

**David Ellis West Academy**  
19800 Beech Daly, Detroit, MI 48240  
**2011-2012 School Year 1<sup>st</sup>-8<sup>th</sup> GRADE APPLICATION**

**STUDENT INFORMATION**

(Please print legibly. Thank you.) Applying for Grade: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Male  Female

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Name First Name Middle Name Age Date of Birth

\_\_\_\_\_, MI \_\_\_\_\_/  
Home Address Apt. No. City Zip Code City/State of Birth Country of Birth

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_/  
Home Phone Number #1 Emergency Phone Number #2 Emergency Phone Number Languages Spoken Racial/Ethnic Origin

School District where student resided: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Name of Custodial Parent/Legal Guardian Relationship

Name(s) and Phone number(s) of Person(s) Authorized to pick up child(ren): \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_

Is the student under expulsion from another school? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ Circle all that apply: Regular Ed. Special Ed. Bilingual Other: \_\_\_\_\_

**Current Grade**  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Present School Attending City, State Years or Grades Attended

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
List all Previous Schools Attended and Grade

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
List all Previous Schools Attended and Grade

**Has student had any academic difficulty?** Yes \_\_\_ No \_\_\_ (If yes, please explain) \_\_\_\_\_

**Has student been recommended or referred for an IEP or testing of any kind? (If yes, please explain)** \_\_\_\_\_

**HEALTH INFORMATION** IMMUNIZATIONS COMPLETED? YES \_\_\_ NO \_\_\_ Student has: Asthma/Allergies/Other: \_\_\_\_\_

Is your child taking medication? Yes \_\_\_ No \_\_\_ Type of medication: \_\_\_\_\_ Purpose for taking: \_\_\_\_\_

Please add additional comments or other important health information here: \_\_\_\_\_

**OVER**

**NAME OF CUSTODIAL PARENT/LEGAL GUARDIAN INFORMATION**

**2011-2012 School Year**

**MOTHER/LEGAL GUARDIAN**

\_\_\_\_\_  
 Last Name                                      First Name                                      Middle Initial    Employer                                       Days     Afternoons     Evenings

\_\_\_\_\_, MI \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Home Address                                      Apt. No.                                      City                                      Zip Code                                      Place of Birth                                      Country or Citizenship

\_\_\_\_\_  
 Home Phone Number                                      Work Phone No. / Ext.                                      Cell Phone No.                                      E-mail Address

**FATHER/LEGAL GUARDIAN**

Marital Status:    Single    Married    Divorced    Widowed

\_\_\_\_\_  
 Last Name                                      First Name                                      Middle Initial    Employer                                       Days     Afternoons     Evening

\_\_\_\_\_, MI \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Home Address                                      Apt. No.                                      City                                      Zip Code                                      Place of Birth                                      Country or Citizenship

\_\_\_\_\_  
 Home Phone Number                                      Work Phone No. / Ext.                                      Cell Phone No.                                      E-mail Address

How will your child(ren) travel to and from school? \_\_\_\_\_

**The Academy requires 20 hours of parent volunteerism.**

How did you hear about this Academy? \_\_\_\_\_

Please tell us why you chose our Academy? \_\_\_\_\_

**Failure to provide correct information or full disclosure on the student application including but not limited to correct grade level, child custody and/or special education status and/or long-term suspension or expulsion shall be grounds for a student being asked to leave the Academy.**

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

*David Ellis Academy will not charge tuition and will not discriminate in it's pupil admissions policy or practices on the basis of race or ethnicity, intellectual or athletic ability, measures of achievement or aptitude, status as a handicapped person, or any other basis that would be illegal if used by a school district.*

**OFFICE USE ONLY**

\_\_\_\_\_ Date Application Received \_\_\_\_\_ Grade \_\_\_\_\_ Complete \_\_\_\_\_ Incomplete

\_\_\_\_\_ Accepted \_\_\_\_\_ Not Accepted **Missing Information:** \_\_\_\_\_ Report Card \_\_\_\_\_ Immunization Records \_\_\_\_\_ IEP

Office Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's Signature \_\_\_\_\_ Date: \_\_\_\_\_



Sylvia Green  
Director

DAVID ELLIS ACADEMY

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Linda Tripp, Member

## First (1<sup>st</sup>) through Eight (8<sup>th</sup>) Grade Application for Admission

Dear Parent or Guardian,

Thank you for your interest in the David Ellis Academy. The Academy's mission is to work collaboratively with its parents and the community to successfully prepare students for the 21<sup>st</sup> Century in a safe and orderly environment, which will teach academic, social, organizational, conflict resolution and goal setting skills. The staff will assist students in achieving their maximum potential, help students develop positive attitudes and high self-esteem, and enable them to become productive citizens within our community and society at large.

We are currently accepting applications for the 2011-2012 school year. Please complete the enclosed application packet and return to the main office.

Open enrollment applications must be filled out completely and returned with the following documents to be considered for enrollment. All incomplete applications will be returned. (Please submit applications for siblings together in one envelope):

- A copy of birth certificate, adoption papers or proof of court ordered custody
- A copy of IEP (Individual Education Plan, if applicable)
- A copy of the student's most recent report card
- A copy of complete immunization record or legal wavier

**(Please note the Academy is unable to produce copies)**

It is our belief that parent involvement in a child's education is vital to his/her success. Therefore, if accepted, you must be willing to volunteer a minimum of twenty (20) hours (per family) of support time to the Academy. Additionally, to maintain uniformity and an atmosphere conducive for learning, all students are required to wear uniforms. Visit Website for details.

Again, thank you for your interest.

Educationally yours,

Sylvia Green  
Director

**After school programs are available at the Academy**