

# Ann Arbor Orthodox Classical Academy

## 2021-2022 Application for Early Admission to Kindergarten Online Learning Program (Waiver Form)



*Wisdom and Virtue in Christ*

According to Michigan Law, if a child residing in a School District is not five years of age on September 1st of any given school year, but will be five years of age no later than December 1st, the child's parent or legal guardian may enroll him or her in Kindergarten by notifying the school district in writing of his or her intention to seek the child's enrollment.

As a private parochial school, although we are not subject to this requirement, we acknowledge that this age requirement is put in place for the benefit of the child to facilitate his or her developmental readiness for the curriculum. Even so, parents who wish for their child to be considered for early admission into the Kindergarten online learning program—who will turn 5 years of age between September 2 and December 1 (inclusive)—are asked to submit this application to acknowledge their wish to waive this requirement.

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Verification of Age:**  Birth Certificate  Government Record  Hospital Record  
*check (✓) one*  Court Record  Citizenship Paper  Other (please specify): \_\_\_\_\_

I acknowledge the Kindergarten age of eligibility requirement, as stated herein, and I am requesting that the application of my child, whose birth date falls between September 2 and December 1, is considered for entry into the Kindergarten online learning program for the 2021–2022 school year.

I hereby certify that the information contained herein is true and correct to the best of my knowledge. I, also, comprehend that the enrollment process (including an entrance assessment to assess my child's curriculum readiness) must be completed successfully before my child is offered admission to the Kindergarten program.

**Parent/Legal Guardian's Printed Name:** \_\_\_\_\_

**Parent/Legal Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please submit this form along with your completed application package by either:

\* scanning and e-mailing it to [info@a2oca.org](mailto:info@a2oca.org);

**OR**

\* mailing it to: Admissions Office  
Ann Arbor Orthodox Classical Academy  
9900 Jackson Road  
Dexter, MI 48130

For Office Use Only:

<b>Date Received:</b>		
<b>APPROVED:</b>	Yes	No