



Student Application

No application for admission shall be discriminated against on the basis of race, color, ethnicity, national origin, sex (including sexual orientation, or transgender orientation, or expression), pregnancy, mental or physical disability, age, religion, height, weight, marital or family status, military status, ancestor or genetic information.

Student Basic Information

Name:
First Middle Last

DOB:

Grade:

Street Address:
City State Zip

Parent/Guardian Information

Name: Relationship to Student:

Street Address:
City State Zip

Phone: Email:

Prior School/Discipline History

From what school is your child transferring?
Name City State

Has your child ever received an in-school detention? Yes No If yes how many times?

Has your child ever been suspended from school? Yes No If yes how many times?

Approximate Dates:

Has your child ever been convicted of a felony? Yes No

Request for Discipline Records

I understand that by completing and signing this form that my child will be considered for enrollment at Pansophia Academy. I further understand that this process does not automatically guarantee enrollment at the Academy and that my child's name may be placed in a lottery for enrollment purposes. I affirm that all the information I have provided is complete and accurate to the best of my knowledge.

Parent/Guardian Signature: Date:



Pansophia
ACADEMY
UNIVERSAL KNOWLEDGE

Request for Discipline Records

Date: _____

Former School: _____

Street Address: _____

City and Zip Code: _____

Phone Number: _____ Fax Number: _____

Student Name: _____

Date of Birth: _____

Current Grade: _____

Last Grade Completed: _____

Parent Signature: _____

Please send only Discipline/Behavior Records at this time.

Thank you for your cooperation in this matter.

Faxed (1st Attempt): _____

Faxed (2nd Attempt): _____

Faxed (3rd Attempt): _____



AFFIRMATION OF PRIOR DISCIPLINE RECORD

A willful false statement on this will affect your enrollment.

Directions: Please initial the correct paragraph, provide all appropriate information, and sign the document.

Name: _____ DOB: _____

Option 1: _____ The student named above **has NOT been** suspended or expelled from any public school in Michigan or any other state for an offense involving weapons, alcohol, drugs, the willful infliction of injury to another person, the act of violence against property or persons committed on school premises, or at any school sponsored activity.

Option 2: _____ The student named above **has been** suspended or expelled from any public school in Michigan or any other state for an offense involving weapons, alcohol, drugs, the willful infliction of injury to another person, the act of violence against property or persons committed on school premises, or at any school sponsored activity. .

If you checked option 2, explain the circumstances in detail. Include the school name, dates of suspension or expulsion, along with a description of the incident.

Signature of parent: _____ **Date:** _____

Date sent for verification _____

Sending School- Please check correct option

Option 1: _____ According to our records, we can verify that the information provided above is **correct**.

Option 2: _____ According to our records, we can verify that the information provided above is **NOT** correct.

If the student has been suspended or expelled from the above reasons please fax disciplinary records to 517-279-0089

Date: _____ Signature: _____ Title: _____