

Lake Michigan Academy

SUMMER PROGRAM 2009

Enrollment Form

One student per form (copy this form if necessary). A non-refundable \$75 deposit must accompany this enrollment form.

Session I - 8:30-11:30 a.m. Session II - 12:00-3:00 p.m. Both Session I & II

Student's Name _____ Date of Birth _____
Address _____ Gender: Male Female
City, State, Zip Code _____ Home Phone # _____
Present School _____ Grade (entering August 2009) _____
New LMA student in Fall

Allergies: _____

Medications (specify dosage and time): _____

Custodial parent(s) or guardian(s) _____ Relationship _____

Father's Name _____

Address _____
(If different from student's)

Cell# _____ Work# _____

Pager# _____ Home# _____

E-mail Address _____
(If different from student's)

Mother's Name _____

Address _____
(If different from student's)

Cell# _____ Work# _____

Pager# _____ Home# _____

E-mail Address _____
(If different from student's)

Testing Information: Please include the following information with your completed enrollment form:
(please do not send original documents; photocopies must be clear and legible)

New Students

- Results of all previous educational testing, including current levels of academic functioning and current achievement test scores.
- Report of a complete recent psychological evaluation including the scores of an IQ test and all subtest scores.
- For students with a primary diagnosis of AD/HD, a copy of the original diagnosis evaluation.

Returning Students

- Recent educational testing or psychological evaluations

Please return completed enrollment form and testing information to:

Lake Michigan Academy
2428 Burton SE
Grand Rapids, MI 49546

For Office Use Only

Application Received by: _____
Date: _____
Amt. Rec.: \$ _____ Ck#: _____