

Start Date:
Complete Date:

SUMMIT ACADEMY SCHOOLS
Enrollment Application
School Year: 2009-2010

Circle One:
North Elem K-6 Flat Rock K-8
Middle 7-8 High 9-12

STUDENT INFORMATION

First Name _____ Middle Name _____ Last Name _____ Suffix _____ Grade 2009-2010 _____
Address _____ City _____ State _____ Zip _____ Phone _____
Date of Birth _____ / _____ / _____ Gender _____ Ethnicity (List multiple if applicable) _____ Place of Birth _____
School District of Residence: _____
School Attending:(Name & District) Building Name, City, State _____
Type of School: _____ Private/ Public/ Home school
Has your child attended Summit Academy before? Yes No When? _____
Did you withdraw from another school to avoid discipline charges or consequences? _____
If so, what was the violation? _____
Has your child ever had a long term suspension or expulsion from another school? _____
Is your child a Michigan Resident? Yes No Is your child a US Citizen? Yes No
Has your child ever attended any remediation program? Yes No Which one? _____
What was the difficulty? _____ What grade was the student in? _____ Year Left? _____
What is the native language? _____ What language is spoken at home? _____

Parent/Guardian Information

Relationship _____ First Name _____ Last Name _____
Address _____ City _____ State _____ Zip _____ Home Phone _____
Work Phone _____ Cell Phone _____ Email Address _____
Relationship _____ First Name _____ Last Name _____
Address _____ City _____ State _____ Zip _____ Home Phone _____
Work Phone _____ Cell Phone _____ Email Address _____
Are there custody issues the school should know about? Yes No

Student Health Information

Is your child subject to condition which may cause emergencies such as epilepsy, diabetes, fainting, allergies, etc?
Yes No If yes, please explain: _____
Does your child have any visual or hearing problems for which the school should compensate by seating or other action?
Yes No If yes, please explain: _____
Does your child have any health conditions which may limit participation in strenuous activities such as physical education or athletics? Yes No If yes, please explain: _____
Does your child have any other health conditions or medications which should be brought to the schools attention?
Yes No If yes, please explain: _____
Does your child have an IEP? Yes No If yes, date of last IEP ____/____/____
Family Doctor _____ Doctor's Phone Number _____ Preferred Hospital _____ Date of 1st DPT/Td Vaccine ____/____/____
Has your child had chicken pox? Yes No Has your child been immunized for chicken pox? Yes No

Emergency Contact Information (In addition to Parents or Guardians)
The people listed below may pick my child up.

Relationship	First Name	Last Name		
Address	City	State	Zip	Home Phone
Work Phone	Cell Phone	Email Address		

Relationship	First Name	Last Name		
Address	City	State	Zip	Home Phone
Work Phone	Cell Phone	Email Address		

Please list any other adults who may pick up your child from school.

Relationship	Name	Phone
Relationship	Name	Phone
Relationship	Name	Phone

Sibling Info

Relationship	Name	School Site	Grade
Relationship	Name	School Site	Grade
Relationship	Name	School Site	Grade

Signature

To the best of my knowledge the information on this application is true.

Parent/Guardian Signature _____ Date / /

Office Use Only

Birth Certificate	
Immunizations	
Copy of Legal Docs, if custody issues	
Taken By:	
Date Received:	
Consultant Needed:	

Office Use Only		
	Test Grade Level	
Placement Assessment	Math	Reading
Date Taken		
Score		
Retake Date		
Retake Score		