


<b>STUDENT INFORMATION</b>		 <b>Concord</b> <small>ACADEMY of PETOSKEY</small> 2468 Atkins Rd, Petoskey, MI 49770 Phone:(231)439-6800 Fax:(231)439-6803	
Please use legal name/gender (must match Birth Certificate)			
Last Name:			
First:			
Middle:			
Gender: <b>Male</b> <b>Female</b>		<b>For Office Use</b>	
Date of Birth:		BC	Imm
Grade: <b>DK K 1 2 3 4 5 6 7 8 9 10 11 12</b>		MICR	PS
<b>School year: 20</b> _____ <b>- 20</b> _____		IEP	504
<b>Student's Address</b>		Title7	SpEd Agreement
Home Address:		UIC	Sec25
Mailing/PO Box:		HS Transcript      Entry Date	
City:                                  State:                                  Zip:		<b>Race/Ethnicity</b>	
County:                                  School District:		What is your child's primary race?	
Home Phone:		Is your child bi-racial? <b>Yes No</b>	
<b>Mother/Guardian</b>		What is your child's secondary race?	
Name:		❖ Does your child have tribal affiliation? <b>Yes No</b>	
Mother's Cell Phone:		Tribe:	
Employer:                                  Work Phone:		<b>Parent Email Address</b>	
<b>Father's/Guardian</b>		Email:	
Name:		<b>Special Education</b>	
Father's Cell Phone:		Has your child been evaluated for Special Education services? <b>Yes No</b>	
Employer:                                  Work Phone:		❖ Does your child receive Special Education services under an Individualized Educational Plan (IEP)? <b>Yes No</b>	
Student lives with: (please circle all that apply) Mom      Dad      Step-Parent (by marriage) Grandparent(s)      Legal Guardian(s)      Foster Parents		If yes, would you like those services Continued? <b>Yes No</b>	
Other adult: _____		Does your Special Education student live in the Char-Em Intermediate School District? <b>Yes No</b>	
<b>Custody</b>		School of choice provisions under the State School Aid Act require a written agreement between the student's resident district and the School of Choice before attending.	
Is there a court order or custody arrangement in place? <b>Yes No</b>		Does your child have a 504 Plan? <b>Yes No</b>	
Which parent has legal custody? <b>Mom Dad Shared</b>		Please list any other supportive services your child received at their previous school:	
Name of shared-custodial Parent:			
Address:			
Phone:			
Cell Phone:			
Days this parent will drop-off or pick-up:			

<b>Medical</b>	
Does your child have allergies that we need to be aware of?	<p>Concord Academy is a tuition free Public School Academy with an emphasis in fine arts and integrated curriculum. Research shows that music instruction and arts-integrated learning opportunities lead to greater student achievement.</p> <p>These are important components to our educational program:</p> <ul style="list-style-type: none"> <li>• Daily arts instruction</li> <li>• Performing Arts credits (required) for all high school students</li> <li>• Performances for music, band, choir, and theater are part of their grade.</li> <li>• Respect for all students and staff.</li> </ul>
Does your child carry an Epi-Pen?	
Has your child had seizures? <b>Yes No</b>	
Is your child currently taking medications? <b>Yes No</b>	
Please List:	
❖ Will your child need to take medication during school hours? <b>Yes No</b> (If yes, please ask for medication form)	
<b>School Attendance</b>	
Has your child attended a public school? <b>Yes No</b>	Does your child play a musical instrument? <b>Yes No</b> Instrument: _____
Last School(s) Attended:	Please tell us why you feel Concord is a good fit for your child:
Section 105/105c of the State School Aid Act (MCL 388.1705 and 388.1705c) states: A district may refuse to enroll an applicant who has been suspended within the preceding two years or who has ever been expelled. Enrollment will be denied or terminated if false information is given on this application.	We understand that parents have a choice in education for their children. How did you learn about Concord Academy: <b>website radio newspaper community event brochure family friend preschool</b> Other: _____
Has your child ever been suspended or expelled? <b>Yes No</b>	<b>McKinney Vento</b>
Did your child had attendance/truancy issues at their previous school? <b>Yes No</b>	
Did your child have discipline issues at their previous school? <b>Yes No</b>	
If you answered yes to any of the above three questions please explain:	Are you experiencing temporary housing challenges that require your family to be living outside of your regular residence? <b>Yes No</b> <b>Emergency Shelter Motel Campsite Car/Vehicle With Friend/Relative</b> Other: _____
❖ Kindergarten & DK Applicants need <b>proof of vision and hearing</b> screening from the child's physician or Health Department after the age of three.	
❖ High school students in grades 10-12 need a current/updated <b>transcript</b> for credit verification and placement in courses.	
❖ State law mandates that public schools view an original <b>birth certificate</b> at the time of application. Please also bring an <b>immunization record</b> that shows your child is <i>current</i> on immunizations. If you have religious or philosophical reasons for waiving immunizations, a waiver can be obtained from the Health Department. Public schools can <i>only</i> enroll students who are immunized or waived. Students who are not immunized or waived will not be allowed to attend.	
❖ Concord Academy does not discriminate on the basis of race, color, creed, religion, national origin, or gender; nor does Concord discriminate against disabled students who can perform the essential functions of the school program with or without reasonable accommodation. Appropriate special education services will be made available to students as required by law.	
Parent Signature:	Date:
Shared Custodial Parent Signature:	Date: