

22930 Chippewa, Detroit, MI 48219 Phone: (313) 387-6038 – Fax: (313) 387-6180

## **ENROLLMENT APPLICATION**

				Grade
Student's Legal Last Name	First Name			Middle/Suffix (Jr., III
Address Number and Street Name				Apartment #
¥*			M / F	
City	State	Zip Code	Gender (Circle One)	Date of Birth
Birthplace (City, State, Country)				
Please identify student's night time reside  Temporarily sharing a house with friend In a motel, hotel, or campground due to In an emergency or transitional shelter of In Foster Care  Unaccompanied youth and/or Runaway	ls or family due to t o a lack of alternativ or hospital			rdship, or similar reasol
☐ In a living arrangement not described al		ed, regular, and	d adequate	
□ None of the above     FEDERAL RACE (OPTIONAL): Select 1 or n	nore choices below	<i>ı</i> .		
American Indian Asian Black/.	African American	── Native Ha	waiian/Other Paci	
			wanan, other rac	ific Islander

## PARENT/GUARDIAN INFORMATION ONLY: Mother/Father/Guardian: Address: City: \_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) Work Phone: (\_\_\_\_\_) \_\_\_\_ E-mail Address: Has the student had a suspension from another school? Yes No Has the student had an expulsion from another school? Yes ... No ... Do any siblings currently attend Weston? Yes No If yes, please list name(s) and grade(s): \_\_\_\_\_ I understand that failure to accurately report information may result in the immediate removal of my student from Weston Preparatory Academy. Office Use Only Parent/Guardian Signature

Date

**Application Number**