



Peninsular Academy

2400 Forest Hill Ave. SE ~ Grand Rapids, MI ~ 49546

phone ~ 616.808.7499 fax ~ 616.458.6382

www.peninsular.education

Summer School Enrollment Form 2018

This application is for _____ full time _____ part time _____ Home School Student

Instructions

* Please read the form before filling in

* Please use a blue pen and print clearly

* Please reread the form after filling it in to ensure the information is correct

Child's Name _____

___ Male ___ Female

Age _____ DOB _____

Current School _____

Current Grade _____

Mailing Address _____

City _____

Zip Code _____

Primary Phone (_____) _____

Mother or Guardian _____

Cell Phone (_____) _____ Work Phone (_____) _____

Email _____

Father or Guardian _____

Cell Phone (_____) _____ Work Phone (_____) _____

Email _____



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As a parent, what is your opinion on the following:

My child's strengths (personal, social, and /or educational)

My child's weaknesses (personal, social, and/or educational)

PERSONAL REFERENCES *(Please list two)*

Name: _____

Phone #: _____

Years known: _____

Name: _____

Phone #: _____

Years known: _____

How did you hear about Peninsular Academy?

Office Use Only

Date Received _____

Authorized by _____

****Mail to Peninsular Academy 2400 Forest Hill Ave SE Grand Rapids MI 49546**