

PETERSON-WARREN ACADEMY
4000 SYLVIA ST., INKSTER, MICHIGAN 48141, P.O. BOX 888
(313) 565-5808 (313) 565-5444

School Year _____
Grade _____

APPLICATION FOR ADMISSION

New Applicants must include a Birth Certificate & Up-to-Date Immunization Records

Student Information

Home Church _____

Last Name First Name Middle Name Age as of today

Address City State Zip Code Home telephone # (_____) _____

_____/_____/_____
Date of Birth Male / Female (Circle one) Race City & State of Birth

Previous school attended City State Zip Code Telephone # (_____) _____

Was the school: _____ Private _____ Public _____ Home Schooled, How many years? _____

Has the student ever been expelled from another school? _____ If so, why? _____

Parent / Guardian Information *Please Circle:* Mother / Father / Guardian

Mother's First Name Last Name Cell Number E-mail Address

Occupation Company: Work Tel# (_____) _____

Father's First Name Last Name Cell Number E-mail Address

Occupation Company Work Tel# (_____) _____

Are there legal custody issues that the school should be made aware of? _____ No _____ Yes, if yes please explain:

Student in grades 5 through 12 must sign school affirmation to be considered for enrollment:
As a student at Peterson-Warren Academy, I promise to obey all school rules, to do my best, to be respectful to faculty and staff, and to adhere to the mission of the academy.
Student's Signature: _____
Date: _____

Student health information must be completed on the back for this application to be processed

STUDENT HEALTH INFORMATION:**STUDENT:**

Parents: If your child is rushed to the ER room for medical treatment, the ER physician will be asking the school some of the following questions concerning your child's health. Please take a few moments to complete the questions below.

*Is your child subject to conditions that may cause epilepsy, diabetes, or fainting? Yes No

If yes, please explain: _____

*Does your child have hearing or visual problems that requires sitting closer to the front of the classroom? Yes No

If yes, please explain: _____

*Does your child have respiratory problems such as asthma or bronchitis? Yes No

If yes, will an inhaler be sent to school with written directions for administering? Yes No

*Does your child have an allergy to any food or medication? Yes No If yes, please provide a statement from your child's physician stating the allergy and other concerns.

*Does your child have frequently nosebleeds or frequent bathroom needs? ? Yes No

If yes, please bring a statement from your child's physician stating concerns.

*Does your child have other health conditions that prohibit participation in strenuous activities such as gym? Yes No

If yes, please bring a statement from your child's physician stating concerns.

*Has your child ever been diagnosed for attention disorders? Yes No

If yes, please bring a statement from your child's doctor or a copy of related tests for this disorder.

*Has your child been immunized for Chicken Pox? Yes No DPT/Td Vaccine Yes No

*Name of your child's physician? _____ Telephone # () _____

Students will be taken to Garden City Hospital located on Inkster Rd. for ER care. A staff or faculty member will accompany and remain with the student until a parent/guardian arrives

EMERGENCY CONTACT PERSONS

The school has permission to contact the following adults for medical emergencies such as ER treatment, field trip permission or to pick up my child(ren) during or after school when I cannot be contacted.

_____	_____	_____	() _____
Last Name	First Name	Relationship	Cell/ Telephone Number

_____	_____	_____	() _____
Last Name	First Name	Relationship	Cell/ Telephone Number

_____	_____	_____	() _____
Last Name	First Name	Relationship	Cell/ Telephone Number

Signature of parent/guardian providing names of contact persons: _____

Date: _____