



Application For Student Enrollment

Concord Academy Boyne

00401 E. Dietz Road Boyne City, MI 49712 231.582.0194

www.concordacademyboyne.org

Concord Creed - "Concord means peace, harmony. Peace in the world begins with concord in my world, and that can only happen as I am honest, unselfish, generous, kind, forgiving, considerate, and respectful."

Mission Statement - Concord Boyne will provide an inspiring and challenging educational environment conducive to critical and creative thinking by integrating a strong fine arts program into a traditional academic curriculum.

For Office Use Only

Enter Date _____

- Medical Record
- Birth Certificate
- Copy of Social Security Card
- Interviewed By _____
- Waiting List
- Grade Entering _____
- Special Services Required *

Student Information

Grade Entering _____ UIC # (office use only) _____

Student's Name _____ Age _____
Last First Middle

Date of Birth _____ Birthplace _____
Month/Day/Year County City State

Student's Present Address _____
Street City State Zip

_____ County Township

Home Phone _____ Cell Phone _____

Sex M F Ethnicity Is of Hispanic Origin Is not of Hispanic Origin

We are required by the State Of Michigan to ask the following questions as well as Ethnicity above:

Racial/Ethnicity (optional). Indicate primary code(s) with "1" and secondary code(s) (if applicable) with "2", "3", etc.
 White Hispanic/Latino Asian American American Indian/Alaska Native African Am. Hawaiian/Other Islander

Is the student/family homeless? Yes No (*McKinney-Vento Act*: individuals who lack a fixed, regular, and adequate nighttime residence, ie: loss of housing due to economic hardship, living with grandparents, in shelters or cars, awaiting foster placement, public spaces, and/or migratory children.)

Check all that apply: General Education *Special Education *Speech & Language *504 Plan *Other

Previous School Information

School Attended _____

Address _____
Street City State Zip

Phone _____ Grade Last Completed _____

1. Has your child had any disciplinary problems with other schools? yes no
 If yes, please describe _____

2. Has your child ever been expelled from a school district? yes no

3. Has your child been retained? _____ If so, describe _____

Allergies

<input type="checkbox"/> Foods <i>List:</i>	<input type="checkbox"/> Medications <i>List:</i>	<input type="checkbox"/> Other <i>List:</i>
symptoms/reactions:	symptoms/reactions:	symptoms/reactions:
required treatments/actions:	required treatments/actions:	required treatments/actions:

Parental Information

	<i>Full Name</i>			<i>Present Address</i>			<i>Phone #'s</i>		
Father									
Mother									
Guardian									

Email Address _____
Father (Guardian)
Mother (Guardian)

Father's /Guardian Employer _____ Occupation _____
 Mother's /Guardian Employer _____ Occupation _____

Please list all other children: _____

	<i>Name</i>	<i>Age</i>	<i>School District</i>

Emergency Contact Information *(other than parents/guardians on previous page)*

	<i>Emergency Contact #1</i>	<i>Emergency Contact #2</i>	<i>Emergency Contact #3</i>
Name			
Relationship			
Home Phone			
Cell #			

Does your child want to attend Concord Boyne? _____

What are your child's special interests and talents? _____

Do you and your child understand that every student at CAB will be expected to participate daily in music, dance, and visual arts? yes no _____

Does your child already play an instrument? yes no If so, which instrument(s) do you play? _____

How long have they played and with whom are you studying _____

Do you wish CAB to arrange instrument rental? yes (list instrument) _____ no

Does your child have any disabilities? _____ Explain _____

If yes, in what area(s)? _____

Are there any dietary concerns CAB should be aware of? _____

Does your child require **medications** be taken during the school day? yes no (*Please ask for a medical form.*)

Please list below.

Medications

Medication #1:	Medication #2:	Medication #3:
Name:	Name:	Name:
Given for::	Given for::	Given for::