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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 st Request Date: _____	Date Mailed: _____	Date Received: _____
2 nd Request Date: _____	Date Mailed: _____	Date Received: _____
3 rd Request Date: _____	Date Mailed: _____	Date Received: _____