



# Augusta Academy Enrollment Application

Applying For: Month \_\_\_\_\_ Year \_\_\_\_\_

## STUDENT INFORMATION

Legal Name:(Last, First, Middle) \_\_\_\_\_  
Grade for Fall K 1 2 3 4 5 6  
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 \_\_\_\_\_

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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 Augusta? Yes No Name(s) \_\_\_\_\_

Does this student have siblings also applying at Augusta 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

# Augusta Academy

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

Why do you want your child to attend Augusta 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 Augusta 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 the Augusta Academy Business Office at (269) 731-5796 Thank you for your interest in Augusta Academy!

Enrollment at Augusta 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) 731-5796 Fax: (269) 731-5246