

Great Revelations Academy

6400 Miller Road

Dearborn, MI 48128

Phone: (313)558-4000 (313)254-4504

fax: (313)649-5353

www.greatrevelations.org

Educating Leaders of the Future; Your Great Revelation Starts Here!

Student Enrollment Application



Student Information

Last Name		First Name		
Date of Birth		Social Security Number:		
Place of Birth		Male	Female	
Address		City:	State:	Zip:
Email:		Contact Phone:		

Name and grade of any sibling(s) already attending the school

Language(s) commonly spoken at home: (1): _____ (2): _____

ACADEMIC DETAILS

Grade in which admission is sought: _____

Name(s) of school(s) attended in the past and dates of attendance:

Name of School (City/Country)	Class	From	To

Personality & Health

Please provide details of any special aspects of your child's personality:

Provide any information if your child has any health needs requiring special attention/medication:

Parent / Guardian Data

Mother's Name	__Dr. __Hajji __Mrs.__Ms.	First:	Last:
Occupation	Employer		
Home Address			
Primary Phone:	Alternative		
Email:			

Father's Name	__Dr. __Hajj __Mr.	First:	Last:
Occupation:			Employer:
Home Address			
Primary Phone:		Alternate:	
Email:			

Section 5: DECLARATION

I confirm that, to the best of my knowledge, the information provided in this form is correct. I have understood and agree to abide by all school rules including school discipline, inter-school/city transfers and tuition fee payment and refunds. I also acknowledge that while the school does its best to ensure the safety of each child's life, health and property, the school cannot be held responsible for any damage to these. I understand that my child is not admitted or accepted into Great Revelations Academy until all documentation has been received and reviewed.

Signature of Parent/ Guardian

Date

Signatory's Name: _____

Signatory's Relation with the Child: _____

FOR OFFICE USE ONLY

Form Check By

Registration Fee Paid On:

Birth Certificate Provided Yes:

Cash

Photograph Provided Yes:

Or Check No:

Release of Records Form Yes:

Admission:

Assessment Required Yes: No:

Tuition:

Date:

First Installment

Health Appraisal/Shot record:

Student Interviewed By:

Parent Interviewed By:

Acceptance / Rejection **A R**

Admission Officer Signature

Reason For rejection:

Principal Signature