

Ypsilanti Boys Preparatory Academy
(734) 330-4466
Application for Admission

PLEASE PRINT

Date: _____

1. STUDENT INFORMATION:

(Student's Last Name) (Student's First Name) _____

(Middle Name) (Circle one) M F

Date of Birth: __ / __ / __ NOTES: - Student must be 5 years old by December 1st to be enrolled in
(Month Date Year) Kindergarten.

Applying to Grade: _____ For School Year: _____

Please provide the name of the previous school attended, address, city/state, zip and FAX number in order to obtain your child/s records:

Please attach latest Report Card

1. Has your child ever been suspended? ___ Expelled? ___ Asked to withdraw? ___
2. If any of the above is true, please explain on a separate sheet of paper, including the name and address of the school.
3. Does your child have any special academic/medical needs? Yes No
Please explain on a separate sheet of paper.
4. Is there any medical reason your child cannot participate in the physical education program? Yes No
If yes, please provide supporting documentation.

Please check which of the following is true:

Child lives with: Father Mother Both Parents Guardian Other (please name) _____

Who is the legal guardian?

Home address: _____ Home Phone: _____
(Number and Street) (City) (Zip Code) (Area Code & Number)

Name of person(s) responsible for financial commitment:

Complete address and phone number of person financially responsible:

Church Affiliation or Name of Church:

Please inquire regarding scholarship and tuition assistance.

2. FAMILY INFORMATION:

Mother/Legal Guardian:

_____ (Last Name) _____ (First Name)

Address: _____
(Number and Street) (City) (Zip Code)

Telephone # () _____ () _____ () _____
(Home) (Work) (Cell Phone)

Employer: (Name/Address/Telephone)

Position: _____ Hours: _____

Highest Grade Level Completed: _____

Father/Legal Guardian:

_____ (Last Name) _____ First Name

Address: _____
(Number and Street) (City) (Zip Code)

Telephone # () _____ () _____ () _____
(Home) (Work) (Cell Phone)

Employer: (Name/Address/Telephone)

Position: _____ Hours: _____

Highest Grade Level Completed: _____

Family:

If there are other children in your family, please complete the following:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Parent (or Legal Guardian) Statement:

In making application for my child to attend the Ypsilanti Boys Preparatory Academy, I attest that all of the information on this form is true to the best of my knowledge. I agree to support all Parental Expectations, Parent/Student Handbook, and the philosophy and policies of the Ypsilanti Boys Preparatory Academy (YBPA). I understand that every student is expected to obey the rules of the YBPA and that the YBPA reserves the right to dismiss a student, as stated in the Parent/Student Handbook.

It is understood that the signature of one of two parents or guardians implies the consent of the other.

Date _____ **Parent / Guardian Signature** _____

Date _____ **Parent / Guardian Signature** _____

Ypsilanti Boys Preparatory Academy

Requirements for Registration

*** You must provide the following information before your child can be enrolled in the Ypsilanti Boys Preparatory Academy.**

- 1. BIRTH CERTIFICATE**
- 2. UP-TO-DATE IMMUNIZATION RECORD**
- 3. COPY OF REPORT CARD**
- 4. COMPLETED APPLICATION PACKET**
- 5. EMERGENCY FORM**