



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: _____ Referred by: _____
Referral Student's Name _____

Student's Name: _____ 2024-2025 Grade _____
Last First Middle

Home 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 2024-2025 Grade _____
2. _____
Last First Middle 2024-2025 Grade _____
3. _____
Last First Middle 2024-2025 Grade _____
4. _____
Last First Middle 2024-2025 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, **other than yourself**, whom your student can be dismissed to in the event you cannot 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

Primary Language in the home (if english leave blank) _____

SCHOOL DISTRICT WHERE APPLICANT RESIDES: _____

Applications are date and time stamped as they are received. Preference is given to siblings of students already enrolled for any available openings. Applications received are accepted on a first-come, first-served basis for any remaining openings or placed on a waiting list.

Before acceptance, you must provide the latest report card with attendance and all disciplinary records from your previous school.

If accepted, parents will receive an enrollment packet which must be completed and returned to the school by **Thursday, August 22, 2024**. 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 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