



# ENROLLMENT APPLICATION

**STUDENT NAME** \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

## PARENT / GUARDIAN

\_\_\_\_\_ *Parent/Guardian Name* \_\_\_\_\_ *Relationship*

Student Primary Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

## APPLICATION

I/we are applying for \_\_\_\_\_  
*Student's Full Name*

**to be enrolled at Flat River Academy.**

**Parent/Guardian Signature:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**NOTE:** *If the number for students exceed enrollment capacity, an open lottery process will be used.*

Has your child been expelled or suspended from any school or have/will have disciplinary precedes that could lead to expulsion or suspension?  **YES**  **No**

If yes, please provide information about the expulsion, suspension, or disciplinary proceeding.

\_\_\_\_\_

\_\_\_\_\_

*How did you hear about Flat River Academy:* \_\_\_\_\_

Please feel free to add any additional information about your child.

\_\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Record Request by: \_\_\_\_\_ Date: \_\_\_\_\_

# FLAT RIVER ACADEMY STUDENT INFORMATION

## STUDENT INFORMATION

NAME (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: M F X

## LEGAL GUARDIAN # 1

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

## LEGAL GUARDIAN # 2

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

## CHILD CARE / OTHER CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

## LAST SCHOOL ATTENDED

School Name: \_\_\_\_\_ District: \_\_\_\_\_

Special Education:  YES  NO

If YES, what services were provided?

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION**

*Allergies*

*Has your child had the following (Check the Box)*

Chicken Pox    Rubella    Measles    Mumps

Bee Sting    Medication: \_\_\_\_\_

Food: \_\_\_\_\_    Other: \_\_\_\_\_

Vision:    Passed    Failed

Hearing:    Passed    Failed

**HOME LANGUAGE SURVEY**

*Is your child's native tongue a language other than English?*

If **YES**, what language?

**YES**    No

\_\_\_\_\_

*Is the primary language used in your child's home or environment a language other than English*

If **YES**, what language?

**YES**    No

\_\_\_\_\_

**"Primary Language"** means the dominant language used by a person for communication.

**OTHER INFORMATION**

*Is this student Hispanic/Latino?*

**YES**    No

**RACE** (the question to the left is about ethnicity not race, please continue to answer the following)

- American Indian/Alaska Native
- Asian    White    African American
- Native Hawaiian/Pacific Islander

Multiple birth: \_\_\_\_\_ (1=single, 2=twin, etc.)

Do you have a home computer?    **YES**    No

Housing:    Own    Rent    Other

Born in USA:    **YES**    NO   If No, Moved to USA Date: \_\_\_\_\_   Moved for Work?    **YES**    NO

Years outside of USA: \_\_\_\_\_   Years in USA: \_\_\_\_\_   Interpreter Needed for Parents?    **YES**    NO

Family Information (Please list other children living at this address)

Name: \_\_\_\_\_   Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_   Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_   Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_   Date of Birth: \_\_\_\_\_

*The signature on this form also signifies that the school personnel is given consent to treat this student, provide a parent/guardian cannot be reached in a timely manner.*

Parent Signature: \_\_\_\_\_   Date: \_\_\_\_\_

**FAMILY INFORMATION**

<b>STUDENT NAME</b> _____	<b>DOB:</b> _____	<b>Sex:</b> M F	
_____	_____	_____	
Parent/Guardian Name	Parent/Guardian Name		
_____	_____	_____	
Home Phone	Work/Other Phone	Home Phone	Work/Other Phone
_____	_____	_____	_____
Address	Address		
_____	_____		
City, State, Zip	City, State, Zip		

**ALTERNATIVE EMERGENCY CONTACTS**

_____	_____		
Primary Emergency Contact	Secondary Emergency Contact		
_____	_____		
Home Phone	Work/Other Phone	Home Phone	Work/Other Phone
_____	_____	_____	_____
Address	Address		
_____	_____		
City, State, Zip	City, State, Zip		

**MEDICAL INFORMATION**

\_\_\_\_\_  
Hospital/Clinic Preferences

_____	_____
Physician's Name	Phone Number
_____	_____
Insurance Company	Policy Number

\_\_\_\_\_  
Allergies/Special Considerations

*I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.*

_____	_____
Parent/Guardian Signature	Date

*I give permission for my child to go on field trips. I release Flat River Academy and individuals from liability in case of accident during activities related to Flat River Academy, as long as normal safety procedures have been taken*

_____	_____
Parent/Guardian Signature	Date

_____	_____
Witness Signature	Date



9481 Jordan Rd  
Greenville, MI 48838  
Office: (616) 754-9360  
Fax: (616) 754-9363

**REQUEST FOR STUDENT RECORDS**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ DOB: \_\_\_\_\_

Previous School: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Last Year Attended: \_\_\_\_\_

**PARENT/GUARDIAN**  
SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT RECORD REQUEST FOR: (office use only)**

CA-60     Immunization Record     Transcript/Last Report Card  
 IEP     Special Testing     Other: \_\_\_\_\_

Within 14 days of enrolling a transfer student, the school shall request in writing directly from the student's previous school a copy of his or her record. Any school that compiles records for each student in the the school and that is requested to forward a copy transferring student's record shall comply within 30 days of receipt of the request.

*The Federal Register Volume 41, No. 118, Section 99.31, June 17, 1976 states:*

**PRIOR CONSENT FOR DISCLOSURE IS NOT REQUIRED IF THE DISCLOSER IS TO OFFICIALS OF ANOTHER SCHOOL OR SCHOOL SYSTEM IN WHICH THE STUDENT SEEKS OR INTENDS TO ENROLL.**

**SEND RECORDS TO:**

**Flat River Academy**  
**9481 Jordan Rd**  
**Greenville, MI 48838**  
**Office: (616) 754-9360 • Fax: (616) 754-9363**

**TUITION-FREE PUBLIC SCHOOL FOR K-12 STUDENTS**