



4366 Military, Detroit MI 48210

Phone (313) 748-4000

[www.voyageuracademy.com](http://www.voyageuracademy.com)/[www.voyageurcollegeprep.com](http://www.voyageurcollegeprep.com)

### **New Student Enrollment Checklist**

In order to complete your scholar's enrollment at Voyageur Academy and Voyageur College Prep, please submit all documents listed below. **Remember that to secure your scholar's seat we require all enrollment paperwork.** You will be contacted to attend a registration event over the summer to complete your scholar's registration paperwork.

#### **Enrollment Paperwork**

- Birth Certificate
- Vision/Hearing Screening (Kindergarten Students Only)
- Transcripts for High School Students or most recent report card
- Current Immunization Records
- Special Education/504 Documentation (if applicable)
- Copy of Parent/Guardian Photo ID



**Enrollment Application**  
2018-2019 School Year

**Student/Parent Information**

Student Full Name \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Address \_\_\_\_\_ City and Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
School Currently Attending \_\_\_\_\_

**Kindergarten students must be 5 before 9/1/2018.**

If your child's birthdate falls between 9/1 and 12/1 by checking this box you are requesting that the school enroll your child into the school's kindergarten program, pursuant to the school's standard application, waiver requirement and lottery processes.

Does the applicant have a sibling currently attending Voyageur Academy or Voyageur College Prep? \_\_\_ Yes \_\_\_ No.  
If Yes, please list the sibling's name and grade:

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**Parent/Guardian Contact Information**

Parent/Legal Guardian

Name \_\_\_\_\_  
Address \_\_\_\_\_ City and Zip \_\_\_\_\_  
Primary Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Relationship to Student \_\_\_\_\_

Parent/Legal Guardian

Name \_\_\_\_\_  
Address \_\_\_\_\_ City and Zip \_\_\_\_\_  
Primary Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Relationship to Student \_\_\_\_\_

With whom does the child reside? \_\_\_\_\_

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**Parent/Guardian Signature**

**Date**

*Please return the completed form to the Voyageur Main Office:  
4366 Military Street, Detroit, MI 48210  
Phone (313) 361-4180/Fax (313) 361-4770*