



# Ann Arbor Academy

## School Program Application for Admission

Sections I, II, and III are to be completed by parent(s)/guardian(s).  
Section IV is to be completed by the applicant.  
Please call (734)747-6641 with any questions.

### Section I

Date of Application: \_\_\_\_\_

How did you hear about the Academy: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex:    M / F    Current Grade: \_\_\_\_\_

Family Address: \_\_\_\_\_

Is this the applicant's primary residence?    Yes / No   

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Email Address: \_\_\_\_\_

Family Address: \_\_\_\_\_

Is this the applicant's primary residence?    Yes / No   

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please describe current living or custody arrangements:  
\_\_\_\_\_  
\_\_\_\_\_

Primary language spoken at home:  
\_\_\_\_\_  
\_\_\_\_\_

**Section II**

List all current and previously attended schools.

Time Span	School Name	Location	Reason for Leaving

List all current and previously attended specialized educational programs and/or therapies.

Time Span	Program or Therapy Name	Location	Reason for Attending

List all current and previous special education classifications and/or mental health diagnoses.

Classification or Diagnosis	Date Determined	Evaluation Performed By

Date of most recent Individualized Educational Plan (IEP): \_\_\_\_\_

School District administering IEP and Special Education Services: \_\_\_\_\_

List all current and previously prescribed medications.

Time Span	Medication	Prescribed For	Prescribed By

Has the applicant ever been suspended or expelled from a school or program? \_\_\_\_\_ Yes / No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section III**

Please feel free to attach a separate sheet of paper if needed for the following questions.

Describe the applicant's strengths (social, academic, physical, personality, etc.).

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Describe the applicant's weaknesses/challenges (social, academic, physical, personality, etc.).

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What would you like the applicant to achieve while attending the Ann Arbor Academy?

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Please include any other information that may be relevant to this application.

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Will a financial aid application be submitted for this applicant? \_\_\_\_\_ Yes / No

Signatures

Parent/Guardian Printed	Parent/Guardian Signature	Date

Please have the applicant complete section IV of this application, attach any other relevant documentation and mail it to:

Ann Arbor Academy  
111 East Mosley  
Ann Arbor, MI 48104

## Section IV

This section is to be completed by the applicant.

Please feel free to attach a separate sheet of paper if needed for the following questions or record your answers on a cassette tape.

Describe your interests in and out of school.

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What things are you good at (in or out of school)?

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What things have helped you learn?

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What do you hope to achieve by attending the Ann Arbor Academy?

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Signature

Your Name Printed	Your Signature	Date