



1615 Belton Garden City, Michigan 48135

734-261-0500

734-956-6360 Fax

Principal Suzanne March

ENROLLMENT APPLICATION

Name (full) _____ Age _____ Sex _____

Address _____ City _____ Zip _____ Date of Birth _____

Home Phone _____ Cell Phone _____

Email Adress _____

Last School Attended and Address _____

School **District** Where You Live and County Your Home Resides In _____

How did you hear about Tipton Academy (newspaper, friend, etc): _____

Grade which student is enrolling at Tipton Academy: _____

Has your child ever been suspended or expelled from another school district? Yes _____ No _____

Is your child currently eligible for Special Education Services? Yes _____ No _____

Does your child have a current IEP? Yes _____ No _____

Is your child currently eligible for Section 504 services? Yes _____ No _____

Ethnic: Caucasian _____ Asian _____ African American _____ Hispanic _____
American Indian _____ Other _____

◆ Is the primary language in your home **OTHER** than English? Yes _____ No _____

◆ If YES, what language? _____

◆ **ENGLISH LANGUAGE LEARNER:** Has the student ever been enrolled in a Bilingual or English Language Learner (ELL) program? Yes _____ No _____

Signature of Parent/Guardian

Date