

Student Name: _____

Current Grade: _____

Date Received: _____

MACDOWELL PREPARATORY ★ ACADEMY

4201 W. Outer Drive

Detroit, MI 48221

Phone (313) 494-8141 / Fax (313) 494-8142

www.macdowellprep.com

New Student Enrollment Checklist

In order to complete your scholar's enrollment at MacDowell Preparatory Academy, please submit all documents listed below. **Remember that to secure your scholar's seat we require all enrollment paperwork.**

Enrollment Paperwork

- Completed Application
- Enrollment Packet
- Birth Certificate
- Most Recent Report Card
- Current Immunization Records
- Vision Screening (Kindergarten Only)
- Special Education/504 Documentation (if applicable)
- Copy of Parent/Guardian Photo ID
- Custody Papers (if applicable)

Additional Information Required

- Home survey
- Records Request
- Transportation Form
- Health & Medication Form (if applicable)

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Enrollment Packet

Student Information

Legal Last Name Legal First Name Middle Name Suffix

Primary Contact #1 – Parent/Guardian

Last Name First Name Relation to Student

Primary Phone Email

Primary Contact #2 – Parent/Guardian

Last Name First Name Relation to Student

Primary Phone Email

Please note, legal custody document, guardianship papers would be required at enrollment if applicable

Residential Information

Home Address Street City State Zip

This question helps staff determine if your student is eligible for certain rights and support services under the McKinney-Vento Act of 1987.

Current living arrangement is temporary as a result of loss of housing or economic hardship.

Yes No

If yes, where is the student presently living?

- Motel/Hotel Shelter
- With more than one family in a house or apartment
- Moving from place to place.
- In a place not designated for ordinary sleeping accommodations such as a car, park, or campsite.

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Media Release

There may be times during the school year when media or others wish to photograph or videotape your son/daughter at MacDowell Preparatory Academy. I hereby permit MacDowell Preparatory Academy to release items concerning school activities of my son/daughter to the media. I also give my permission for my child's name, portrait, picture, or voice to be used for display or in promotion material for the school or its management company, Promise Schools, and/or in local media coverage of school events.

Yes No

Demographic/Ethnicity Information

Is the student Hispanic or Latino?

Yes No

What is the student's ethnicity/race? Select all that apply:

- American Indian or Alaskan Native Native Hawaiian/Other Pacific Islander
 Asian American White
 Black or African American

Home Language Information

The following information will be used to determine the number of children eligible for bilingual instruction according to Section 380.1152-1157 School Code of 1995, Michigan's Bilingual Education Law. Note: Indicating a language other than English to any of the below questions will result in your child being assessed for additional support through our English Language Learner Program.

Is your child's native language English? Yes No

If no, what is your child's native language? _____

Is English the primary language used in the child's home? Yes No

If no, what language is primarily used in the child's home? _____

Special Education Services

If your child receives Special Education services, documentation of the current plan is required prior to enrollment.

Does your child currently receive Special Education Services? Yes No

Does your child have a current 504 plan? Yes No

Indicate if your child has received or participated in the following:

IEP Speech/Language Social Work

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Health and Medication

Does your child have any health concerns or require medication to be administered during the school day? Yes No

If YES, you must complete the Health and Medication Form.

Does your child have any special diet restrictions or food allergies? Yes No

If YES, you must complete the Health and Medication Form.

Does the applicant have a sibling currently attending MPA? Yes No.

If Yes, please list the sibling's name and grade _____

- Please check the box if your child's birth date falls between 9/1 and 12/1 to request that the school enroll your child into the school's kindergarten program, pursuant to the school's standard application, waiver requirement and lottery processes.

I verify the information completed within this packet to be true and accurate:

Legal Parent/Guardian Signature: _____ **Date:** _____

NOTICE OF NONDISCRIMINATION It is the policy of MacDowell Preparatory Academy not to discriminate on the basis of race, color, sex, religion, national origin or ancestry, age, disability, height, weight, genetics, or marital status in its programs, services, activities, or employment. Inquiries related to nondiscrimination policies should be directed to: Promise Schools, Senior Director of Operations, 15000 Trojan Street, Detroit, MI 48235.

