



Traverse City West Freshman Academy Enrollment Form

Student Name: _____

Parent/Guardian: _____

Address: _____

Parent Email: _____

Elective Choices: (You must include at least 3 elective choices.)

	Code #	Course Name	# of Trimesters	Credits
First Choice				
Second Choice				
Third Choice				
Fourth Choice				
Fifth Choice				

What interests you most about the Freshman Academy?

Student Signature: _____

Parent/Guardian Signature: _____