

Last Name: _____ First Name: _____ Applying Grade: _____

Date of Application _____



**Advanced
Technology
Academy**

4801 Oakman Blvd.
Dearborn, MI 48126
Phone: (313) 625-4701
Fax: (313) 582-3499
Email: enrollment@my.atafordpas.org

Chartered by  **LAKE SUPERIOR
STATE UNIVERSITY**

Managed by  **TECHNICAL
ACADEMY
GROUP**

WE ARE EXCITED TO WELCOME YOU TO THE ADVANCED TECHNOLOGY ACADEMY!

We hope this application will provide you with all the necessary information to ENROLL your child.

In district registrations for the 2026-2027 school year, please complete the following steps:

1. Collect the required documents for enrollment. (see page 2)
2. Complete this pre-enrollment application form.
3. Submit application to ATA's enrollment office.
4. Once you have submitted your pre-enrollment application an enrollment coordinator will reach out to you by phone or email.

Questions about enrollment can be directed to Kristina Serratos, ATA Enrollment Coordinator at (313) 625-4701 or by email: enrollment@my.atafordpas.org

Falsification or misrepresentation in response to any question on this application or any document submitted with this application may result in the student not being admitted to the Advanced Technology Academy or if the falsification or misrepresentation is discovered after admission, the student may face being removed from the school.

Signature _____

Date _____

Relationship to Student _____

HOW DID YOU BECOME AWARE OF THE ADVANCED TECHNOLOGY ACADEMY?

(Check all that apply)

- Sign/Walk-In
- Family/Friend Referral
- Staff Referral
- Day Care Provider
- Postcard/Flyer
- Television Ad
- Internet/Social Media
- Newspaper/Magazine
- Community Event
- Billboard
- Movie Theater
- Other _____

CODE _____

The Advanced Technology Academy prohibits unlawful discrimination on the basis of race, color, religion, sex, national origin, age, height, weight, marital status handicap, or disability in any of its educational programs or activities.



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DOCUMENTS REQUIRED WITH APPLICATION

– Please do not write on or remove this page. For ATA staff use only. –

- _____ Copy of up-to-date Michigan Immunization Record; - **REQUIRED**
- _____ Copy of child's Birth Certificate; - **REQUIRED**
- _____ Copy of parent(s) / legal guardian(s) Driver's License / a State of Michigan ID card - OR -
Copy of Valid Passport. - **REQUIRED**
- _____ Official copy of transcripts (10th through 12th grade only); - **REQUIRED**
(for grade placement purposes only)
- _____ Copy of most recent and final Report Card (1st through 9th grade);- **REQUIRED**
(for grade placement purposes only)
- _____ **Copy of IEP - MET Results / 504 Documents - if applicable;**
- _____ Copy of Power of Attorney, Court Orders, Custody Arrangements / Rulings or other relevant
documents - if applicable;
- _____ Copy of Expulsion / Voluntary Withdrawal Attachments - if applicable;
- _____ **Medication Documentation / Medical Management Plan - if applicable.**
- _____ Copy of up-to-date Michigan Health Appraisal - if applicable;
- _____ Copy of most recent assessment data- if applicable;
(PSAT / SAT, ACT Plan / Explore, MSTEP, and NWEA / SCANTRON)
- _____ Copy of ELPA / WIDA Results - if applicable;
- _____ Copy of Kindergarten Waiver, if applicable
- _____ Copy of Home School Documents, if applicable

ADDITIONAL FORMS REQUIRED UPON ACCEPTANCE

Once your student has been accepted , these additional document will be required with parent/guardian signature and returned to the main office within the first week of school.

- Student Investment Agreement - ATA's REACH Values;
- Parent / Guardian Pledge;
- Chromebook Checkout Program Agreement;
- Acceptable Computer & Technology Use Policy;
- Yondr Phone/ Electronic Use Policy; and
- All other policies included in the Welcome Packet and the Student Handbook.

