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# DOVE ACADEMY OF DETROIT

## Enrollment Application

*Acceptance is based on a completed application and the availability of space for each grade.*

Date: \_\_\_\_\_ School year applying for: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

Student: \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

Address: \_\_\_\_\_  
(Street Address) (City) (Zip Code)

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Birthplace: \_\_\_\_\_  
(City) (State) (Country)

Are you living in any of the following locations?: *(check one)* Unsheltered (on the street) \_\_\_\_\_ Shelter \_\_\_\_\_  
 Transitional Housing \_\_\_\_\_ Foster \_\_\_\_\_ Doubling-Up \_\_\_\_\_ Hotel/Motel \_\_\_\_\_ Unaccompanied Youth \_\_\_\_\_  
 Own/Rent Home/Apartment/Condo \_\_\_\_\_ Gov't Subsidized Home/Apartment \_\_\_\_\_ None of the Above \_\_\_\_\_

**Ethnicity/Race:** *(Check all that apply)*

American Indian \_\_\_\_\_ African American \_\_\_\_\_ Asian \_\_\_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_\_\_ Caucasian \_\_\_\_\_

Is the student of Hispanic/Latino ethnicity? *(Circle One)*

**Yes** – Hispanic/Lation (Cuban, Mexican, Puerto Rican, South or Central American) **No**- Not Hispanic/Latino

Language spoken in home: \_\_\_\_\_ Child's primary language: \_\_\_\_\_

**Previous School Information:**

Current School Attending: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Location: \_\_\_\_\_ City, State & Zip Code: \_\_\_\_\_

Type of School: Public \_\_\_\_\_ Private \_\_\_\_\_ Parochial \_\_\_\_\_ Charter \_\_\_\_\_ Home school \_\_\_\_\_

Was your child suspended from school during the previous school year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many times? \_\_\_\_\_ Please indicate reason(s) for the child's suspension: \_\_\_\_\_

Has the child been expelled from school for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of expulsion \_\_\_\_\_

What school year(s) \_\_\_\_\_ Please indicate reason(s) \_\_\_\_\_

Does your child require special education services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide current IEP with this application. (No exceptions!)

Has the student ever had a Behavior Intervention Plan? *(Circle One)* Yes No

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Birth Certificate _____ Immunizations _____ Report Card /Transcript _____
Date of Assessment _____ (grades 3-8 only) Reading _____ Math _____

Student ID# _____
Start Date: _____
Sent for records: _____ / _____ / _____

**How did you hear about Dove Academy?**

Daycare Provider \_\_\_\_\_ Facility Sign \_\_\_\_\_ Flier \_\_\_\_\_ Dove Website \_\_\_\_\_ Facebook \_\_\_\_\_ Internet \_\_\_\_\_ Mail Piece \_\_\_\_\_  
Newspaper \_\_\_\_\_ Yard Sign \_\_\_\_\_ Event \_\_\_\_\_ Friends & Family \_\_\_\_\_  
Other \_\_\_\_\_

**Emergency Medical Information**

Student's Physician of Health Care: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Health Insurance Policy Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Is your child subject to a condition which may cause emergencies such as epilepsy, diabetes, fainting, allergies, asthma, etc?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Does your child have any health conditions that may limit participation in strenuous activities such as physical education or athletics? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please explain \_\_\_\_\_

Has your child had chicken pox? Yes \_\_\_\_\_ No \_\_\_\_\_ Has your child been immunized for chicken pox? Yes \_\_\_\_\_ No \_\_\_\_\_

**Mother/Guardian Information:** *(please check one)*

Parent \_\_\_\_\_ Guardian \_\_\_\_\_ *(provide documents)* Deceased \_\_\_\_\_ Joint Custody \_\_\_\_\_ *(provide documents)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: *(if different from student)* \_\_\_\_\_  
*(Street Address)* *(City)* *(Zip Code)*

Email Address: \_\_\_\_\_@\_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

**Father/Guardian Information:** *(please check one)*

Parent \_\_\_\_\_ Guardian \_\_\_\_\_ *(provide documents)* Deceased \_\_\_\_\_ Joint Custody \_\_\_\_\_ *(provide documents)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: *(if different from student)* \_\_\_\_\_  
*(Street Address)* *(City)* *(Zip Code)*

Email Address: \_\_\_\_\_@\_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

**Sibling Information:** (Only list sibling that will be attending Dove Academy K to 8th grade)

Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Emergency Contact(s) Information:**

#1 Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

#2 Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

#3 Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

#4 Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*NOTE: Falsification of information contained in this application will immediately void such agreement and result in said child being dropped from Dove Academy.

**PERMISSION FOR RELEASE OF STUDENT RECORDS INFORMATION**

In accordance with legislation regarding privacy rights of parents and students, written permission must be granted by parents, or students if 18 years of age or over, before certain information may be release to a third party. There are some exceptions to this such as directory information (name, grade, dates of attendance, degrees, awards, height, weight); transcripts to colleges; use of records by officials within an educational system; financial aid; accreditation purposes; some local, state and national agencies for research studies and certain other special purposes.

NOTE: Parental/Guardian permission is no longer required when records are requested by authorized school personnel. (Family Educational Privacy Act, Federal Register, June 17, 1976, Vol. 41 No. 118, and p. 24673).

**OFFICIAL REQUEST FOR INFORMATION:** *(Please type or print legibly)*

\_\_\_\_\_  
*Student's Legal Last Name (First Name) M.I./Suffix (Jr., III)*

\_\_\_\_\_  
*Date of Birth Entry Date Entering Date*

\_\_\_\_\_  
*Home Address City State Zip Code*

\_\_\_\_\_  
*Previous School Name*

\_\_\_\_\_  
*Address City State Zip Code*

Purpose of request: (Check One)

Transfer: Yes \_\_\_\_\_ No \_\_\_\_\_ Other Reason: \_\_\_\_\_

Parent/Guardian Signature/School Official: \_\_\_\_\_ Date: \_\_\_\_\_

**Information To Be Released:**

General Education Records (Should include: All records pertaining to student) Please include all grades at time of transfer. Special Education/Confidential Records (should include: medical, psychiatric, psychological, social history, social worker reports, MET, IEP records, etc.)

**Please release information to the following office:**

Dove Academy of Detroit  
Attn: Student Services Coordinator  
8210 Rolyat Street  
Detroit, MI 48234

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1 <sup>st</sup> Request Date: _____	Date Mailed: _____	Date Received: _____
2 <sup>nd</sup> Request Date: _____	Date Mailed: _____	Date Received: _____
3 <sup>rd</sup> Request Date: _____	Date Mailed: _____	Date Received: _____