



Hanley International Academy  
 2014-2015 Enrollment Application  
 Please submit one form for EACH child to be enrolled.



Please attach: Birth Certificate, Immunization Record, Vision Screen (K only), & Report Card

Grade Applying for ('14-'15): K 1st 2nd 3rd 4th 5th 6th 7th 8th

**Student's Information - PLEASE PRINT CLEARLY**

Student's Name: \_\_\_\_\_  
 (As printed on Birth Certificate) Last Name First Name Middle Name

Student's Gender  Male  Female Date of Birth (mm/dd/yyyy) \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

**Student's Ethnicity**

Please identify the student regarding ethnicity and race. Failure to do so will result in the school making this determination.

Which of the following groups describes your child's race? (Select all that apply)

- American Indian or Alaskan Native  Native Hawaiian or other Pacific Islander  Asian  Caucasian/White  Black or African American  
 Hispanic/Latino  Other

**Parent/Legal Guardian's Information**

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Last Name First Name

Home Phone #: \_\_\_\_\_ 2nd Contact #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ Highest Grade Level Completed: \_\_\_ Grade Sch \_\_\_ High Sch \_\_\_ College

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ 2nd Contact #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ Highest Grade Level Completed: \_\_\_ Grade Sch \_\_\_ High Sch \_\_\_ College

Student's Address \_\_\_\_\_  
 Street Address City State Zip Code

**STUDENT EDUCATIONAL HISTORY**

Student Born in the U.S.  YES  NO If NO, What is the Student's date of entry to the U.S. \_\_\_\_\_  
 How many years of schooling in the U.S. \_\_\_\_\_

Last Grade Completed? K 1st 2nd 3rd 4th 5th 6th 7th 8th

Name of the last school attended: \_\_\_\_\_

City/ State of the last school attended? \_\_\_\_\_

Has the student been referred to special education?  YES  NO Does your student have an IEP?  YES  NO  
 Does the student have a 504 plan?  YES  NO

Does your child have any educational needs?  Speech/Language  Visual Impairment  ADHD (Hyperactivity)  Emotional Impairment  
 Hearing Impairment  Learning disabled  Other: \_\_\_\_\_

By signing this enrollment application, I give Hanley International Academy the permission to request any and all my child's current special education, behavior and general education records.

If your child has ever been expelled from a school, please list when and give a brief reason: \_\_\_\_\_

Has your child ever been retained?  YES  NO If so, what grade(s)? K 1st 2nd 3rd 4th 5th 6th 7th 8th

This signature represents my permission to request records from any previous educational institution my student attended:  
 Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Student resides with  Both Parents  Father  Mother  Guardian  Other: \_\_\_\_\_

Does this student have a sibling that is currently enrolled at Hanley International Academy?  Yes or  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 \_\_\_\_\_

Do you need to utilize a school bus?  YES  NO

Return Application to: 2400 Denton St. Hamtramck, Michigan 48212 313-875-8888 phone 313-875-8889 fax

**Completed by school personnel only:**

Date/ Time application was received: \_\_\_\_\_ Immunization MCIR# \_\_\_\_\_ Waitlist Date/Number \_\_\_\_\_

Date received: BC: \_\_\_\_\_ Immunization Record: \_\_\_\_\_ Report Card: \_\_\_\_\_