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APPLICATION FOR ENROLLMENT

PARENT(S) OR LEGAL GUARDIAN WITH WHOM THE STUDENT RESIDES:

Parent/Guardian Name (Primary Contact)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone:(____) _____

E-mail: _____

Employer: _____

Work Phone: (____) _____

Are you Active Military? Yes No

If Active, what Branch _____

Language you prefer to receive written communications from the school? _____

Language you prefer to receive verbal communications from the school? _____

Parent/Guardian Name (Secondary Contact)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone:(____) _____

E-mail: _____

Employer: _____

Work Phone: (____) _____

Are you Active Military? Yes No

If Active, what Branch _____

Language you prefer to receive written communications from the school? _____

Language you prefer to receive verbal communications from the school? _____

Has anyone in your household worked in agriculture, poultry, dairy, and/or a food processing /packing house within the last three years? Yes No

Have you lived or worked in another school district, even for a short time, in the last three years? Yes No

NON-CUSTODIAL PARENT/DUAL RESIDENCY INFORMATION *(if applicable)*

Name: _____

Relationship: _____ Dual Mail: Yes No

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone:(____) _____

E-mail: _____

Employer: _____

Work Phone: (____) _____

Are you Active Military? Yes No

If Active, what Branch _____

EMERGENCY CONTACT

Please list an emergency contact who is **NOT** a primary parent or legal guardian and who can be reached if we are unable to contact you. Please refrain from listing parent/guardian.

To update your emergency contact information at any time, please contact your school office.

Name: _____

Relationship: _____

Primary Phone: (____) _____

E-mail: _____

Employer: _____

Work Phone: (____) _____

STUDENT INFORMATION / DEMOGRAPHICS

Student's First Name _____ Middle Name _____ Last Name _____

Address _____ Bldg/Apt# _____

City _____ State _____ Zip Code _____

Gender: Male Female Birthdate: _____ Month/Day/Year

Does the student live with foster parent(s) or legal guardian? No Yes

If YES, attach Power of Attorney or other documentation, i.e. Court Order, etc.

Enroll In Grade: _____ (Actual Grade may be determined by Assessment)

Has this student ever attended Advanced Technology Academy? No Yes

If YES, last year attended: _____

Has this child ever been expelled or voluntarily withdrawn for behavior reasons from another school district?

No Yes If YES, Date: _____ (Attach any agreements)

Describe Why: _____

Does the student have siblings? No Yes If YES, please list all siblings below

Sibling #1 Name _____
Grade _____ Attending ATA Applying to ATA Other

Sibling #2 Name _____
Grade _____ Attending ATA Applying to ATA Other

Sibling #3 Name _____
Grade _____ Attending ATA Applying to ATA Other

Sibling #4 Name _____
Grade _____ Attending ATA Applying to ATA Other

Sibling #5 Name _____
Grade _____ Attending ATA Applying to ATA Other

Sibling #6 Name _____
Grade _____ Attending ATA Applying to ATA Other

Sibling #7 Name _____
Grade _____ Attending ATA Applying to ATA Other

Sibling #8 Name _____
Grade _____ Attending ATA Applying to ATA Other

Sibling #9 Name _____
Grade _____ Attending ATA Applying to ATA Other

ETHNICITY

- American Indian/ Alaska Native
- Asian American
- Black/African American
- Caucasian/White
- Hispanic/Latino
- Native Hawaiian/ Pacific Islander
- Other: _____

CURRENT LIVING ARRANGEMENTS

Completing this section in no way impacts child's enrollment.

- Single Family Home / Apartment
- Living w/ Family or Friends
- Shelter / Motel
- Currently No Permanent Housing

SHIRT SIZE

All students are required to wear an ATA branded polo or sweatshirt. Each newly enrolled student receives two polo shirts and one sweatshirt; please select a size below.

YOUTH

- Small Large
- Medium

ADULT

- Small XL
- Medium 2XL
- Large 3XL

SPECIAL ORDER

- 4XL 5XL

Uniforms will be available for pick-up in August.

Exchanges may be made in the main office once school begins. Additional uniforms can be purchased through our website www.atafordpas.org.

PRIOR ENROLLMENT LOCATION

Please List the School District of Residence: _____

School Last Attended: _____

School Address: _____

City _____ State _____ ZIP _____

Date Left: _____ Reason for leaving: _____

Was your child home-schooled?

No Yes

If YES, additional documentation will be required, please contact ATA's Main Office for more info.