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Emergency Contact Information

Student Information

Legal Last Name	Legal First Name	Middle Name	Suffix
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Alternative Emergency Contacts

Please list **alternative** emergency contacts for your child. The individual must be at least 18 years or older who you authorize the student be released to.

Last Name	First Name	Relation to Student	Primary Phone
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Last Name	First Name	Relation to Student	Primary Phone
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Last Name	First Name	Relation to Student	Primary Phone
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Request for Records

Student Name _____
 Birthdate ____/____/____
 Name of Prior School _____

Discipline Record - Must Be Completed By Parent/Guardian	
<ul style="list-style-type: none"> Note: A willful false statement may result in removal from MacDowell Preparatory Academy. If the answer is "yes" to any of the below statements, attach documentation and/or an explanation. 	
<ul style="list-style-type: none"> <input type="radio"/> The student has been expelled from school. <input type="radio"/> The student had an in-school/out-of-school suspension within the last two years. <input type="radio"/> The student has been convicted of a crime or is pending felony charges. <input type="radio"/> The student withdrew from a former district in lieu of being charged with conduct that may have resulted in expulsion or long-term suspension. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Verification of Information	
I verify the above information to be true and accurate. I request student records and information be disclosed to the MacDowell Preparatory Academy.	
_____ Legal Parent /Guardian Signature	_____ Date

Forwarding School	
According to our records, we can verify that the that the information provided by the parent is: <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
_____ Administrator Signature	
_____ Date	

The student listed above has been enrolled at MacDowell Preparatory Academy. Please mail the student's complete school records to the address listed below or notify the school if you have no record of the student. **Records include: CA60, transcript of grades and credits, achievement and ability test scores, health records and any other pertinent information concerning the student.** These records include CONFIDENTIAL information that may influence the student's educational planning (i.e. medical, psychiatric, psychological, social work, speech/language reports and/or other special education services).

Please return this form and all requested files to:
 MacDowell Preparatory Academy
 4201 W. Outer Drive
 Detroit, MI 48221
 Phone (313) 494-8141 / Fax (313) 494-8142

Parental permission is no longer required when authorized school personnel submit a request for records in compliance with Federal Education Rights & Privacy Act, Final Rule on Educational Records.

Household Information Survey

SCHOOL USE ONLY

Approved for:

1 2

To determine eligibility for various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return this application to MacDowell Preparatory Academy.

These sections must be completed by the head of household or designee.

PART A. SIZE OF FAMILY - Enter the total number of individuals living in your household, including all adults and children →

PART B. CURRENT BENEFITS - Complete below if applicable

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: _____

Case Number: _____

PART C. STUDENT INFORMATION – Complete for each student Pre-K through 12th Grade

Last Name	First Name	Birth Date XX-XX-XXXX	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as a **Page 2**.

PART D. TOTAL MONTHLY HOUSEHOLD INCOME – Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	

PART E. SIGNATURE - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal/state funds based on the information I give. I understand that sponsor officials may verify (check) the information.

Sign Here: X _____ Print Name: _____ Date: _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____ I do not have a Social Security Number

Address

City

Zip Code

Home Phone

Work Phone

Email Address

By providing your email address you may be contacted via email by the district

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Transportation Information

School Arrival/Departure

Student's Name _____ Grade _____

Please check the box that applies to your scholar's mode of transportation to and from school.

- My scholar will be dropped-off and picked-up by a parent/guardian
- My scholar will walk to school accompanied by _____ (Person's name if someone other than parent or guardian)
- My scholar has permission to release on his/her own during dismissal to walk
- My scholar is able to release on his/her own to use public transportation
- My scholar will require bus transportation to and from school

Parent/Guardian Name: _____

Parent/Guardian Telephone: _____

Street Address: _____

City _____ State: _____ Zip Code: _____

Parent/Guardian Signature: _____ Date: _____