

NOORTHOEK ACADEMY ADMISSIONS APPLICATION

I WOULD LIKE TO APPLY TO BEGIN NOORTHOEK ACADEMY DURING THE FOLLOWING SEMESTER/SESSION.

FALL 20 _____ WINTER 20 _____

PLEASE RANK IN ORDER YOUR PREFERENCE FOR CLASS DAYS. CLASSES ARE ONE DAY PER WEEK. THE FOLLOWING ARE THE AVAILABLE CLASS DAYS AND TIMES FOR FALL AND WINTER:

WEDNESDAY 4-6 pm _____ THURSDAY 4-6 pm _____

FRIDAY 1-3 pm _____ SATURDAY 10 – noon _____

Please note that we will make every attempt to allow for your first choice; however, due to class size, some students may be assigned to an alternate day.

PLEASE PRINT. TODAY'S DATE _____

NAME _____

ADDRESS _____ APT. NO. _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ OTHER PHONE _____

DATE OF BIRTH _____ GENDER _____

SOCIAL SECURITY NUMBER _____

DO YOU LIVE WITH YOUR PARENTS? YES _____ NO _____

PARENT'S PHONE IF DIFFERENT _____

HOUSEPARENT/STAFF NAME _____

HOUSEPARENT/STAFF PHONE IF DIFFERENT _____

CASEWORKER _____ AGENCY _____

CASEWORKER PHONE _____ Extension _____

IMPORTANT INFORMATION ABOUT DISABILITIES AND OTHER
MEDICAL INFORMATION _____

DID YOU GRADUATE FROM HIGH SCHOOL? YES____ NO____

HIGH SCHOOL ATTENDED _____

YEAR OF HIGH SCHOOL GRADUATION/COMPLETION _____

WHAT TYPE OF PROGRAM WERE YOU IN? _____

IF YOU ARE A RECENT GRADUATE, PLEASE PROVIDE A PERSON FROM
YOUR SCHOOL WHO WE CAN CONTACT.

NAME _____ PHONE _____

PLEASE GIVE YOUR APPROXIMATE:

READING LEVEL _____

WRITING LEVEL _____

LIST ANY HIGH SCHOOL ACTIVITIES OR PRESENT ACTIVITIES IN
WHICH YOU PARTICIPATE (SPORTS, CLUBS, MUSIC, ETC.)

JOB/WORKPLACE _____

SUPERVISOR _____ PHONE _____

WHY DO YOU WANT TO ATTEND NOORTHOEK ACADEMY? _____

STUDENTS ARE RESPONSIBLE FOR PROVIDING THEIR OWN TRANSPORTATION TO AND FROM CLASSES.

TUITION IS **\$200** FOR EACH SEMESTER AND FOR THE SUMMER SESSION. IT IS ***NON-REFUNDABLE***. LOW- INCOME STUDENTS MAY QUALIFY FOR PARTIAL SCHOLARSHIPS. FOR MORE INFORMATION, CALL **234-4123**.

I AGREE THAT IF I AM ACCEPTED INTO NOORTHOEK ACADEMY THAT I WILL ABIDE BY THE RULES AND EXPECTATIONS OF THE STAFF AND THE BOARD OF DIRECTORS. I UNDERSTAND THAT ANY INAPPROPRIATE BEHAVIOR (AGGRESSIVENESS, INAPPROPRIATE SEXUAL CONDUCT, ETC.) COULD RESULT IN THE TERMINATION OF MY ATTENDING NOORTHOEK ACADEMY.

Signed _____ Date _____

SEND YOUR COMPLETED APPLICATION TO: NOORTHOEK ACADEMY, P.O. BOX 6241, GRAND RAPIDS, MI 49516. For more information, please call 616-234-4123.

