

APPLICATION FORM

Academy of the Americas



ABOUT OUR PROGRAM

Welcome to Academy of the Americas K-12, a vibrant Spanish dual-language immersion school nestled in Southwest Detroit.

Our unique 90/10 model of language instruction ensures that students develop fluency in both Spanish and English, setting them on a path towards bilingualism and cultural appreciation.

With over 30 years of experience, we've honed our approach to deliver an enriching academic experience that celebrates diversity and fosters a love for learning.

Cub Campus (K-3)

3811 Cicotte St.

Detroit, MI 48210

Phone: (313) 866-2220

Tiger Campus (4th-12)

2680 Konkel St.,

Detroit, MI 48210

Phone: (313) 596 -7640

Detroitk12.org/academyoftheamericas

Student Information

Student's Full Name:

Student's Current Grade:

Student's Date of Birth:

When are you seeking admission?

Immediate

January 2025

Fall 2025

Home Street Address:

Gender:

Male

Non-Binary

Female

Prefer not to answer

City:

State:

ZIP Code:

Does the student have any of the following? (Select all that apply)

IEP or Non-Public Service Plan

504 Plan

None

If yes, please include a copy of the plan with the student's application. We collect this information to ensure we provide your student with appropriate services.

Does the student receive ESL (English for Speakers of Other Languages) support in school?

Yes

No

Is Spanish spoken in the household?

Yes

No

Does the student do any of the following in Spanish?

Speak

Understand

Write

Read

STUDENT INFORMATION *(Continued)*

Does the student currently have any siblings that attend our school? If yes, please list their names:

1)	3)
2)	4)

School Student Currently Attends:

Current School Street Address:

City:	State:	ZIP Code:
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Please list extra-curricular activities/ hobbies your child enjoys:

PARENT INFORMATION

Parent/Guardian Name:

Parent/Guardian Email Address:

Parent/Guardian Phone Number 1:	Parent/Guardian Phone Number 2:
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PARENT SIGNATURE

I acknowledge that the information I have provided is accurate. By signing this form, I understand that knowingly providing false information may result in the revocation of an offer of admission.

Parent Name:	Signature:	Date: (MM/DD/YYYY)
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FOR AOA OFFICE USE ONLY
Do not write in this box!

Date received:	Accepted: <input type="checkbox"/> YES <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> NO
Contacted:	Date(s):
<input type="checkbox"/> ADVANCED <input type="checkbox"/> ESE <input type="checkbox"/> ESL <input type="checkbox"/> SIB <input type="checkbox"/> 504 <input type="checkbox"/> IEP	
Spanish Proficiency Checklist <input type="checkbox"/> Speaks <input type="checkbox"/> Writes <input type="checkbox"/> Reads <input type="checkbox"/> Understands	
Notes:	

