



Pre-Registration Application

The following forms must be completed to hold a space for your student for the 2017-18 school year.

- Enrollment Application
- Home District Questionnaire
- Special Education Services Questionnaire

***Additional documents you MUST provide to the school by June 30, 2017 to complete the application process.**

- Certified copy of birth certificate (if not U.S. Citizen, Passport or Social Security Number)
- Immunization record
- Behavior/Attendance (HS)
- Report Card (Grade 1-8) – Current or most recent school year
or
- Copy of HS Transcript from previous school

Enrollment Application – Detroit Community Schools

Student Information			
Name (Last, First, MI):		Cell Phone:	
Street Address:		Email Address:	
City, State, Zip:		Grade Sought:	
Primary Language Spoken by Student:		Primary Language Spoken in the Home:	
Date of Birth:	Gender: M F	Place of Birth:	
Social Security #:		Is student one of the following? (Check one)	
		<input type="checkbox"/> A citizen or national of the United States	
Current Grade		<input type="checkbox"/> A lawful Permanent Resident (Alien) A	
Current School		<input type="checkbox"/> An Alien authorized to attend public school in the U.S. Alien/Admission #: _____	
<input type="checkbox"/> *I Certify that the child I am enrolling at Detroit Community Schools (DCS) has not been previously expelled or received a long-term suspension from school of more than 10 days, nor is expulsion/suspension pending.			
<input type="checkbox"/> The above-named child that I am enrolling has been previously expelled/suspended from a school. I authorize access to all school records and further authorize communication with the school(s) listed below regarding this matter. I understand my child's admission to DCS will be at the discretion of the DCS Administration.			
Male Parent/Guardian Information			
Father/Guardian Name (Last, First)		Father/Guardian (Language Spoken)	
Address (if different than child's)			
Employer/Occupation		Email Address	
Home Phone		Work/Cell Phone	
Female Parent/Guardian Information			
Mother/Guardian Name		Mother/Guardian (Language Spoken)	
Address (if different than child's)			
Employer/Occupation		Email Address	
Home Phone		Work/Cell Phone	
Student's Ethnicity (Place appropriate number in box): <input type="checkbox"/> (1) Hispanic (2) American Indian or Alaska Native (3) Asian (4) African American (5) Native Hawaiian/Other Pacific Islander (Having origins in people of Hawaii, Guam, Samoa or other Pacific Island) (6) White (Having origins in people of Europe, the Middle East or North Africa) (7) Two or more ethnicities			
With whom does the child live? Mother / Father / Both / Other		Marital Status: Single / Married / Divorced	
Is a custody decree in place? Yes / No / Pending		If YES, copy given to school? Yes / No	
Student Sibling Information			
Sibling Name	Enrolled here: Yes / No / Waiting List	Date of Birth	School currently enrolled in
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I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE.

Parent/Guardian Signature _____ Date: _____

FOR OFFICE USE ONLY

Application Date _____	Active _____	Date Records Sent _____	Graduated _____
Start Date _____	Waiting List _____	Moved/Transfer _____	Withdrawn _____

***Failure to disclose may result in expulsion from DCS.**

Home District Questionnaire – Detroit Community Schools

Parent's Name _____

Student's Name _____

Grade _____

Previous School(s)/District(s) attended: _____

1. Do you feel your home district provided the program necessary to meet your child's academic and social needs, and in an environment that you felt was safe? _____

2. Why did you choose to leave your previous school? (Please check all that apply)

Disciplinary problems Safety issues Academic Concerns Transportation
 Moved

Other (explain)

3. How did you hear about us? Student Neighbor TV Radio All of these

4. As a parent, why are you interested in your child enrolling at DCS? (Please check all that Apply)

Academics Safety Transportation Closer to Home All Day Kindergarten

Other (explain) _____

Parent/Guardian Signature _____

Thank you for taking the time to fill out this survey.

Special Education Services Questionnaire – Detroit Community Schools

Student Name: _____

Grade: _____ Gender: Male Female Date: ____ / ____ / ____

1. Have you ever attended an I.E.P.T. (Individualized Educational Planning Team) meeting where your child's eligibility for Special Education was discussed? (Circle one) YES | NO

If YES, where and when: _____

2. Is your child currently enrolled in Special Education or has s/he received special education services in the past? (Circle one) YES | NO

If YES, please describe the service(s) received (e.g., resource room, speech, etc.): _____

3. Has your child been found eligible to receive support under Section 504 Plan? YES | NO

4. Has your child received any outside services, such as social work, counseling, tutoring, etc.? (Circle one) YES | NO

If YES, please explain: _____

5. Your child may receive services that qualify for school-based Medicaid reimbursement. Your signature below is needed for consent to release information to Detroit Public Schools and/or Wayne RESA. You have the right to withdraw consent at anytime.

6. If applicable, do you have a copy of your child's current I.E.P. (Individualized Education Program or 504 Plan)?

If NO, please obtain a copy of the document from your previous school, as this must be reviewed before your child can be accepted to Detroit Community Schools. If yes, please provide a copy to Detroit Community Schools.

7. Have you ever had discussions with any school personnel regarding your child being tested for academic, behavior, or emotional concerns? (Circle one) YES | NO

If YES, please explain

8. When is the best time to contact you by phone? _____

At what phone number can you be reached? _____

Parent's Name (Print): _____

Parent's Signature: _____ Date: _____