

800 DeVillen Ave.
Royal Oak, MI 48073



Phone: 248.435.8400
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APPLICATION FOR TUITION
ENROLLMENT SCHOOL YEAR **2024-2025**

Date: _____

Student Name: _____ Birthdate: _____
Last First

Age: _____ Grade student will be entering: _____ Sex: _____

Name of Mother/Guardian: _____

Address: _____
Street Address Apt. No.
City State Zip Code

Phone: _____ Phone: _____
(cell#) () (Home) ()

Email address: _____

School District of Mother's/Guardian's Residence: _____

Name of Father/Guardian: _____

Address: _____
If different than above Street Address Apt. No.
City State Zip Code

Phone: _____ Phone: _____
(cell#) () (Home) ()

Email address: _____

School District of Father's/Guardian's Residence: _____

School Currently Attending: _____ Grade: _____

Address of Current School: _____
Street Address City State Zip Code

Has your child been suspended or expelled from school during the past two years?
 Yes No If yes, please explain: _____

Does your child have an IEP (Individualized Education Program)? Yes No

I certify that the above information is accurate and complete to the best of my knowledge. Further, I understand that if any of the information is found to be incomplete or inaccurate, it could result in the loss of my child's eligibility for acceptance and removal from Royal Oak Schools.

Parent Signature _____ Date _____

For Office Use Only:

Approved: Yes No School Placement: _____

Superintendent Signature: _____ Date: _____