



Arbor Academy Enrollment Application

Applying For: Month _____ Year _____

STUDENT INFORMATION

Legal Name:(Last, First, Middle) _____

Grade for Fall K 1 2 3 4 5 6 Kindergarten Preference: A.M. _____ P.M. _____

Date of Birth _____ Birth Place (city) _____ Gender M F Twin/Triplet? Yes No

Student Primary Residence _____
Address City State Zip

Home Phone _____ School District of Residence _____

Previous School Attended _____

Ethnic Information (PER MI DEPT of ED) Rank & order all that apply: __American Indian /Alaska Native __Black/African
__Asian American __Native Hawaiian/ Pacific Islander __Hispanic/Latino __White

PARENT/GUARDIAN INFORMATION

Name _____ Relationship to Student _____ Legal Guardian? YES NO

Address (if different) _____

Home Phone _____ Cell Phone _____ Work Phone _____ Ext _____

Email _____ Employer/Occupation _____

PARENT/GUARDIAN INFORMATION

Name _____ Relationship to Student _____ Legal Guardian? YES NO

Address (if different) _____

Home Phone _____ Cell Phone _____ Work Phone _____ Ext _____

Email _____ Employer/Occupation _____

MEDICAL INFORMATION

Please list all special medical needs and current medication _____

_____ Has student had chicken pox? No Yes Date _____

SPECIAL SERVICES

Does student have an Individualized Education Plan (IEP)? Yes No Date _____

Did student receive Special Services at previous School? Yes No

Circle Services Received: Speech Social Work L.D. E.C.D.D. E.I. V.I. H.I. P.I. A.I. O.H.I. T.B.I. C.I. E.S.L.

Resource Room Self-Contained Classroom Please list all languages spoken at home _____

Siblings

Does this student have sibling(s) currently enrolled at Arbor? Yes No Name(s) _____

Does this student have siblings also applying at Arbor Academy? YES NO Names(s) & Grade(s) _____

X _____ Date _____

Parent/Guardian Signature

Application Birth Certificate Immunizations Current Report Card for Grades 1-6.

Office Use Only: Date / 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.

Please note: 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 AFTER 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 or the Business Office at (269) 731-5775 ext. 132. Thank you for your interest in Arbor Academy!

Enrollment at Arbor Academy - a Michigan public school academy chartered by Grand Valley State University in 1998 - is open to all appropriately aged children without regard to gender, ethnic background, disability, and/or religious affiliation.

MAIL APPLICATION TO:
Foundation for Behavioral Resources
600 South Lincoln Street, Augusta, MI 49012
Phone: (269) 731-5775 Fax: (269) 731-5246

