

## Application For Student Enrollment

Concord Academy Boyne

Dietz Road Boyne City, MI 49712 231.582.0194 00401 E. Dietz Road www.concordboyne.org

Concord Creed - "Concord means peace, harmony. Peace in the world begins with concord in my world, and that can only happen as I am honest, unselfish, generous, kind, forgiving, considerate, and respectful."

For Office Use Only					
Enter D	pate				
	Medical Record				
	Birth Certificate				
	Copy of Social Security Card				
	Interviewed By				
	Waiting List				
	Grade Entering				
	Special Services Required *				

Mission Statement - Concord Academy Boyne inspires, prepares, and empowers all students in academics and the arts.

	Student In	formation <del></del>							
Grade Entering	UIC # (office use only)								
Student's Name			Age						
Last	First	Middle	<u> </u>						
Date of Birth	Birthplac	ce	City	State State					
Student's Present Address									
Student's Frescht Address	Street	City	State	Zip					
Home Phone	County	Cell Phone	Resident Scho	pol District					
Sex: □M □ F Ethnicit	y: 🗆 Is of Hispanic C	rigin 🗆 Is not of His	panic Origin						
We are required by the State Of N	Aichigan to ask the fol	lowing questions as w	vell as Ethnicity a	ibove:					
Racial/Ethnicity (optional). Indicate p White Hispanic/Latino Asian  Home Language Survey Is your child's native tongue a langua	American American I	ndian/Alaska Native 🗍 🖟	if applicable) with African Am.   Haw	"2", "3", etc. vaiian/Other Islander					
is your child's native tongue a langua	ige other than English?	」 Yes □ NO							
Is the primary language used in your	child's home or environr	nent a language other th	an English? 🔲 Ye	es 🗌 No					
<b>Does the student/family have fixed,</b> lack a fixed, regular, and adequate nighttime public spaces, and/or migratory children.)	, regular, and adequate residence, ie: loss of housing d	housing? Yes No nue to economic hardship, in s	No (McKinney-Vento A helters or cars, awaitin	Act: individuals who g foster placement,					
	Previous School	ol Information							
School Attended									
Address									
Street	City	State	Zip						
Phone	Gra	ade Last Completed							
1. Has your child had any disciplinary p  If yes, please describe		_; _							
2. Has your child ever been expelled from		)							
3. Has your child been retained?	If so, describe:								
Check all that apply:  General Educ	ation   *Special Educa	tion   *Speech & Lan	guage 🗌 *504 Pla	n 🗌 *Other					

		<i>P</i>	arental Informat	ion —		Phone #'s			
	Full Name		Present Address		Ноте	Work	Cell		
Father									
Mother									
Guardian —									
L									
Email Addre	ESSFather	(Guardian)		Mo	other (Guard	dian)			
Father's /Gu	ardian Employer								
	uardian Employer								
Please list al	l other children:								
	-								
			Name	100		School Dis			
			Name	Age		School Dis	ırıcı		
		- Emerge	ency Contact Info	rmation	!				
Name	Emergency Con	tact #1	Emergency Con	tact #2	T	Emergency Cont	act #3		
Relationshi	p								
Home Phon	e								
Cell ‡	#								
					I				
			Allergies						
Foods Li		+	Medications List:		Other List:				
symptoms/reactions:		symptoms/	symptoms/reactions:		symptoms/reactions:				
required treatments/actions:		required treatments/actions:			required treatments/actions:				
			Medications						
Medication #1:		Medicat	Medication #2:		Medication #3:				
Name:		Name:	Name:		Name:				
Given for::		Given for	Given for::		Given for::				
(If your chil	d requires medication di	uring the sch	ool day, please ask the	e office for	a medica	l form.)			
The informa	tion provided is accurate	to the best of	f my knowledge.						
	•								

Date

Signature