Dear Parents,

Thank you for your interest in enrolling your child at one of our academies. Enclosed are the forms and items that are needed in order for your child to be considered for the enrollment at the noted Academy.

- Enrollment Application - *(Must be completed and signed)*
- Birth Certificate
- Immunizations Record
- Physical
- Copy of Last Report Card
- Transfer of Records (Upon Enrollment)
- Home Language Survey
- Free Reduced Lunch Form (Post-Enrollment)

Please bring the requested forms to the main office of the academy, where you wish to enroll your child. You may also e-mail the application forms to the e-mail address listed above for the Academy where you wish to enroll your child. The above forms are needed by __________ so that we may process your child’s enrollment application accurately and accordingly. It is critical that we hear back from you with a response by the noted date so that we may finalize the enrollment of your child. If we do not hear back from you with the specified date, we will consider you as no longer interested in enrolling your child(ren) at the academy.

Please note that students are admitted based on spaces available. The academies will not discriminate in their student admissions policy or practices on the basis of intellectual or athletic ability, measures of achievement of aptitude, status as a handicapped person, or any other basis that would be illegal if used by a school district.

Thank you for your attention and cooperation!

Sincerely,

School Administration

---

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Age</th>
<th>D.O.B.</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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Star International Academy
Dearborn Heights, MI
Fax: 313.724.8994 (Grades 3-12)
Fax: 313.724.8082 (Grades Prek-2)
Email: enrollsia@starpsa.org

Universal Learning Academy
Westland, MI
Fax: 734.402.5901
Email: enrollula@ulapsa.org

Noor International Academy
Sterling Heights, MI
Fax: 586.365.5001
Email: enrollnia@niapsa.org

Universal Academy
Detroit, MI
Fax: 313.581.5514
Email: enrollua@universalpsa.org

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Hamadeh Educational Services, Inc.
Pre-k - 12th Educational Services Provider
Website: www.hesedu.com
Promoting Academic Excellence, Leadership & Cultural Diversity
The Academy, as required by Federal and State Laws, is collecting information regarding the immigrant status of each of its students. This information will be used by the Academy to determine the number of families who may be provided grant funded support for new immigrants.

What is the first date your child entered a school in the US? ______________________________________________________________________________________

If my child qualifies, I would be interested in the following programs and/or services for my child (please check all that apply):

- [ ] ELL Instructional Services
- [ ] Computer Assisted Instruction/Technology
- [ ] Counseling Services
- [ ] Tutorial Program
- [ ] Summer School
- [ ] After School
- [ ] Test Taking Skills
- [ ] Nursing/Mental Health/Health Services
- [ ] Social Work Services

STUDENT INFORMATION: (Confidential information required for Federal/State Reports - Please print clearly/select appropriate responses)

(Confidential information required for Federal/State Reports - Please print clearly/select appropriate responses)

(Last Name) (First Name) (Middle Name) (Age) (Date of Birth)

Temporary Housing: [ ] Yes [ ] No
Refugee: [ ] Yes [ ] No

(City of Birth, State/Country) (Date of Entry to USA)

(Home Address/Street/Apt#) (City) (Zip Code)

Student lives with: [ ] Both Parents [ ] Father [ ] Mother [ ] Other: __________

(Home Phone) (Alternate Phone 1/Mother's cell or work) (Alternate Phone 2/Father's cell or work)

District of Residence (school district where you live): ___________________________ Student UIC#: ___________________________ [ ] Male [ ] Female

Last School Attended: ___________________________ Date Last Attended: _______________ Last Grade Attended: ______

(Name of School) (City, State)
Please help us understand more about your family needs and why you have selected our Academy (check all that apply and provide additional information if needed):

- Yes ☐ No ☐ You support the mission of the school and have common education goals for your child.
- Yes ☐ No ☐ You want classes with instruction targeted to individual student's needs.
- Yes ☐ No ☐ Your child has strengths, special interests, and/or talents in __________________________________________________________
- Yes ☐ No ☐ Your child has had academic difficulty in another school and needs assistance with: ___________________________
- Yes ☐ No ☐ You want an accommodating environment for your child who ☐ Wears Glasses ☐ Uses a Hearing Aid ☐ Other: __________________________
- Yes ☐ No ☐ You want a safe environment for your child who ☐ Has Allergies to: __________________________ ☐ Takes Medication: __________________________
- Yes ☐ No ☐ Your child has a family doctor (name/location/number): __________________________
- Yes ☐ No ☐ You want a more rigorous curriculum for your child and are interested in: ☐ Advanced Placement ☐ Dual Enrollment
- Yes ☐ No ☐ You are seeking greater parental involvement in your child's education and are interested in: ☐ Parent Support Group ☐ Volunteering ☐ School improvement.

I understand that the Academy does not provide transportation and my child will travel by: ☐ Family ☐ Carpool ☐ Other: __________________________

PARENT/LEGAL GUARDIAN & FAMILY/EMERGENCY CONTACT INFORMATION (Please list parent/legal guardian(s) first and up to 3 emergency contacts):

<table>
<thead>
<tr>
<th>Name (First Middle Last)</th>
<th>Home Address (Street/APT#, City, Zip)</th>
<th>Relationship to Child</th>
<th>Contact Number</th>
<th>Occupation/Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ Mother ☐ Other ☐ Father</td>
<td>Day: Home:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Mother ☐ Other ☐ Father</td>
<td>Day: Home:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Mother ☐ Other ☐ Father</td>
<td>Day: Home:</td>
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<td>☐ Mother ☐ Other ☐ Father</td>
<td>Day: Home:</td>
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<tr>
<td></td>
<td></td>
<td>☐ Mother ☐ Other ☐ Father</td>
<td>Day: Home:</td>
<td></td>
</tr>
</tbody>
</table>

I understand that upon acceptance of enrollment we will receive a Parent/Student Handbook. We have an open-door policy and welcome comments/feedback from parent/guardian(s). The handbook includes the school policies and procedures for the following: FERPA, Rights of Homeless Students, Title IX Coordinator, MI Revised Statutes pertaining to educational institutions, and the school policy on releasing directory information.

- ☐ I DO NOT WANT FERPA directory information about my child disclosed. (http://www2.ed.gov/policy/gen/guid/fpco/brochures/elsec.html)
- ☐ I DO NOT GIVE the Academy permission to use my child’s first name, photograph, and/or work on a District/School publications including web page.
- ☐ I DO GIVE the Academy permission to use my child’s first name, photograph, and/or work on a District/School web page. The material will be used for school-related activities. First names and photographs will not be used together on the same page.

The signature below indicates that all the information provided on this form is accurate.

Parent/Legal Guardian Signature __________________________ Printed Name __________________________ Date __________________________

IMPORTANT: A copy of your child’s birth certificate must be provided to the Academy to complete the enrollment application process. Proof of Immunizations must also be provided before new entrants may be admitted to school.
PARENT INVOLVEMENT CHECKLIST

Name of Parents: ____________________________ Phone: ____________________________
Address: __________________________________________________________________________
Parent’s E-mail Address: ______________________________________________________________

Your Personal talents, experiences and interests could add great benefits to your child’s school experience. The school depends on the parents’ support in many different ways, and we may need someone just like you. Please take the time to fill out this form in order to help us identify the experiences and talents of the parents in our school community.

What are your major and minor areas of training and/or experiences? __________________________________________________________

Are you employed or in the work force? If so, what are your position and name of employer? __________________________________________________________

What organization(s) do you belong to? __________________________________________________________

Days / Hours Available: __________________________________________________________

Which Academy would you be interested in helping at:

☐ Star International Academy (Grades Pre-K - 2)
  Fax: 313.724.8060
  Email: enrollsia@starpsa.org

☐ Star International Academy (Grades 3-12)
  Fax: 313-724-8994
  E-mail: enrollsia@starpsa.org

☐ Noor International Academy
  Fax: 586.365.5001
  Email: enrollnia@niapsa.org

☐ Universal Academy
  Fax: 313.581.5514
  Email: enrollua@universalpsa.org

☐ Universal Learning Academy
  Fax: 734.402.5901
  Email: enrollula@ulapsa.org

Please check each of the following activities in which you have experience or interest. (You do not have to be an expert)

☐ Accounting
☐ Administration
☐ Arts & Crafts/ Music
☐ Baking
☐ Career Day
☐ Carpentry
☐ Computer
☐ Field Trip
☐ Gardening
☐ Graphics
☐ Library/Book Fair
☐ Lunch Helper
☐ Medical/ First Aid
☐ Photography
☐ PTC
☐ Safety/ Traffic
☐ School Events
☐ School Store
☐ Secretarial
☐ Sewing
☐ Sports
☐ Teaching
☐ Yearbook

Thank you in advance for your valuable support to our school!

Signature: ____________________________________________ Date: ________________________
Dear Parents,

Thank you for your interest in enrolling your child at one of our academies. Enclosed are the forms and items that are needed in order for your child to be considered for the enrollment at the noted Academy.

