



**DETROIT LEADERSHIP ACADEMY
NEW STUDENT SUMMER ENROLLMENT PACKET**

The following documents must be emailed to the school prior to enrollment.

E-mail to: High School: dcarswell@detroitleadership.org Pre-K-8: dwhitehead@detroitleadership.org

1. The original birth certificate or certificate of live birth for the student
2. Government issued ID for enrolling parent/guardian
 - a. if the address listed on the ID is the correct current address, no additional documentation is needed
 - b. if the address listed on the ID is **not** the correct current address, enrolling parent/guardian must also produce paperwork showing their name and current address (medical bill, utility bill, lease agreement, etc.)

The following forms must be completed and signed prior to enrollment:

1. Enrollment Form
2. Student Transportation Form
3. Household Information Survey

The following forms must be completed, signed, and returned only if applicable to the student:

1. Medical Authorization Form
2. Additional Medical Forms for specific medical needs (seizure disorder, diabetes, allergies, etc.)

Yearly permission slips will go home with the student's welcome packet at the beginning of the school year.

Detroit Leadership Academy

ENROLLMENT FORM



Re-enrolling in a Michigan Public School? ☐ Yes ☐ No

Date last attended a Michigan Public School: _____

School District last attended: _____

STUDENT INFORMATION

Student Name: _____ Nickname: _____
(From Birth Certificate) (LAST) (FIRST) (MIDDLE) (OPTIONAL)

Gender: ☐ Male ☐ Female Birthdate: ____/____/____ Age: ____ Grade: ____

Has the student been previously suspended or expelled? ☐ Yes ☐ No If Yes, please explain _____
If Yes, which district? _____

ETHNICITY (Part A) and RACE (Part B)

Race and Ethnicity (Both Part A and Part B) of the question **must be** answered. If either part is not answered, the US Department of Education requires the district to supply an answer on your behalf.

Part A: Ethnicity (choose only one) Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.) ☐ Yes ☐ No

Part A refers to ethnicity, not race. No matter which box you selected above, please continue to answer Part B (below) by marking one or more boxes to indicate what you consider your student's race to be.

Part B: Race (choose one or more)

- ☐ American Indian or Alaska Native (Origins from any of the original peoples of N, S, or Central America)
- ☐ Asian (Origins from any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent)
- ☐ Black or African American (Origins from any of the black racial groups of Africa)
- ☐ Native Hawaiian / Other Pacific Islander (origins from any of the original peoples of any Pacific Island)
- ☐ White (Origins from any of the original peoples of Europe, the Middle East or N Africa)

PRIMARY HOUSEHOLD INFORMATION

Primary Phone Number: (____) _____ Phone Number for Attendance Calls: (____) _____

Primary Email Address: _____

Is the primary language used in your child's home or environment a language other than English? ☐ Yes ☐ No

If yes, what is that language? _____ Resident District _____

Is your child's native tongue a language other than English? ☐ Yes ☐ No If yes, what is that language? _____

Is the primary language used in your child's home or environment a language other than English? ☐ Yes ☐ No

If yes, What is that language? _____

Current Physical Address: _____
(STREET ADDRESS) (CITY) (STATE) (ZIP) (COUNTY)

Current Mailing Address: _____
(if different) (STREET ADDRESS) (CITY) (STATE) (ZIP)

PRIMARY HEAD(S) OF HOUSEHOLD (With whom does the child reside?)

- | | | |
|---|---|---|
| <input type="checkbox"/> Adoptive Parents | <input type="checkbox"/> Father Only | <input type="checkbox"/> Relative (_____) |
| <input type="checkbox"/> Birth Parent(s) | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Double-Up |
| <input type="checkbox"/> Father/Step-parent | <input type="checkbox"/> Emancipated Minor | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Mother/Step-parent | <input type="checkbox"/> Shelter | <input type="checkbox"/> Grandparents |
| <input type="checkbox"/> Mother Only | <input type="checkbox"/> Foster Home (less than 6 months?) <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other (_____) |

PRIMARY HOUSEHOLD DATA	PRIMARY RESIDENT 1	PRIMARY RESIDENT 2
Head of Household Name/Title (Last, First)		
Relationship Type		
Occupation/Employer		
Employer Phone		
*Additional Notes for above Phone Number		
Cell Phone		
*Additional Notes for above Phone Number		
Email Address (if different from primary)		

SECONDARY HEAD(S) OF HOUSEHOLDDoes the child have a second parent/second residence? ☐ Yes ☐ No If yes, with whom?☐ Mother Only☐ Step-parent/Father☐ Other: _____☐ Father Only☐ Step-parent/MotherJoint Custody? ☐ Yes ☐ NoCurrent Physical Address: _____
(STREET ADDRESS) (CITY) (STATE) (ZIP) (COUNTY)Current Mailing Address: _____
(if different) (STREET ADDRESS) (CITY) (STATE) (ZIP) (COUNTY)Should this household be included in all mailings? ☐ Yes ☐ No Okay to release student to second household parent ☐ Yes ☐ No

*If you answered "No" to either of these questions, please attach legal documentation;
specific to this child and legal documentation; specific to communication with the
Secondary Household parent.*

