

Lake Michigan Academy

SUMMER PROGRAM 2010

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

Summer Program - Monday - Thursday, June 28 - July 29, 2010 (Students entering grades 1-8):

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

“In 10” Workshops (Students entering grades 9-12):

Language Development Workshop - August 2-5, 2010: **Session I** - 8:30-11:00 a.m. **Session II** - 12:00-2:30 p.m.

Math Problem Solving Workshop - August 9-12, 2010: **Session I** - 8:30-11:00 a.m. **Session II** - 12:00-2:30 p.m.

Student's Name _____ **Date of Birth** _____

Address _____ **Gender:** Male Female

City, State, Zip Code _____ **Home Phone #** _____

Present School _____ **Grade (entering August 2010)** _____

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#** _____
(If different from student's)

E-mail Address _____

Mother's Name _____

Address _____
(If different from student's)

Cell# _____ **Work#** _____

Pager# _____ **Home#** _____
(If different from student's)

E-mail Address _____

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#: _____