



Crescent Academy International

40440 Palmer Rd. Canton, MI 48188

Phone (734) 729-1000 // Fax (734) 729-1004

www.crescentacademy.org // enrollment@crescentacademy.org



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 - KG-8th only
- Teacher recommendation(s) – KG-8th only
- Request for Discipline Records – KG-8th only
- \$100 nonrefundable application fee

STUDENT

Name of student (legal) _____ Sex _____

Age _____ Date of Birth _____ Place _____

Address _____

City _____ State _____ Zip _____

FAMILY

FATHER or GUARDIAN

MOTHER or GUARDIAN

First & Last Name

First & Last Name

Home Address

Home Address

City State Zip

City State Zip

Home Telephone Cell Phone

Home Telephone Cell Phone

Email Address

Email Address

Religion

Religion

Nationality Language(s) spoken

Nationality Language(s) spoken

Occupation Employer

Occupation Employer

Business Telephone

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

School last attended _____ City/State _____
Grade last completed _____ Grade in August or start of new school year _____
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

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

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
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 Canton, MI 48188
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 Fax: 734-729-1004
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TEACHER RECOMMENDATION

(Confidential)

Name of applicant _____ Applying for grade _____

The student whose name appears above is applying for admission to *Crescent Academy International*. In order to carefully consider this student, we would like to know more about his/her personal character and academic ability from those persons who have worked with him/her. Your assistance in this evaluation is greatly appreciated.

In relation to other students in the applicant's age group, kindly check (✓) the appropriate box for the items below:

	Outstanding	Above Average	Average	Below Average	Unsatisfactory
ACADEMIC QUALITIES					
Work habits					
Achievement in studies					
Intellectual curiosity					
Reading					
Writing					
Creativity					
Computational skills					
Problem-solving abilities					
PERSONAL QUALITIES					
Emotional stability					
Self-motivation					
Attitude					
Relations with peers					
Respect for authority					
Integrity					
Leadership					

- Has the student been recognized for any outstanding academic, athletic or artistic achievements?

- In which areas do you feel this student needs improvement?

- Are there any personal or family problems this student has experienced that our school should be aware of?

Please use this space to make any additional comments that might prove helpful to the Admissions Committee.

Crescent Academy International appreciates your assistance in evaluating this student for admission. Kindly return this form and any other related materials to:

**Office of Admissions
Crescent Academy International
40440 Palmer Rd.
Canton, MI 48188-2034
enrollment@crescentacademy.org**

Name of person completing recommendation (PLEASE PRINT)

Signature of person completing recommendation

Subject area or title

Current school name

Current school city and state

Years acquainted with student

Today's date



CRESCENT ACADEMY INTERNATIONAL

Faith • Knowledge • Unity • Service

REQUEST FOR STUDENT DISCIPLINE RECORDS

DATE ___/___/_____

NAME OF STUDENT _____

FORMER SCHOOL _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ FAX: _____

EMAIL _____

The Above-named student is applying for admissions to Crescent Academy International for the upcoming school year. Please complete this form based on the student’s discipline records for the past two (2) years. If there are no disciplinary records on file, please indicate such on the bottom of this form.

We are seeking only disciplinary records at this time. If the student is accepted to CAI, additional records will be requested.

PARENTAL PERMISSION

I authorize the release of all disciplinary records for the above students to Crescent Academy International.

_____/_____/_____
Parent/Guardian Signature Date

.....
Previous School (To be completed by School Official)

The student named above has:

___ No history of discipline infractions.

___ Discipline infractions on file. Please see attached pages.

School Official’s Name

School Official’s Signature

Title

_____/_____/_____
Date