



2009-2010 APPLICATION FOR ADMISSION

(Please print or type all information)

*Please return all information to: Enrollment Office, 3056 Hanley Street, Hamtramck, MI 48212



Grade Applying for (circle all that apply): Pre-K K 1st 2nd 3rd 4th 5th 6th 7th 8th

Student's Information - PLEASE PRINT CLEARLY

Student's Name: _____
Last Name First Name Middle Name
(AS PRINTED ON BIRTH CERTIFICATE)

Student's Address: _____
Street Address City/State Zip Code

Home Phone #: _____ **2nd Contact #:** _____

Student's Gender Male Female **Date of Birth** _____ **Place of Birth** _____
(MM/DD/YYYY) \$same as on Birth Certificate City State

Is English the student's primary language? Yes No **If no, what is the student's primary language?** _____

Is the student currently enrolled in an ELL, LEP, or ESL program? Yes No

Student's Ethnicity: American Indian Asian African American Caucasian Hispanic Other: _____

Parent/Legal Guardian's Information

Parent/Guardian's Name: _____ **Relationship:** _____
Last Name First Name

Address: _____
Street Address City/State Zip Code

Home Phone #: _____ **2nd Contact #:** _____

Parent/Guardian's Name: _____ **Relationship:** _____
Last Name First Name

Address: _____
Street Address City/State Zip Code

Home Phone #: _____ **2nd Contact #:** _____

Educational History

Name of the last school that the student attended:		List the highest grade the student completed at their last school (2008/2009) school yr):	
What type of school was the last school your child attended? <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Parochial <input type="checkbox"/> Charter		What city was the school located?	Has your child ever been referred to special education? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child currently on an Individual Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please check any boxes that apply to your child's current educational needs: <input type="checkbox"/> ADD <input type="checkbox"/> ADHD (Hyperactivity) <input type="checkbox"/> Emotional Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Learning Disabled <input type="checkbox"/> Speech/Language <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Other Mental Impairment (ex. Down's Syndrome) <input type="checkbox"/> Other: _____		
Is your child currently on a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what grade(s)? _____	Has your student ever been expelled (not suspended)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If your child has ever been expelled from a school, please list when and give a brief reason: _____			

Signature of Parent/Guardian _____ **Date** _____

Student resides with: Both Parents Mother Father Guardian Other: _____

Has this student ever been enrolled at Hanley International Academy or any other TRG school? Yes No If Yes, When? _____

Does this student have a sibling that is currently enrolled at Hanley International Academy? Yes No

If yes, what is the sibling's name? If there is more than one sibling, you only need to list one name: _____

How did you hear about us? Mailing Friend/Relative Website/Internet Other _____

Completed by Administrative Personnel Only:

Date application was received: _____ Immunization MCIR # _____ Waitlist? Yes No