- Enrollment Application - (Must be completed and signed)
- Birth Certificate
- Social Security Card
- Immunizations Record
- Physical
- Copy of Last Report Card
- Transfer of Records
- Home Language Survey
- Free Reduced Lunch Form
- Check Stub or 1040 (to verify Title I and/or Free & Reduced Lunch)

Please bring the requested forms to the main office of the academy, where you wish to enroll your child. You may also e-mail the application forms to the e-mail address listed above for the Academy where you wish to enroll your child. The above forms are needed by [insert date] so that we may process your child’s enrollment application.

Please note that students are admitted based on spaces available. The academies will not discriminate in their student admissions policy or practices on the basis of intellectual or athletic ability, measures of achievement of aptitude, status as a handicapped person, or any other basis that would be illegal if used by a school district.

Thank you for your attention and cooperation!

Sincerely,

School Administration

Universal Academy
Fax: 313.581.5514
Email: enrollua@universalpsa.org

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Westland, MI
Fax: 734.402.5901
Email: enrollula@ulapsa.org

Noor International Academy
Sterling Heights, MI
Fax: 586.365.5001
Email: enrollnia@niapsa.org

Star International Academy
Dearborn Heights, MI
Fax: 313.724.8994 (Grades 3-12)
Fax: 313.724.8082 (Grades Prek-2)
Email: enrollsia@starpsa.org

The answer given below will help determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate.

Is the student living in permanent housing? (Please check ONE box.)

- YES
- NO

What type of temporary housing is the student living in? N/A

- Doubled-Up (temporary due to loss of housing or economic hardship)
- Homeless/Youth/Victim Shelter
- Motel/Hotel
- Transitional Housing
- Temporary Foster Care/Awaiting Placement
- Unsheltered (car, park, bus, campsite, rest area, parking lot, etc.)

Parent/Legal Guardian Signature: ____________________________ Date: ________________

Presenting a false record or falsifying records is an offense punishable by federal and state law. By signing above, you attest that all information provided on this form is true and accurate at the time this form is dated.
Dear Parent or Guardian:
The following information is requested so that the school and parent can work together to meet the physical, intellectual, and emotional needs of the child. Fill out the information requested in Section I. Section II may be certified by transcription of information from the certificate of immunization. The remaining sections (III, IV, V) are to be completed by a doctor, nurse, and dentist. (BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)

### PERSONAL

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Sex</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Number &amp; Street</th>
<th>City</th>
<th>Zip</th>
<th>Parent’s or Guardian’s Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Number &amp; Street</th>
<th>City</th>
<th>Zip</th>
<th>Telephone (Home)</th>
<th>Telephone (Work)</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

### SECTION I — HEALTH HISTORY

Is your child having any of the problems listed below?  
**YES**  **NO**

1. Allergies or reactions: (for example, food, medication, or other)
2. Hay fever, asthma, or wheezing
3. Eczema or frequent skin rash(es)
4. Convulsions/Seizures
5. Heart trouble
6. Diabetes
7. Frequent colds, sore throats, earaches (4 or more per year)
8. Trouble with passing urine or bowel movements
9. Shortness of breath
10. Speech problems
11. Menstrual problems
12. Dental problems: date of last examination:
13. Other

Please explain any problem areas identified above:

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9. 
10. 
11. 

### SECTION II — IMMUNIZATION

Statements such as "UP TO DATE" or "COMPLETE" will not be accepted. 
Admission to school may be denied on the basis of the information.

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DATE ADMINISTERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE</td>
<td>TYPE</td>
</tr>
<tr>
<td>DTP/DTaP/DT/OPV (Specify Type)</td>
<td>1. Mor/Day/Yr:</td>
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<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
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<tr>
<td>4.</td>
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<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenza type b (HIB)</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>4.</td>
</tr>
<tr>
<td>IPV/OPV (Specify Type)</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>5.</td>
</tr>
</tbody>
</table>

Note: If Measles, Rubella, or Mumps vaccines were given before 12 months of age, the dosage must be repeated.

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DATE ADMINISTERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR</td>
<td>1. Mor/Day/Yr:</td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td>1.</td>
</tr>
<tr>
<td>Chickenpox</td>
<td>History of Disease</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>1.</td>
</tr>
<tr>
<td>HIV</td>
<td>2.</td>
</tr>
<tr>
<td>Pneumococcal Conjugate (PCV)</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>4.</td>
</tr>
<tr>
<td>Other Vaccines</td>
<td></td>
</tr>
</tbody>
</table>

Indicate physician diagnosis of disease or laboratory evidence of immunity as applicable

**VACCINES WAIVED DUE TO REACTIONS/CONTRAINDICATIONS:**

REASONS:

I certify that the immunization dates are true to the best of my knowledge.

