

Detroit Service Learning Academy

21605 West Seven Mile Road

Detroit, MI 48219

313.541.7619

313.541.7656 – fax

For Office Use Only

School Entry Date: _____ Entry Grade: _____

Teacher: _____ Room#: _____

UIC #: _____

NEW STUDENT APPLICATION

Today's Date: _____

Grade for September 2010: _____

STUDENT INFORMATION

Last Name:		First Name:		Middle Initial:	
Address:		City:	State: Michigan	Zip Code:	
Phone Number: ()	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (MM/DD/YYYY): / /		City of Birth:	

PARENT INFORMATION

Parent/Guardian Name 1:		Relationship:	Parent/Guardian Name 2:		Relationship:
Address:			Address:		
City:		Zip Code:	City:		Zip Code:
Daytime Phone:	Work Phone:	Cell Phone:	Daytime Phone:	Work Phone:	Cell Phone:

With whom does this child reside?

Note: When a student does not reside with a parent, additional information must be on file so that the school can determine who is responsible for the student. If there are applicable legal documents, such as custody papers, a copy should be provided to the school. *Step parents are not considered legal guardians unless they have legal guardianship paperwork which must be provided to the school.*

HOW DID YOU HEAR ABOUT THE DSLA?

MAILING RADIO/TV ADVERTISEMENT FAMILY/FRIEND BILLBOARD HEAD START INTERNET

PREVIOUS SCHOOL INFORMATION

Previous School:		City:	State:	Zip Code:
Type of School: <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Home	Is this student under expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this student under review for expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Ethnicity/Additional Information

(Note: Both Part A and Part B of the ethnicity question must be answered. If either part (A or B) is not answered, the Michigan Department of Education requires the school district to supply an answer on your behalf.)

Part A:

Is this student Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish cultures or origin regardless of race)? Yes No

Part B:

The above part of the question is about ethnicity, not race. No matter which box you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be

What is the student's race? (Choose only one)

- | | |
|--|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> Hispanic | |

What is the language spoken at home?	What is the child's primary language?	Has your child participated in either of these programs? <input type="checkbox"/> English as a Second Language <input type="checkbox"/> Bilingual Education
---	--	---

Are there any siblings planning to apply or currently attending the Detroit Service Learning Academy? Yes No

Name: _____ Grade for September 2010: _____ Attending Applying

Name: _____ Grade for September 2010: _____ Attending Applying

Patient/Guardian Signature: _____

Date: _____