



Crescent Academy International  
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## ENROLLMENT APPLICATION

(Please print or type)

Please note that this application does **not** assure final enrollment, but provides information upon which a decision will be based. Please note that this application will **not** be reviewed without the required supporting documents. The required documents that must accompany this application include a copy of your students...

- Birth certificate
- Immunization record
- Student report card
- Teacher recommendation(s)
- Request for Discipline Records
- \$50 nonrefundable application fee

### STUDENT

Name of student (legal) \_\_\_\_\_ Sex \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### FAMILY

#### FATHER or GUARDIAN

Mr. . \_\_\_\_\_ Name

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_

Religion \_\_\_\_\_

Nationality \_\_\_\_\_ Language(s) spoken \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Telephone \_\_\_\_\_

#### MOTHER or GUARDIAN

Mrs., Ms. \_\_\_\_\_ Name

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_

Religion \_\_\_\_\_

Nationality \_\_\_\_\_ Language(s) spoken \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Telephone \_\_\_\_\_

Marital status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

With whom does the child reside? \_\_\_\_\_ Number of siblings \_\_\_\_\_

Language(s) spoken in the home? \_\_\_\_\_

Will you be able to pay tuition expenses promptly? \_\_\_\_\_

How did you hear about Crescent Academy? \_\_\_\_\_ Were you referred by someone? \_\_\_\_\_

If yes, by whom? \_\_\_\_\_

## EDUCATION

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School last attended \_\_\_\_\_ City \_\_\_\_\_

Grade last completed \_\_\_\_\_ Grade in September \_\_\_\_\_

Has the student ever attended a full time Islamic school before?  Yes  No If yes, when \_\_\_\_\_

Where? Name \_\_\_\_\_ City \_\_\_\_\_ State/County \_\_\_\_\_

Has student ever had any disciplinary problems, been suspended, or expelled from school?  Yes  No

If so, explain briefly \_\_\_\_\_

Has student ever repeated a grade or had serious academic problems in school?  Yes  No

If so, explain briefly \_\_\_\_\_

Has student ever been referred for special services?  Yes  No

If so, explain briefly \_\_\_\_\_

What are your goals/reasons for enrolling your child in Crescent Academy International? Explain briefly

\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL

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Does your child have any medical condition(s) of which the school should be aware? (Please check box)

Epilepsy  Diabetes  Allergies  Asthma  Heart trouble  Hearing  Speech  Vision  Other

Please (explain briefly) \_\_\_\_\_

## OTHER

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Use the space below to provide any other information about the student that might be helpful:

\_\_\_\_\_  
\_\_\_\_\_

I affirm that, to the best of my knowledge, all statements made herein are true and complete. I understand that any admission into Crescent Academy International is contingent upon the completeness and accurateness of this application and supporting records and transcripts. Admission is based on behavioral reference, academic records, admissions testing, interview, available enrollment, and ability to meet financial obligations.

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Crescent Academy International does not discriminate on the basis of race, color, national origin, or sectarian affiliation in the administration of its educational policies, admission policies, scholarship programs, and other school-administered programs.