Dates _____

KINDERGARTEN *(complete this section if applying for Kindergarten)*

If you are enrolling a Kindergartner, the child must be five years old by September 1, 2026, toilet trained (no pull-ups) and able to feed his/her self - unless there is a documented medical condition.

The Academy will require a Kindergarten Readiness Assessment / Observation to provide a recommendation for placement.

If your child will be 5 after September 1, 2026 and by December 1, 2026 you must fill out the kindergarten enrollment waiver request form.

Please check only ONE box

My child will be five years old:

- by Sept. 1, 2026.
- after Sept. 1, 2026 and by Dec. 1, 2026.
(must complete Kindergarten Enrollment Waiver Form)
- after Dec. 1, 2026.

HIGH SCHOOL

Complete this section if applying for High School

If applying for 9th Grade and completed the 8th Grade last year:

Did child receive credit for Algebra I?
 Yes No Unsure

Did child receive credit for Foreign Language?
 Yes No Unsure

If YES, specify language _____

If applying for High School grade 10th - 12th, please choose a career track preference:

- General Studies Business
- Health Care Sports Training
- Computer Science Engineering
- Mechatronics Skilled Trades

Was your child enrolled in an Early Middle College (EMC) program at the previous school?

No Yes *If YES, please list program name*

Did your child play an MHSAA sanctioned sport at the previous school? Yes No

If YES, what sport? _____

Did your child participate in HS athletics during the previous school year? Yes No

If YES, what sport? _____

Will child play sports at ATA? Yes No

SPECIAL EDUCATION NEEDS

Completing this section in no way impacts your child's enrollment

Please indicate if your child currently has an IEP or a 504?

Yes No Unsure *If YES, When?* _____

Please list any Supplemental Services needed or that were given to your child at their prior school

Please attach copy of latest IEP and MET

HEALTH CARE NEEDS

Completing this section in no way impacts your child's enrollment

Please list any medical or other health issues that your child may experience while at school.

You may also need to complete a Medical Management Plan, if applicable before the school starts.

The Academy will need documentation from the child's pediatrician and the medication in its original container.

Does your child require medications be administered during school hours?

Yes No *If YES, Please List* _____

If there is anything else you would like the Academy to know about your child, please describe.

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ADVANCED TECHNOLOGY ACADEMY HOMESCHOOL DOCUMENTATION FOR ENROLLMENT

In addition to the Academy's Enrollment Application, if you **homeschooled** your child last year, you must complete this form. **Attach any information on curriculum & mastery documentation and complete the appropriate placement assessment. All of this information is required before the Academy can place your child in the most appropriate grade. Without sufficient information, your child will be required to complete an NWEA assessment in August to ensure appropriate placement.**

Child's Name:	Age of Child:	Dates of Homeschooling:
---------------	---------------	-------------------------

Describe the Weekly Schedule for Instruction:

Monday	Tuesday	Wednesday	Thursday	Friday
Time:	Time:	Time:	Time:	Time:

Describe the Curriculum Used to Homeschool your Child:

	Curriculum	Textbooks	Websites
Reading/Writing			
Mathematics			
Science			
Social Studies			

Attach any of your student's evidence of mastery of Michigan State Standards: portfolio, work samples, and/or tests to represent what your child has mastered during the last year.

Office Use Only

Date Assessed: _____

Proctor: _____

Grade Level Applying for August: _____

Spring NWEA Reading Score: _____

EOY ELA Exam Score: _____

Spring NWEA Math Score: _____

EOY Math Exam Score: _____

EOY Social Science Exam Score: _____

EOY Science Exam Score: _____

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STATE BOARD OF EDUCATION APPROVED HOME LANGUAGE SURVEY

Michigan welcomes families of all language backgrounds. Speaking more than one language is a valuable asset!

Please answer the 3 questions below. If your response to either question is a language other than English, the school district will give an assessment to see if your student may benefit from English language support.

Name of Student _____

Grade _____ Age _____

1. Was the student born outside of the US or Puerto Rico? Yes No

If yes, when did the student enter US Schools? _____

2. What language is used most at home? _____

3. What language is used most by the student? _____

Signature of Parent or Guardian

Date