

Office Use Only	
Date Received	

## STUDENT ENROLLMENT APPLICATION

Today's Date							
Light of the World A Student Information Student Name	Academy is a tuition-fr		r academ	y open to all K-8	<sup>th</sup> grade M	lichigan residen	ts.
Last Name Home Address		First Nam	_		ddle Name tate	ZIP	
Birthdate:		Gender 🗆					
Race/Ethnicity (required for F	ederal reporting):						
☐ Caucasian ☐ African-Am	nerican 🗖 Asian	☐ Native A	merican	☐ Hispanic/Latino	☐ Other	r	
Student's Current Grade	School Curren	tly Attendi	ing				
Student's Grade Next Acad							
Does your child receive school-b							
If yes, please indicate special serv	•	•		•		cs <b>1</b> 110	
yes, preuse mareate special seri				e application)			
Does your child receive bilings  Does the student have a discip  FAMILY INFORMATIO  Resident School District if You	olinary record from a pre	vious schoo	bl?□No				
Student lives with: ☐ Mothe	r □ Father □ Both Par	rents $\square$ C	Other:				
2 1 11	Pa	rent/Guard					
Primary Guardian #1 Name:				Guardian #2			
Relationship to student:	First			Last ship to student:	Firs		
Home Phone: Cell Phone: Work Phone: E-Mail Address:			Cell Pho Work Ph	hone: ne: none: ddress:			
Are any siblings (sister/bro	ther) currently attend	ling Light (	of the Wo	rld Academy?	☐ Yes	□No	
If yes, list: BROTHER/SISTER NAME  Are siblings (not currently en				CURRI	ENT GRADE		
Last Name	First Name	Grade	Last Name		First Name	163 🗀 140	Grade
1.			3.				

The following documents	must be submitted wit	h the application for	a student to be considered	for enrollment:



## **REQUEST FOR STUDENT RECORDS**

School:			
Address:			
City:		State:	
Phone:			
FAX:			
,	s) has/have enrolled in our academ st, health and any other pertinent i	•	• •
	Student Name	Grade	Birth Date
SEND RECORDS TO:			
Light of the W	/orld Academy		
550 E. Hambu	ırg Avenue		
Pinckney, Mic	:higan 48169		
734-720-9760	)		
734-970-9763	}		
www.lightofth	heworldacademy.org		
If you have any questic	ons or concerns, please contact the	e academy office at 7	734-720-9760
☐ 1 <sup>st</sup> Request	2 <sup>nd</sup> Request	🗖 3 <sup>rd</sup> Requ	est
Parental permission for rele	ease of records is not required when reco	rds are requested by au	thorized school personnel



## **AFFIRMATION OF PRIOR DISCIPLINE RECORD**

Directions: Check paragraph 1 or 2, provide all appropriate information, and sign.

The undersigned affirms that

A willful false statement on this affirmation may result in a report to the appropriate authorities and possible removal from Light of the World Academy.

(student name)
Paragraph 1:
has not been suspended or expelled from any public or private school in Michigan or any other state, for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against person and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.
Paragraph 2:
has been suspended or expelled from a public or private school in Michigan or any other state, for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against person and/or property committed on school premises, at a school-sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored-activity.
If you checked paragraph 2, explain the circumstances in detail, <b>on a</b> separate sheet of paper. Include the school name(s).
Parent/Guardian Signature
Date: