

**White Pine Academy
510 Russell Street
Leslie, MI 49251**

Application for Admission

Student Information

Grade Level Applying For _____

Last Name _____ First Name _____ M.I. _____ Age _____

Address, City, State, Zip Code _____ County _____

Date of Birth _____ Place of Birth _____

Home Phone () _____

Emergency Phone () _____ Emergency Contact
Person _____

Email Address _____

Immunizations Up to Date Yes / No _____ Present Grade Level _____

Has the student ever been suspended from school? _____ Expelled _____

If you replied "yes" to either question, please explain below:

Does the student receive Special Education services or have an IEP? Yes / No

If you replied "yes" please provide details below:

Parent/Guardian Information

Father/Guardian's Last Name _____ First Name _____ M.I. _____

Present Address, City, State, Zip code _____ County _____

Home Phone () _____

Mother/Guardian's Last Name _____ First Name _____ M.I. _____

Present Address, City, State, Zip code _____ County _____

Home Phone () _____

If you affirm the above information to be true and accurate Initial and Date the lines
below.

Initial _____ Date _____

Submit Completed Application by:

Email:
jvickers@whitepineacademy.com

Mail: White Pine
Academy
510 Russell Street
Leslie, MI 49251

Fax:
(517)589-9194