

Burton International Academy

2001 Martin Luther King Blvd. · Detroit, MI 48208 · (313) 596-3800

Application for Enrollment

CHILD'S NAME LAST	FIRST	M.I.	AGE	DATE OF BIRTH	CURRENT GRADE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PARENT'S NAME (GUARDIAN) LAST	FIRST (FATHER)	FIRST (MOTHER)				
CHILD RESIDES AT STREET NUMBER	CITY	STATE	ZIP CODE		HOME PHONE	
PARENTS OR GUARDIANS PLACE OF EMPLOYMENT			FATHER'S WORK PHONE		MOTHER'S WORK PHONE	
PREVIOUS SCHOOL ATTENDED	STREET ADDRESS				ZIP CODE	
RACIAL OR ETHNIC BACKGROUND OF CHILD			HOME LANGUGAGE OF CHILD			

Below please list names of brothers and/or sisters attending Burton International School

Family Name (Child's) _____ First _____ Age _____ Grade _____

Family Name (Child's) _____ First _____ Age _____ Grade _____

I request that my child be admitted to Burton International School

Parent's Signature

PARENT QUESTION: Why do you want your child to attend?

STUDENT QUESTION: Why do you want to attend?

FOR OFFICE USE ONLY

APPLICATION RECEIVED BY	DATE	TIME RECEIVED	#
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