

Huron Academy New Student Application 2021-2022

METRO building (PreK thru 2nd) 586-446-9170 or UTICA building (3rd thru 8th) 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		
Parent/Guardian #1 (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:
Parent/Guardian #2 (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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? _____ When did the detention occur? _____		
Has your child ever received a suspension from school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? _____ When did the suspension occur? _____		
Has your child ever been expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____

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 _____

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 _____