SECONDARY HOUSEHOLD DATA	SECONDARY RESIDENCE 1	SECONDARY RESIDENCE 2
Head of Household Name/Title (L,F,M)		
Relationship Type		
Occupation/Employer		
Employer Phone		
*Additional Notes for above Phone Number		
Cell Phone		
*Additional Notes for above Phone Number		
Email Address (if different from primary)		

EMERGENCY CONTACT INFORMATION

Calling Order	Name	Relationship Type	Work Phone	Cell Phone	Home Phone
1					
2					
Doctor		Doctor		If a medical emergency exists, the school is authorized to take appropriate action on behalf of the child. The family will assume all medical costs. <input type="checkbox"/> Yes <input type="checkbox"/> No Preferred Hospital _____	
Dentist		Dentist			

OTHER SIBLINGS LIVING AT HOME

Name	Gender	Birthdate	School	Grade
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		

HEALTH INFORMATION*Medical information is confidential and will be shared with personnel on a need to know basis.*Special Health Conditions ☐ Diabetes ☐ Heart ☐ Asthma ☐ Seizures ☐ Other (Explain) _____Allergies ☐ Insects/Bee-stings ☐ Medication ☐ Food ☐ Environmental (Explain all) _____

Is student currently taking any prescription medications? Please list: _____

SPECIAL NEEDS INFORMATIONSpecial Program Received at Prior School: ☐ Special Education ☐ Speech & Language ☐ 504 Plan ☐ Title 1 Services ☐ Other (Explain) _____**MISCELLANEOUS INFORMATION**Please circle the information/activities you wish to **exclude** your student from:
Student Directory Armed Forces Recruited Access

I certify that all information is true and valid and that I am authorized to enroll this student:

SIGNATURE: _____ Date: _____

FOR OFFICE USE ONLY

Verification and Printed Copy of Birth Certificate ☐

Verification and Printed Copy of Immunizations ☐

Verification and Printed Copy of Proof of Residency and/or Parent ID ☐

Special Needs Reported to Coordinator (if applicable) ☐
(Special Education, Speech & Language, 504 Plan, Title 1 Services, Other)

EL Status Reported to Coordinator (if applicable) ☐
(For WIDA testing)

OM Signature:

Date:

State ID (UIC)

Student Number

Locker Number

Comb.

Bus # (Pickup)

Bus # (Drop-off)

Building Attending

1st Day of Attendance

Homeroom/Advisory Teacher

MUST BE COMPLETED BEFORE INCLUDED IN CA-60



Where **CHAMPIONS** are MADE!

Student Transportation Form

Thank you for deciding to send your child to Detroit Leadership Academy Middle/High. We know your child will have a great educational experience with us. Please know that anytime you have questions about our school, its academic programs, or our support services such as transportation, that we welcome your questions and will do our best to answer them.

Regarding transportation, we are pleased to let our school families know that transportation services will be provided to eligible students this year. **Student Transportation Services (STS)** will provide the services at designated stops that are based on the following criteria:

- Students must be able to get to one of the designated bus stops to be eligible for transportation. Bus stops are determined once transportation forms are submitted and the areas with the highest concentration of students is determined.
- Bus stops will be in safe areas throughout the community.
- Students eligible for transportation will be assigned a bus stop and permitted to ride the bus only from that bus stop.
- It may be necessary for students to walk or be transported from their home to the bus stop. Door-to-door pick up of students cannot be provided.
- Parents will be notified prior to the first day of school the location of their child's bus stop.
- Expectations regarding student behavior at the bus stop and on the bus will be provided along with the bus stop information.
- Failure of students to comply with behavior expectations may result in denial of transportation privileges.
- Student rider status and/or bus stops are subject to cancellation after five (5) consecutive school days of no ridership. If your child will be absent from bus service for more than five (5) days and you'd like to keep their status active, please notify the school office. Students must ride at least once every five (5) days in order to remain active.

Please complete the information below to help us determine your eligibility for transportation. The sooner you can return this information to your schools main office, the sooner we will be able to assign your child to a bus stop and provide transportation services. Alternatively, please check the provided box if you would like to opt out of school-provided transportation during this school year.

☐ I do plan to use school-provided transportation to and from the school

☐ I do **not** plan to use school-provided transportation to and from the school

Student Name: _____ Grade: _____

Address: _____



Where CHAMPIONS are MADE!

Nearest Major Cross-Street to Your Address: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Number to receive automated messages/emergency info: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

ARRIVAL METHOD (circle one):

Walk/Bike

Car (dropped off)

Bus

DEPARTURE METHOD (circle one):

Walk/Bike

Car (dropped off)

Bus

Please list below, the name and grade of siblings that will have common transportation needs as the child on this form.

For more information, please call the school's main office.

FOR OFFICE USE ONLY

Bus Color assigned: _____

Bus Stop assigned: _____

Pick up time: _____

Drop off time: _____

School District Name: Detroit Leadership Academy
Address 1: 5845 Auburn St
City, State Zip: Detroit, MI 48228
Phone: (313) 242-1500
Email:

Household Information Survey

SCHOOL USE ONLY

Approved for:

F ☐ R ☐ P ☐

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 Detroit Leadership Academy (school name).
Middle/High

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