

**David Ellis Academy-West
(Redford Campus)
Re-enrollment Application
2009-2010 School Year**

STUDENT INFORMATION

Applying for Grade: 1, 2, 3, 4, 5, 6, 7, 8
(Please Circle)

_____/_____/_____ M F
Last Name First Name Middle Name

Date of Birth: ____/____/____ Age _____ Racial/Ethnic Origin _____

_____/_____/_____ MI, _____
Home Address City Zip code
(____) _____
Home Phone _____

Name(s) of Custodial Parent(s)/Legal Guardian(s) Relationship

Mother/Legal Guardian/ Stepmother/Grandmother **Father/Legal Guardian/ Stepfather/Grandfather**

Marital Status: S M W D Marital Status: S M W D

Name: _____ Name: _____

Home Address: _____ Home Address: _____

City: _____ MI, Zip: _____ City: _____ MI, Zip: _____

Home Phone: _____ Home Phone: _____

Cell Number: _____ Cell Number: _____

Other Number: _____ Other Number: _____

SIBLINGS ATTENDING DEA

Full Name	Age	Grade	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Have you fulfilled your 20 hours of support for the school year 2008-2009? Yes _____ No _____

Signature of Parent/Legal Guardian Date

DEADLINE FOR SUBMITTING RE-ENROLLMENT APPLICATION IS FRIDAY, FEBRUARY 27, 2009.

David Ellis Academy will not charge tuition and will not discriminate in it 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 Received

Office Staff Signature: _____ Administrator's Signature: _____

Please complete other side

