



Will Carleton Academy
2024-2025 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"/>	CD	<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, 2024.
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:

- Has your child ever been **suspended** from school? _____ Yes No
- Has your child ever been **expelled** from school? _____ Yes No
- Does your child currently hold special education paperwork? _____ Yes No
- 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 language other than English?

- Yes No

If yes, what is your child's native 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 primary language used in your child's home or environment?

3 - Was your child born in a country other than the United States or Puerto Rico?

- Yes No

If yes, when did the student first enroll in a school in the United States?

Parent/Guardian Signature

Date