying For:  Immediate Enrollment  Next Quarter  Next Semester  Fall 2020-2021

What is bringing you to YWA at this time?

**Other Professionals (Optional)**

Current physician: \_\_\_\_\_

Psychologist/counselor: \_\_\_\_\_

Other: \_\_\_\_\_

**How Did You Hear About Us?**

Parent or Family: \_\_\_\_\_

School/Education Professional: \_\_\_\_\_

Medical/Psychological Professional: \_\_\_\_\_

Therapist: \_\_\_\_\_

Behavioral Expert: \_\_\_\_\_

Online Advertisement: \_\_\_\_\_

Online Search: \_\_\_\_\_

Other: \_\_\_\_\_

# Medical Alert Form

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
(mm/dd/yyyy)

**Today's Date:** \_\_\_\_\_  
(mm/dd/yyyy)

**Parent/Guardian Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

In order to provide a safe and responsive environment for your child, it is imperative that Yellow Wood Academy has knowledge of any and all serious health conditions that a student may present so that we may respond quickly with the appropriate protocol.

Information on this form should be filled out/updated each new school year. Please complete this form and return as soon as possible. The information on this form will be reviewed and shared with the school staff. Minor health conditions that will not affect your child at school do not need to be listed on this form.

## Serious Health Conditions (Check appropriate box below)

**My child does not have any health conditions that will affect him/her at school.**

(If this box is checked, no further information is necessary. Please sign and date the bottom and return to the school office.)

**My child has the following serious health condition(s)—Check box(es) below:**

Asthma – Will your child require an inhaler at school?     Yes     No

Cardiac Diagnosis: \_\_\_\_\_  
Restrictions: \_\_\_\_\_

Diabetes (Date of diagnosis: \_\_\_\_\_)

Insulin pump     Independent     Insulin via pen     Dependent     Insulin via syringe

Life-threatening Allergy (Requires an EpiPen or Auvi-Q at school Allergens:

Seizure Disorder (Type):

Medication(s):

Other serious health condition(s):

## Medications (Prescription, supplements, and over-the-counter)

All medications given at school require an Authorization of Administration of Medication Form available at the school office. All prescription medications must be in the original container with a pharmacy label that matches the health care provider's orders. Over-the-counter medications and supplements must be in the original container marked with the student's name.

Medication(s) to be given at school: \_\_\_\_\_

Medication(s) taken at home: \_\_\_\_\_

# Medical Condition Alert Form

**Student Name:** \_\_\_\_\_

Today's Date: \_\_\_\_\_  
(mm/dd/yyyy)

## Emergency Preparedness

We request that parents/guardians of all students provide any medication and/or appropriate food as well as a comfort kit to be kept at school in case there is an emergency that would detain them at school. A three-week supply is recommended as we are located on an island. For more information about the contents of a comfort kit, please see the comfort kit guide on the website.

## Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_  
Health Care Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Media Release

**Student Name:** \_\_\_\_\_

Today's Date: \_\_\_\_\_  
(mm/dd/yyyy)

We require a current photo of your student for safety protocol. This is for internal use and student I.D. cards only. Additionally, please check one box for each of the following media categories to give consent for use of your child's image, including photo and video, or opt out.

<b>YWA Yearbook</b>	Yearbook clubs and committees use pictures for the YWA created yearbook released at the end of the year.	<input type="checkbox"/> Consent <input type="checkbox"/> Opt out
<b>YWA Social Media</b>	Posting pictures of student life and activities to Facebook, Instagram and YWA owned social media pages.	<input type="checkbox"/> Consent <input type="checkbox"/> Opt out
<b>YWA Marketing &amp; Advertising</b>	YWA would like to use student pictures for brochures, pamphlets, website and other printed or electronic materials with the intent of marketing and advertising.	<input type="checkbox"/> Consent <input type="checkbox"/> Opt out
<b>YWA Fundraising</b>	Fundraising committee would use student pictures for flyers, banners, and website graphics to promote fundraising that would benefit YWA.	<input type="checkbox"/> Consent <input type="checkbox"/> Opt out
<b>News Agencies</b>	If a news agency comes to YWA they are able to use:	<input type="checkbox"/> Consent <input type="checkbox"/> Opt out

I consent to Yellow Wood Academy using my child's picture and name as indicated above.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_