



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 Address _____

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 _____

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

◆ If NO, 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



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TIPTON ACADEMY

Mother/ Guardian Information

Last Name: _____ First Name: _____

Address: _____
City State Zip

Cell Number: _____ Home Number: _____

Work Number: _____ Relationship to Student: _____

Father/ Guardian Information

Last Name: _____ First Name: _____

Address: _____
City State Zip

Cell Number: _____ Home Number: _____

Work Number: _____ Relationship to Student: _____

LIST OTHER CHILDREN IN THE FAMILY

NAME	DATE OF BIRTH	GRADE	SCHOOL ATTENDING

WITH WHOM DOES THE CHILD RESIDE? Both Parents _____ Mother _____ Father _____ Guardian _____

_____ Stepmother _____ Stepfather

PRESENT LIVING SITUATION: _____ Own Home _____ Renting Home _____ Living with another family due to financial reasons

_____ Car _____ Motel/Hotel _____ Campsite/Trailer

Knowingly falsifying registration information is grounds for immediate removal of the child from Tipton Academy. I attest that the above information is accurate and complete to the best of my knowledge.

Signature of Parent or Guardian Enrolling Student: _____

Date: _____ Relationship: _____

Tipton Academy will not tolerate unlawful discrimination by or against students because of their race, color, creed, religion, height, weight, age, marital status, veteran status, citizenship, national origin, sex, handicap or disability, or any other factor prohibited by law. This policy applies without exception. After investigation, persons who violate this policy are subject to appropriate sanctions for their conduct.



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MEDICAL CONDITION

Student Name: _____

- Yes, my child **has** Medical Condition
- No, my child **does not have** a Medical Condition

List Medical Condition in detail:

Please attach any relative information regarding the Medical Condition(s)

If Medication is needed during school hours, you may pick up a Medical Permission form at the office.

ALLERGIES

- Yes, my child **has** Allergies
- No, my child **does not have** Allergies

List Allergies in detail:

I Do Not Hold Tipton Academy responsible for forgetting to administer medication to my child.

Parent/Guardian's Signature: _____ Date: _____

If I want to ensure that my child receives the medication, I have the right to come into the school and administer this medication to my child.





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REQUEST FOR RECORDS

STUDENT INFORMATION

Student Name: _____

Address: _____ City: _____ St. _____ Zip _____

Phone Number: _____ Date of Birth: _____

Male Female

School Releasing Information

School Name: _____

Address: _____ City: _____ St. _____ Zip _____

School Phone Number: (____) _____ Fax: _____

Records Requested

-CA-60 with all records/grades, etc. including but not limited to IEP's Immunization Records, etc.

SCHOOL TRANSFER WEAPONS FREE SCHOOL ZONE STATEMENT

The above student is currently enrolled at Tipton Academy. In order to comply with Public Act 328, please verify that he/she has not been suspended or expelled from school for a weapons violation subsequent to January 1, 1999. If the above has been suspended or expelled due to weapons violations, please attach an explanation as to the current status of the student.

Parent/Guardian Signature: _____ Date: _____

