

Application for Enrollment



Student Information

Entering Grade: Y5 K 1 2 3 4 5 6

First Name: _____ Last Name: _____

Birthday: _____ Gender: Male Female

Parent/Guardian Information

First Name: _____ Last Name: _____

Relationship to Student: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Child Residency Status: Full-time Part-time Does not reside with this parent/guardian

Parent/Guardian Information

First Name: _____ Last Name: _____

Relationship to Student: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Child Residency Status: Full-time Part-time Does not reside with this parent/guardian

Enrollment Priorities

Does the applying student have any siblings enrolled in Abney? Yes No

Please return this form to:

Elementary school campus
1435 Fulton Street East
Grand Rapids, MI 49503

By Email: agraham@thewcaa.org