

Enrollment Application
Grattan Academy Charter School
12047 Old Belding Rd.
Belding, MI 48809
Phone: 616-691-8999 Fax: 616-691-9857

PLEASE PRINT OR TYPE ALL INFORMATION

Name of Student: _____	Age: _____
Date of Birth: _____	Grade entering _____
School last attended: _____	
If home schooled, how long? _____	

Parent/Guardian Name _____
Address _____
City _____ Zip code _____
Phone _____

Is your child receiving any services under an Individual Education Plan (IEPC)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state the nature of services being provided and attach a copy of any documents or evaluative reports Academy staff should be aware of. _____

What do you want for your child to receive from Grattan Academy? _____

Would you be interested in volunteering at the school?

_____ Yes _____ No

Please explain in what ways you are interested in being involved (interests, skills, hobbies, career experience, life experience, etc)

Would you take advantage of a before/after fee-based childcare? (hours available: 6:30am-8:30am, and 3:00 pm-6:00pm) _____ Yes _____ No

Signature of Parent/Guardian

Date

*An open lottery process will be used if the number of applicants exceeds capacity

For Office use only

Office Signature _____ Date _____