



MICHIGAN COLLEGIATE

Elementary 16911 Eastland Street, Roseville, MI 48066 (586) 779-8055

Middle & High School 31300 Ryan Road, Warren, MI 48092 (586) 777-3190

Application for Admission/Student Registration Form

Date & Time Received: _____

Student's Name: _____ **2023-2024 Grade** _____
Last First Middle

Address: _____
Street City State Zip

Gender ___ Male ___ Female Date of Birth ___/___/___ Parents in Military ___ Yes ___ No

List Names of other children in family attending Michigan Collegiate:

- | | | | | |
|----|-------|-------|--------|-----------------|
| 1. | _____ | _____ | _____ | _____ |
| | Last | First | Middle | 2023-2024 Grade |
| 2. | _____ | _____ | _____ | _____ |
| | Last | First | Middle | 2023-2024 Grade |
| 3. | _____ | _____ | _____ | _____ |
| | Last | First | Middle | 2023-2024 Grade |

Student lives with: ___ Both Parents ___ Mother Only ___ Father Only ___ Joint Custody
___ Other (Explain) _____

Mother/Legal Guardian: _____

Address if different from above: _____

Cell () _____ Home () _____ Work () _____

Email Address: _____

Father/Legal Guardian: _____

Address if different from above: _____

Cell () _____ Home () _____ Work () _____

Email Address: _____

EMERGENCY CONTACT INFORMATION: List two (2) responsible people who will assume temporary care of your child should he/she need to be dismissed due to illness, emergency or inclement weather, should you not be reached.

First: _____, () _____
Last First Phone Relationship to child

Second: _____, () _____
Last First Phone Relationship to child

SPECIAL EDUCATION SERVICES:

Is there a current IEP (Individual Education Plan)? Yes No Do you have a copy Yes No
Is there a current 504 Plan? Yes No Do you have a copy Yes No
Is there a communication/hearing problem? Yes No

Please list any special education services (resources, speech, OT, etc...) your child has received:

MEDICAL: Please list all medical problems and conditions: _____

Medications: _____ Allergies: _____

Is the child currently under expulsion from another school? Yes No

ETHNIC BACKGROUND: (Optional) If the applicant is multi-racial, mark "1" for primary, and "2" for secondary

Alaska Native or American Indian Asian American Black or African American
 Native Hawaiian or Pacific Islander Hispanic or Latino White Indian

SCHOOL DISTRICT WHERE APPLICANT RESIDES: _____

Applications should be turned in to the school office by 4:00 p.m. on the last day of open enrollment. Applications are date and time stamped as they are received. When open enrollment ends, applications are counted. If there are fewer applications than openings, all applications will be accepted. If there are more applications than openings, a lottery will be held to determine who will be accepted and who will be placed on a waiting list. Parents will be notified by mail of the lottery results. Preference is given to siblings of students already enrolled for any available openings. Applications received after open enrollment are accepted on a first-come, first-served basis for any remaining openings or put on a waiting list.

If accepted, parents will receive an acceptance package. Parents must return all enrollment forms sent to them by a specific date. If this information is not received by that date, the accepted student will be dropped from the list to allow room for those who are on the waiting list.

Michigan Collegiate Elementary admits students of any gender, race, color, religion, disability, national and ethnic origin to all the rights, privileges, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of gender, race, color, religion, disability, national or ethnic origin in administration of its educational policies, admission policies, athletic and other school administered programs.

By signing, I am verifying that the required information I have given is true to the best of my knowledge and that I have read, understand, and agree to the terms which are listed above.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE