

Detroit Delta Preparatory Academy New Student Enrollment Form (2017-2018)

Office Use Only

Received by: _____

Date Stamp: _____

Processed by: _____

A. STUDENT INFORMATION:		
1. First Name:	2. Middle Name:	3. Last Name:
4. Date of Birth: <div style="text-align: center; font-family: monospace;"> _ _ - _ - _ mm dd yyyy </div>	5. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Grade Level (2017-2018 school year):
7. Student Birth Country:	8. Student Birth State:	9. Student Birth City:
10. Home Address (Number, Street, Apt. #):		
11. City:	12. State:	13. Zip:
14. Home Phone: <div style="text-align: center; font-family: monospace;"> _ _ - _ - _ _ _ - _ - _ </div>	15. Student Cell Phone: <div style="text-align: center; font-family: monospace;"> _ _ - _ - _ _ _ - _ - _ </div>	
16. Legal Guardian(s) with Whom the Student Lives at the Above Address: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian 1 <input type="checkbox"/> Guardian 2 <input type="checkbox"/> Caregiver (Please provide documentation if you checked Guardian 1, Guardian 2, or Caregiver)		
17. Is there a legal custody agreement regarding this student (if yes, please provide a copy of any court orders) <input type="checkbox"/> Yes <input type="checkbox"/> No		
18. Ethnicity Information: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino		
19. Race Information (choose one or more, regardless of ethnicity, two or more races , rank in 1,2,3 order): <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander		

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B. PARENT/GUARDIAN INFORMATION:

Please provide the parent/guardian contact information for whom the student makes his/her permanent home as listed in the Student Information section.

For Parent/Guardian relationship, please circle one of the following:

Mother
Uncle
Foster Father
Family Member

Father
Aunt
Foster Mother
Court Appointed Guardian

Stepfather
Grandfather
Other Relative
Caregiver

Stepmother
Grandmother
Other Relationship
Agency Representative

Parent/ Guardian 1	20. First Name:	21. Last Name:	22. Relationship:
	23. Cell Phone: _ _ _ - _ _ - _ _ _ _ _	24. Home Phone: _ _ _ - _ _ - _ _ _ _ _	25. Email Address:
	26. Employer:	27. Occupation Title:	28. Work/Day Phone: _ _ _ - _ _ - _ _ _ _ _
Parent/ Guardian 2	29. First Name:	30. Last Name:	31. Relationship:
	32. Cell Phone: _ _ _ - _ _ - _ _ _ _ _	33. Home Phone: _ _ _ - _ _ - _ _ _ _ _	34. Email Address:
	35. Employer:	36. Occupation Title:	37. Work/Day Phone: _ _ _ - _ _ - _ _ _ _ _

38. Residence in which the student currently lives (federally mandated by No Child Left Behind).

- Own/Rent Home/Apartment/Condo
- Doubled-up (sharing housing with other families/individuals due to economic hardship or loss)
- Foster Home
- Transitional Housing
- Motel/Hotel
- Unsheltered (on the street)
- Shelter
- Unaccompanied Youth
- Other (please specify) _____

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C. MEDICAL AND EMERGENCY INFORMATION (individuals other than Parent/Guardian):

The following information is important in case of an accident, illness, or other emergency when the parent/guardian cannot be located. The following persons have agreed to accept full responsibility in case of an emergency or urgency and are authorized to assume responsibility and make decisions.

Emergency Contact #1	39. Full Name:	40. Relationship:	41. Telephone: _ _ _ - _ _ - _ _ _
Emergency Contact #2	42. Full Name:	43. Relationship:	44. Telephone: _ _ _ - _ _ - _ _ _
Emergency Contact #3	45. Full Name:	46. Relationship:	47. Telephone: _ _ _ - _ _ - _ _ _

IN CASE OF EMERGENCY:

If paramedics and/or hospital personnel might be involved, my child's medical identification is below. I hereby authorize emergency medical attention by any licensed physician or my doctor, listed below, if it becomes necessary. I agree to pay for reasonable professional services or hospitalization, including an ambulance, if used.

48. Health Care Provider or Medical Insurance:	49. Member or Card #:
50. Doctor's Name:	51. Telephone: _ _ _ - _ _ - _ _ _

52. Does the student have any chronic health problems, medical conditions, medications, or allergies?

EpiPen Twinject (for treatment of allergic reactions due to food allergies) Tetanus Shot – (date of last shot): _____

Food Allergies: _____ Medication Allergies: _____

Current Medications: _____

Doctor's prescription verifying allergies/medical condition attached Yes No

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D. EDUCATIONAL HISTORY:		
56. Prior School <i>(if applicable)</i> :	57. Grade(s) Attended:	58. City, State, Country:
59. Has the student ever been <u>EXPELLED</u> from a school or is there an <u>expulsion</u> action pending? If yes, please explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
E. SPECIAL SERVICES:		
Your responses to the following questions will not affect the admission status of the student but will be used to properly place your child in an appropriate classroom setting. If you answer "yes" to questions 60, 61, 62, or 63, please attach a copy to this packet.:		
60. Does the student currently have an individualized education program ("IEP")?/		<input type="checkbox"/> Yes <input type="checkbox"/> No
61. Does the student currently receive any special education services?		<input type="checkbox"/> Yes <input type="checkbox"/> No
62. Has the student ever had an individualized education program ("IEP")?		<input type="checkbox"/> Yes <input type="checkbox"/> No
63. Did the student have a 504 plan pursuant to Section 504 of the Rehabilitation Act of 1973 at his/her previous school?		<input type="checkbox"/> Yes <input type="checkbox"/> No
F. HOME LANGUAGE SURVEY:		
<i>Public schools are required to determine the language(s) spoken in the home of all students. This information is very important for providing adequate instructional programs and services. Please answer the following questions with only one language per line.</i>		
64. What language does your child use most frequently at home (check one only)?		<input type="checkbox"/> English <input type="checkbox"/> Other: _____ Language
65. What language do you use most frequently to speak to your child (check one only)?		<input type="checkbox"/> English <input type="checkbox"/> Other: _____ Language
66. What language is most often spoken by the adults in your home? (check one only)?		<input type="checkbox"/> English <input type="checkbox"/> Other: _____ Language
67. If the student was not born in the United States, please write the year and grade the student first enrolled in a U.S. school.	68. Year:	69. Grade:
70. Has the student ever received any formal English language instruction in an "English as a second language ("ESL") or "English language development" ("ELD") program		<input type="checkbox"/> Yes <input type="checkbox"/> No

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G. PARENT/GUARDIAN SIGNATURE:

I ATTEST, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MICHIGAN, THAT THE INFORMATION SUBMITTED IN AND WITH THIS STUDENT ENROLLMENT FORM IS TRUE AND CORRECT.

Parent or Guardian Signature: _____

Date: _____