



# Will Carleton Academy 2021-2022 Application for Admission Grades K – 12

Office Use Only	
Date Received	_____
Accepted	_____
Wait List	_____ # _____
BC	<input type="checkbox"/>
IM	<input type="checkbox"/>
DL	<input type="checkbox"/>
PS	<input type="checkbox"/>
RR	<input type="checkbox"/>

Child's Name:

Last	First	Middle	DOB/Age	Grade Applying For
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Children applying for kindergarten must be 5 years of age by September 1, 2020.  
Parents will be notified of the kindergarten readiness assessment period.

**A copy of your student's birth certificate, immunization record,  
consent for disclosure of immunization information and proof of Michigan residency  
must accompany this application before student is accepted for enrollment to Will Carleton Academy.**

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_  
\_\_\_\_\_

Father's Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

With whom does the child reside? \_\_\_\_\_

Residence School District: \_\_\_\_\_ County: \_\_\_\_\_

School Transferring From: \_\_\_\_\_  
Check One:    Charter    Public    Private    Home School

**Please answer the following four questions:**

1. Has your child ever been **suspended** from school? \_\_\_\_\_ Yes    No
2. Has your child ever been **expelled** from school? \_\_\_\_\_ Yes    No
3. Does your child currently hold special education paperwork? \_\_\_\_\_ Yes    No
4. Does your child currently hold a section 504 plan? \_\_\_\_\_ Yes    No

**\*\*\*\*\* Application continues on back \*\*\*\*\***

**Ethnicity** – Please indicate primary ethnicity and secondary, if applicable.

Primary  
(choose one)

Secondary  
(if applicable)

- |                       |                       |                                  |
|-----------------------|-----------------------|----------------------------------|
| <input type="radio"/> | <input type="radio"/> | American Indian/Alaskan Native   |
| <input type="radio"/> | <input type="radio"/> | Asian American                   |
| <input type="radio"/> | <input type="radio"/> | Black or African American        |
| <input type="radio"/> | <input type="radio"/> | Native Hawaiian/Pacific Islander |
| <input type="radio"/> | <input type="radio"/> | Hispanic or Latino               |
| <input type="radio"/> | <input type="radio"/> | White                            |

**Home Language Survey** - Will Carleton Academy is collecting information regarding the language background of each of its students. This required information will be used by the Will Carleton Academy administration to determine the number of children who should be provided bilingual instruction according to Sections 380.1152-380.1157 of the School Code of 1995, Michigan's Bilingual Education Law.

1 - Is your child's native tongue a language other than English?

- Yes  No

If yes, what is the language? \_\_\_\_\_

2 - Is the primary language used in your child's home or environment a language other than English?

- Yes  No

If yes, what is the language? \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date