

WATERFORD MONTESSORI ACADEMY

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

Elizabeth Lake Campus
K – 4th, 6th – 8th 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 2019? Kdg. 1st 2nd 3rd 4th 5th 6th 7th 8th

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.

| | | | |
|-------------------------------------|--|--------------------------------|---|
| Race (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 |

| | | |
|-------------------------------|---|---|
| Ethnicity (check one): | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not Hispanic or Latino |
|-------------------------------|---|---|

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: _____