

Welcome to

LANDMARK



ACADEMY

2017-2018 Student Application

A Tuition-Free Public School

PART A: STUDENT INFORMATION

Student Name (Last, First, Middle):

Date of Birth:	Age:	City/County/State of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Grade Entering 2017-18:	Was student ever retained? Y N	Grade:	Immunizations Complete? Y N
Ethnicity: Hispanic/Latino? Y N	Language spoken in home:	US Citizen: Y N	

Race: White/Caucasian American Indian Asian Black/African Heritage Native Hawaiian/Pacific Islander

Special Ed: Y N Active IEP Disability: Speech Social Work OT/PT 504 Title 1 BIP

Critical Alert Info: Y N (medical conditions needing emergency care (provide instructions from dr.) or court orders (provide copies) Describe if yes:

Is applicant's sibling attending Landmark Academy: Y N (If yes, name/grade):

Will a sibling be applying with applicant: Y N (If yes, name/grade):

Previous school attended: City/State: Dates:

Reason withdrew:

Has student been arrested resulting in charges? Y N (if yes explain):

Is student under long term suspension/expulsion from former school: N Y:explain:

PUBLIC RELATIONS

Why did you choose Landmark Academy:

How did you hear about our school: Advertisement Internet Other/Specify:

Word of Mouth: Please let us know who we can thank:

PART B: PRIMARY PARENT/GUARDIAN INFORMATION

Student lives with: Mother Father Stepmother/father Guardian/Ward/Foster Family Other(specify):

Student's Living Accommodation (check all that apply): Sheltered in owned/rented Guardian home Foster Care Shelters Doubled up(living with friends/relative home) Transient Housing Hotel/Motel Unsheltered Unaccompanied Youth

Mother/Guardian Name (Last, First): Active in Armed Forces: N Y: Branch:

Marital Status: DOB: Male  Female

Mailing address: City: State: ZIP:

Residence if different: City: State: ZIP:

Primary Phone number: Cell: Home:

Email address: Occupation: Work Phone:

Father/Guardian Name (Last, First): Active in Armed Forces: N Y: Branch:

Marital Status: DOB: Gender:

Mailing address: City: State: Zip:

Residence if different: City: State: ZIP:

Primary Phone number: Home: Cell:

\*Email address: Occupation: Work Phone:

Emergency Contact(if you are unavailable) Name: Phone Number:

I certify that this information is true and correct. I will notify the school of any changes in the above information.

Signature: Relationship to Student: Date:

OFFICE USE ONLY

LC: MV: UIC: RD:

Official enrollment is contingent upon review of previous school record.

Return completed application to: Registrar, Landmark Academy, 4864 Lapeer Rd., Kimball, MI 48074 Or Fax: (810)982-0979. Or Scan & Email: gillespiek@landmarkacademy.net