Validating Signature | Title | Date

*According to Act 368, Public Acts of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious, and other objections provided that waiver forms are properly prepared, signed, and delivered to school administrators. Forms for these exemptions are available at your school or local health department.*
SECTION III - PHYSICAL EXAMINATION, INSPECTION, TESTS, AND MEASUREMENTS
EXAMINATIONS AND/OR INSPECTIONS

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

<table>
<thead>
<tr>
<th>Tests and Measurements</th>
<th>Normal</th>
<th>Under Care</th>
<th>Referred</th>
<th>Normal</th>
<th>Under Care</th>
<th>Referred</th>
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</thead>
<tbody>
<tr>
<td>Vision Tested?</td>
<td></td>
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<tr>
<td>Yes ☐ No ☐</td>
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<tr>
<td>Ocular Muscle</td>
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<tr>
<td>☐ Visual Acuity</td>
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<tr>
<td>Other ☐</td>
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<tr>
<td>Urinalysis Done?</td>
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<tr>
<td>☐ Yes ☐ No</td>
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<td>Date ____</td>
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<td>☐ Sugar</td>
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<td>☐ Albumin</td>
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<tr>
<td>☐ Microscopic</td>
<td></td>
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<tr>
<td>Hearing Tested?</td>
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<tr>
<td>Yes ☐ No ☐</td>
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<tr>
<td>☐ Audiometer</td>
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<td>☐ Other ____</td>
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<tr>
<td>Blood Pressure Measured?</td>
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<td>☐ Yes ☐ No</td>
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<tr>
<td>Reading ____</td>
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<tr>
<td>☐ Yes ☐ No</td>
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<td>Date ____</td>
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<td>☐ Yes ☐ No</td>
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<tr>
<td>Reading ____</td>
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<tr>
<td>Hemoglobin/Hemocrit Tested?</td>
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<td>Yes ☐ No ☐</td>
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<td>Date ____</td>
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<td>☐ Height ____</td>
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<tr>
<td>☐ Weight ____</td>
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<tr>
<td>☐ Other:</td>
<td></td>
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<tr>
<td>Blood Lead Level Measured?</td>
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<tr>
<td>Yes ☐ No ☐</td>
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<tr>
<td>Date ____</td>
<td></td>
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</tr>
<tr>
<td>☐ Blood Lead Level recommended for all children age six and under</td>
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</tr>
</tbody>
</table>

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

Tuberculin Test (if given) Date ____ Type: ____ ☐ Negative ☐ Positive ____ mm.

SECTION IV - RECOMMENDATIONS

Is there any defect of vision, hearing, or other condition for which the school could help by seating or other action? ☐ Yes ☐ No
If yes, please explain.

Should the student's activity be restricted because of any physical defect or illness? ☐ Yes ☐ No If yes, check below and explain degree of restriction:
☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ Camp ☐ Other

Examiner's Signature __________________________ Date __________ Examiner's Name (print or type) __________________________ Degree or License __________________________

Number & Street __________ City __________ Zip __________ Telephone __________

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined __________ teeth and make the following recommendations as for treatment:

Child's Name __________________________

Dentist's Signature __________________________ Date __________

COMMENTS

__________________________________________________________

__________________________________________________________

__________________________________________________________
STATE BOARD OF EDUCATION APPROVED
HOME LANGUAGE SURVEY *

☐ Star International Academy
Grades 3-12: ph: 313-724-8990 Fax: 313-724-8994
Grades Pre-K-2: ph: 313-724-8060 Fax: 313-724-8082
enrollsia@starpsa.org

☐ Universal Academy
Grades Pre-K-12: ph: 313-581-5006 Fax: 313-581-5514
enrollua@universalpsa.org

☐ Universal Learning Academy
Grades Pre-K-10: ph: 734-402-5900 Fax: 734-402-5901
enrollula@ulapsa.org

☐ Noor International Academy
Grades Pre-K-7: ph: 586-365-5000 Fax: 586-365-5001
enrollnia@niapsa.org

The Public School Academy is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152 - 380.1157 of the School Code of 1995, Michigan’s Bilingual Education Law. Would you please help by providing the following information?

Thank you very much for your cooperation.

Name of Student ___________________________ Grade ___________ Age ___________

School Building

1. Is your child’s native tongue a language other than English?
   □ Yes □ No What is that language? _______________________________

2. Is the primary language¹ used in your child’s home or environment a language other than English?
   □ Yes □ No What is that language? _______________________________

3. Was your child born in the United States? □ Yes □ No What is the entry date to the US? _______________________________

_________________________ Signature of Parent or Guardian _______________ Address _______________ Date _______________

¹"Primary language” means the dominant language used by a person for communication.
* Translation of this survey form in Spanish, Arabic, French and Italian is available per request at the Main Office of the Academy.