



Will Carleton Academy 2024-2025 Application for Admission Grades K – 12

		Office Use Only				
Date Received	Accepted					
Wait List		#				
BC	IM	DL	PS	CD		

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:

- | | | |
|--|-----|----|
| 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 *******

