West Michigan Academy of Arts & Academics Family Pre-Registration Information

2018-2019 Enrollment Return to school office by Friday, 3/2/18

Please Print

##If entering Kindergarten, what Preschool did your student attend? ##If entering Kindergarten, what Preschool did your student attend? ##If entering Kindergarten, what Preschool did your student attend? ##If entering Kindergarten, what Preschool did your student attend? ##If entering Kindergarten, what Preschool did your student attend? ##If entering Kindergarten, what Preschool did your student attend? ##If entering Kindergarten, what Preschool did your student attend? ##If entering Kindergarten, what Preschool did your student attend? ##If entering Kindergarten, what Preschool did your student attend? ##If entering Kindergarten, what Preschool did your student attend? ##If entering Kindergarten, what Preschool did your student attend? ##If entering Kindergarten, what Preschool did your student have be pleased to the following the please of the student student beautiful to the please of the please destruction and the please of please of the	Student Information	Include current returning students and SIBLINGS of current s STUDENTS - ASK AN ENROLLMENT PACKET	_		NEW	
**If entering Kindergarten, what Preschool did your student attend? With whom do the students reside? Name(s): Address: City/ZIP: In what school district is this address? (circle one) Fruitport: Froitport: Muskegon Heights: Orchard View West Ottowa Family Information FATHER/Male Legal Guardian: Address: City St ZIP: Cell Phone: Business Name: Bus	ř FUI	l Legal Name		Birth Date		
Main Phone #						
Main Phone #	**If entering Kindergarten. w	hat Preschool did your student attend?				
Address: City/ZIP: In what school district is this address? (circle one) Fruitport Grand Haven Spring Lake Muskegon City Muskegon Heights Orchard View West Ottaws (Step Mother:) Family Information FATHER/Male Legal Guardian: City St ZIP: Business Name: Email Address: MOTHER/Female Legal Guardian: City St ZIP: Business Name: Email Address: MOTHER/Female Legal Guardian: City St ZIP: Business Name: Email Address: MOTHER/Female Legal Guardian: City St ZIP: Business Name: Business Name		·				
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FATHER/Male Legal Guardian:	Fruitpor		(name of oth	ner district not listed)		
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City St ZIP: Business Name: Business Phone: [] Business Name: Business Phone: [] Email Address:	FATHER/Male Legal Guardian:		(Step Mother:)			
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