



## Introduction

### Online New Student Enrollment Application

Welcome to Michigan International Prep School's New Student Enrollment Application. Please follow the steps below to continue.

1. **Click "Next >" on this page, and enter the information requested by the online forms.**  
Note: Required fields are marked as "Required", and Michigan International Prep School will receive the data exactly as it is entered. Please be careful of spelling, capitalization, and punctuation.
2. **On the "Review & Submit" page, check your data before proceeding.**
3. **Click "Submit"!**
4. On the submission confirmation page you will have the opportunity to print out a copy of your New Student Enrollment Application to keep for your records. Note: Once the form is electronically submitted, you will receive an e-mail confirmation.

### New Student Enrollment Application for Additional Students

A New Student Enrollment Application form must be submitted for each student in your family. Once you have successfully submitted one New Student Enrollment Application, you will have the opportunity to begin another from the "Submission Confirmation" page.

## Contact Information

### Michigan International Prep School

8989 East Colony Rd.

Elsie, Michigan 48831

t: 248-289-5521





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## Form Verification

Has your student ever attended Michigan International Prep School? required

- Select -



## Student Information

First Name

Cindy

Middle Name

Last Name

Test

Suffix

- Select -

Gender

- Select -

Date of Birth

*mm/dd/yyyy*

1/1/2003

Is student over the age of 18 or an emancipated minor?

- Select -

Enrolling Grade

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Student Cell Phone

XXX-XXX-XXXX

I am agreeing to sign up for communications from Michigan International Prep School via text message.

Home/Residential Information

Primary Phone for Text Messages required

XXX-XXX-XXXX

I am agreeing to sign up for communications from Michigan International Prep School via text message. required

In which school district does the student reside? required

Is the student's current living arrangement a result in loss of housing or economic hardship?

required

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Apartment

City

State

Zip

xxxxx

Is the student's mailing address different than the physical address listed above?



## Place of Birth

Country of Birth

- Select -

City of Birth

## Ethnicity and Race Report

This form is to be filled out by the student's parents or guardians, and both questions MUST be answered. Part A asks about the student's ethnicity and Part B asks about the student's race.

### Part A - Ethnicity

Is the student Hispanic / Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)?

- Select -

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the next question by selecting from one or more of the dropdowns below to indicate what you consider this student's race to be.

### Part B - Race

- **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North and South America including Central America, and who maintains a tribal affiliation or a community attachment.

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Africa.

- **Native Hawaiian or other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Choose one or more:

Race(s)

- Select -

## Home Language Survey

The following information will be used to determine eligibility for bilingual services according to section 380.1152-1157 School Code of 1995, Michigan's Bilingual Education Law. Indicating a language other than English to any of the questions below will result in your student being assessed for additional support through our English Language Learner Program.

What is your primary language spoken in home?

- Select -

Is there another language spoken in the home?

- Select -

What language does the student use most often at home?

- Select -

What language does the student use most often outside of the home?

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Has this student ever attended school before? required

- Select -

## Special Education Services

If student is currently receiving Special Education Services, documentation of current plan must be provided.

Does student currently receive Special Education Services? required

- Select -

Does student have a current 504 Plan? required

- Select -

Has student participated in or received the following:

IEP required

Yes

No

Speech/Language required

Yes

No

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challenging state academic standards.

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Yes

No

Social Work

Yes

No

Section 6 State School Aid Act (MCL 388.1606)

Please indicate any/all circumstances listed below that apply to student.

Pupil has been part of the Foster Care System

Yes

No

Pupil has been referred by the juvenile justice system

Yes

No

Pupil is a refugee from a foreign country

Yes

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No

Pupil does not have a parent

Yes

No

Pupil experiencing pregnancy or is the parent of a young child

Yes

No

Pupil is currently or has previously lived in extreme poverty

Yes

No

Pupil has experienced homelessness

Yes

No

Pupil has experienced abuse

Yes

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Yes

No

Pupil is a risk of or has dropped out of school required

Yes

No

### Other Information

Are any of the student's parents or guardians on active duty with the United States Armed Forces? required

- Select -

Is student a multiple birth? required

*Twin, triplet, etc.*

- Select -

Referred By required

- Select -



## Parent/Guardian Information

Student Resides With:

- Select -

Does the student reside with any guardians that are not listed on the student's birth certificate?

- Select -

Custody Issues?

- Select -

If student is over the age of 18, student should give own information for Parent 1.

## Parent 1 - Primary Caretaker

First Name

Last Name

Relationship to Student

- Select -

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Lives at student's physical address? (Listed on student page) required

- Select -

Home Phone required

XXX-XXX-XXXX

Cell Phone required

XXX-XXX-XXXX

Email Address required

Employer

Work Phone

XXX-XXX-XXXX

Parent 2

First Name

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Relationship to Student

- Select -

Has custody?

- Select -

Lives at student's physical address? (Listed on student page)

- Select -

Home Phone

XXX-XXX-XXXX

Cell Phone

XXX-XXX-XXXX

Email Address

Check if this Parent/Guardian has no email address.

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Other Parent/Guardian

First Name

Last Name

Relationship to Student

- Select -

Has custody?

- Select -

Lives at student's physical address? (Listed on student page)

- Select -

Home Phone

xxx-xxx-xxxx

Cell Phone

xxx-xxx-xxxx

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Check if this Parent/Guardian has no email address.

Employer

Work Phone

XXX-XXX-XXXX

No Contact

Are there any individuals with whom the student should not have any contact? required

Siblings

How many school aged siblings does the student have? required



## Emergency Contact Information

Please list at least one emergency contact that is not listed on the Family page.

### Contact #1

First Name required

Last Name required

Relationship to Student required

- Select -

Phone Type required

*(best # to call in case of emergency)*

- Select -

Phone required

xxx-xxx-xxxx

### Contact #2

First Name

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Relationship to Student

- Select -

Phone Type

*(best # to call in case of emergency)*

- Select -

Phone

XXX-XXX-XXXX

Contact #3

First Name

Last Name

Relationship to Student

- Select -

Phone Type

*(best # to call in case of emergency)*

- Select -

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## Student's Medical Information

### Physician

Physician Name

Phone

XXX-XXX-XXXX

### Insurance

Do you have health insurance or Medicaid? required

### Immunizations

Are student immunizations up to date? required

### Health History

Does the student have any of the following doctor-diagnosed medical concerns?

Asthma required

Yes

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No

Hearing Impaired

Yes

No

Vision Impaired

Yes

No

Seizures

Yes

No

ADD/ADHD

Yes

No

Anxiety

Yes

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Does student have an Epi-Pen? required

- Select -

Does student have an inhaler? required

- Select -

Please list any allergies

Please list any other medical considerations

Characters Remaining: 500

Does the student have a current 504 Plan or receive any services from current school relating to above listed medical issues? required

- Select -



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## Documents

Birth Certificate (Original with State Seal)

[Upload...](#)

Parent/Guardian Identification (Driver's License)

[Upload...](#)

Does the parent ID match the student's address of 1000 Test St. , Lansing, MI 44444?

**- Select -**

Current High School Transcript/Report Card

required

[Upload...](#)

I do not have access to this document.