

# Huron Academy New Student Application 2019-2020

METRO building (PreK thru 2<sup>nd</sup>) 586-446-9170 or UTICA building (3<sup>rd</sup> thru 8<sup>th</sup>) 586-690-8180

No applicant for admission shall be discriminated against on the basis of race, color, ethnicity, national origin, sex (including sexual orientation or transgender identity or expression), pregnancy, mental or physical disability, age, religion, height, weight, marital or family status, military status, ancestry or genetic information.

## STUDENT INFORMATION

Student's Last Name:			
Student's First Name:		Middle Initial:	
Student's Date of Birth (Provide Birth Certificate):	/	/	Grade Entering:
Address where student lives:	Street Address:		
	City:	State:	Zip Code:
Mailing address, if different from above:	Street Address:		
	City:	State:	Zip Code:

## PARENT/GUARDIAN INFORMATION

<b>Parent/Guardian #1</b> (if address is different than student, would you like separate mailings to this address as well?) <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:		Relationship:
	Street Address:		
	City:	State:	Zip Code:
	Home Phone:	Cell Phone:	
	Work Phone:	Email:	
<b>Parent/Guardian #2</b> (if address is different than student, would you like separate mailings to this address as well?) <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:		Relationship:
	Street Address:		
	City:	State:	Zip Code:
	Home Phone:	Cell Phone:	
	Work Phone:	Email:	

## DISCIPLINE HISTORY

Designated Neighborhood School District: \_\_\_\_\_

Has your child ever received an in-school detention?  Yes  No  
 If yes, how many times? \_\_\_\_\_ When did the detention occur? \_\_\_\_\_

Has your child ever received a suspension from school?  Yes  No  
 If yes, how many times? \_\_\_\_\_ When did the suspension occur? \_\_\_\_\_

Has your child ever been expelled from school?  Yes  No    Has your child ever been convicted of a felony?  Yes  No

## SIBLINGS (Please list all siblings who are also applying for enrollment at the Academy. Information in this section is to ensure sibling status if one of your children is accepted. Each child applying must complete a separate Student Enrollment Application.)

Last Name	First Name	Grade

I understand that by completing and signing this form that my child will be considered for enrollment at the Academy. I further understand that this process does not automatically guarantee enrollment in the Academy, and that my child's name may be placed in a lottery for enrollment purposes.

I affirm that all the information provided is complete and accurate to the best of my knowledge:

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

# DISCIPLINE RECORD INFORMATION

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last Grade Attended \_\_\_\_\_

Current School \_\_\_\_\_ School District \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Has your child received in-school detention(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how many times? \_\_\_\_\_ For what reason(s)? \_\_\_\_\_

Has your child ever received a suspension from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is yes, how many times? \_\_\_\_\_ When did the suspension(s) occur? \_\_\_\_\_

Has your child ever been expelled from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

**I understand this form will be sent to my child's current administrator for review and signature.**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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Dear Administrator/Director:

The above student has submitted an enrollment form for entrance into Huron Academy. Please verify the above information and **fax** this form **ASAP** to:

**Huron Academy**  
**11401 Metro Parkway**  
**Sterling Heights, MI 48312**  
**Phone: 586-446-9170 Fax: 586-446-9173**  
**Attention: Ms. Pam Abke**

Student's Name \_\_\_\_\_

Has this student received in-school detention(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how many times? \_\_\_\_\_ For what reason(s)? \_\_\_\_\_

Has this student ever received a suspension from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is yes, how many times? \_\_\_\_\_ When did the suspension(s) occur? \_\_\_\_\_

For what reason(s)? \_\_\_\_\_

Has this student ever been expelled from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is yes, how many times? \_\_\_\_\_ When did the expulsion(s) occur? \_\_\_\_\_

For what reason(s)? \_\_\_\_\_

Administrator/Director \_\_\_\_\_ Date \_\_\_\_\_

# DISCIPLINE RECORD INFORMATION

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last Grade Attended \_\_\_\_\_

Current School \_\_\_\_\_ School District \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Has your child received in-school detention(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how many times? \_\_\_\_\_ For what reason(s)? \_\_\_\_\_

Has your child ever received a suspension from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is yes, how many times? \_\_\_\_\_ When did the suspension(s) occur? \_\_\_\_\_

Has your child ever been expelled from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

**I understand this form will be sent to my child's current administrator for review and signature.**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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Dear Administrator/Director:

The above student has submitted an enrollment form for entrance into Huron Academy. Please verify the above information and **fax** this form **ASAP** to:

**Huron Academy**  
**36301 Utica Road**  
**Clinton Township, MI 48035**  
**Phone: 586-690-8180 Fax: 586-329-4163**  
**Attention: Ms. Susan DiCicco**

Student's Name \_\_\_\_\_

Has this student received in-school detention(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how many times? \_\_\_\_\_ For what reason(s)? \_\_\_\_\_

Has this student ever received a suspension from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is yes, how many times? \_\_\_\_\_ When did the suspension(s) occur? \_\_\_\_\_

For what reason(s)? \_\_\_\_\_

Has this student ever been expelled from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is yes, how many times? \_\_\_\_\_ When did the expulsion(s) occur? \_\_\_\_\_

For what reason(s)? \_\_\_\_\_

Administrator/Director \_\_\_\_\_ Date \_\_\_\_\_