

# WATERFORD MONTESSORI ACADEMY

Midland Campus  
PreK – 5<sup>th</sup> Grade  
4860 Midland Avenue  
Waterford, MI 48329  
Tel: 248-674-2400  
Fax: 248-674-2424

Elizabeth Lake Campus  
K – 4<sup>th</sup>, 6<sup>th</sup> – 8<sup>th</sup> Grade  
4350 Elizabeth Lake Road  
Waterford, MI 48328  
Tel: 248-674-2400  
Fax: 248-706-6148

**This box for office use only**

Date Submitted: \_\_\_\_\_

**Required Documentation:**

1. Original Birth Certificate
2. Immunization Record
3. Parent's Michigan Driver's License
4. Custody Verification (if applicable)
5. IEP Documentation (if applicable)

## **2019-2020 Enrollment Application**

PLEASE TYPE OR PRINT

**Student name as it appears on birth certificate**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am applying for my child to attend the:  Midland Campus  Elizabeth Lake Campus  Unsure

Grade your child will be entering in Fall 2018?  Kdg.  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>

Does your child have an active IEP for special education services?  Yes  No

(If yes, you must provide a copy of most recent IEP service information)

Are there any siblings?  Yes  No Are any siblings currently applying to WMA?  Yes  No

Please provide each sibling's name and age \_\_\_\_\_

**Language:** Is *your child's* native tongue a language other than English?  Yes  No

If yes, what is that language? \_\_\_\_\_

Is the primary language used in your child's home or environment a language other than English?  Yes  No

If yes, what is that language? \_\_\_\_\_

**Legal Guardian**  Guardian resides in student's household  Guardian resides elsewhere

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address (if different from student's): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**Legal Guardian**  Guardian resides in student's household  Guardian resides elsewhere

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address (if different from student's): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Waterford Montessori Academy does not discriminate on the basis of race, color, national origin, sex (including sexual orientation or transgender identity), disability, age (except as authorized by law), religion, military status, ancestry or genetic information in its educational programs or activities.

<b>Race</b> (check all that apply):	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> African-American
	<input type="checkbox"/> Native Hawaiian or other Pacific Islander		<input type="checkbox"/> Caucasian

<b>Ethnicity</b> (check one):	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
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**Housing Situation** (check one if applicable)

<input type="checkbox"/> Shelter	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Temp Foster Care
<input type="checkbox"/> Doubled-Up	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Unsheltered

1. How did you hear about the Academy?  
\_\_\_\_\_  
\_\_\_\_\_

2. Why have you chosen to enroll your child in the Academy?  
\_\_\_\_\_  
\_\_\_\_\_

3. Has your child experienced any difficulties in previous educational settings, such as comprehension problems, incomplete work, attention problems, social/behavioral/emotional problems, or expulsion?  
\_\_\_\_\_  
\_\_\_\_\_

4. Please share any special strengths or achievements your child has experienced in previous educational settings, such as awards, advanced placements, or leadership qualities.  
\_\_\_\_\_  
\_\_\_\_\_

- I understand that if any statements made on this application are false, the enrollment of my child may be terminated immediately. I agree to provide the Academy with all updated records and documentation required for my child’s enrollment. I understand that my child’s enrollment is not complete until all required documentation is submitted.

By signing below, I confirm that all information provided on this application is correct, and I agree to fulfill all requirements necessary for my child’s enrollment.

Parent/Legal Guardian Full Name (Print): \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Parent/Legal Guardian Full Name (Print): \_\_\_\_\_

Signature Parent/Legal Guardian: \_\_\_\_\_