Arbor Academy Enrollment Application

Applying For: Month		Year		Grade for	Fall K 1 2 3	3 4 5 6	78	
STUDENT INFORMATION Legal Name: (Last, First, Middle)								
Date of Birth E	Birth Place (city)		Ger	nder M F	Twin/Triplet?	Yes No		
Student Primary Residence	ress	City			State		Zip	
Home Phone	_ School District of Re	esidence						
Previous School Attended				_				
PRESCHOOL Did your child attend Preschool? Ye	s No if yes	s, give name of p	orogram					
ETHICAL INFORMATION (PER MID								
PARENT/GUARDIAN INFORMA			Hawallan	Pacific Isla	inderHispanic/	/Latino	ite	
Name		nshin to Student			Legal Gua	rdian? YES N	IO	
Address (if different)					-		-	
Home Phone	Cell Phone	Wo	ork Phone_		Ext			
Email	E	Employer/Occupa	ation			-		
PARENT/GUARDIAN INFORMA	TION							
Name	R	Relationship to St	tudent		Legal Gu	ardian? YES	NO	
Address (if different)								
Home Phone	Cell Phone	Wo	ork Phone_		Ext			
Email	E	Employer/Occupa	ation					
MEDICAL INFORMATION Please list all special medical needs a Has student had chicken pox? No		te						
SPECIAL SERVICES Does student have an Individualized	Education Plan (IEP)?		Yes	No	Date			
Does student have a 504 Plan? Did student receive Special Services	at previous School?		Yes Yes	No No	Date			
Circle Services Received: Speech Resource		E.C.D.D. E.I. ntained Classroo			O.H.I. T.B.I.	C.I. E.S.L.		
HOME LANGUAGE Is the students primary language Eng	glish?		Yes	No	if no, language sp	oken:		
Is the parent's primary language son Have the student received English La			Yes Yes	No No	if yes, language s	poken:		
TEMPORARY LIVING ARRANG These questions cover the definition enrollment identification.	on of homeless that is				w. This enrollmen	t form will me	et the MSI	
Are you sharing the housing of others Explain if it is a similar reason:							Yes	No
Are you currently residing at a motel, Are you currently residing in a shelter Are you currently living in a temporary	?	-		-	d or for economic i	reasons?	Yes Yes Yes	No No No
SIBLINGS Does this student have sibling(s) curr	ently enrolled at Arbor	Academy? Yes	No	Name(s)				
Does this student have siblings also a	applying at Arbor Acade	emy? Yes	No	Names(s	s) & Grade(s)			
X	ion Cignoture			Date				
Application D Birth Certificate	ian Signature	s 🗆 Cu	rrent Repo	ort Card foi	r Grades 1-8	Office Use Revised Jar		/ Time Received Complete

Arbor Academy

How did you find out about Arbor Academy? If referred by an individual, please include their name.

Why do you want your child to attend Arbor Academy?

* It is the parent's responsibility to notify school of address or phone number changes.

<u>Please note</u>: In order for a child's application to be considered for the school year during open enrollment, the school must have this completed document on file by the last business day in February. Approximately one week after open enrollment ends, parents will be officially notified by mail of their child's status for enrollment. Openings that occur <u>AFTER</u> the official notification process has been completed will be filled on a first-come, first-serve basis. After receiving the official notification of their child's acceptance in Arbor Academy, parents are expected to sign a Release of Records form, and to send it back to the Academy with a copy of the child's birth certificate and most recent immunization records. If there are any questions about this process, parents are encouraged to contact Arbor Academy at (269) 963-5851. Thank you for your interest in Arbor Academy!

Enrollment at Arbor Academy - a Michigan public school academy chartered by Grand Valley State University in 2011 - is open to all appropriately aged children without regard to gender, ethnic background, disability, and/or religious affiliation.

MAIL APPLICATION TO: Arbor Academy 55 Arbor Street, Battle Creek, MI 49015 Phone: (269) 963-5851 Fax: (269) 964-2643