

opMARTIN LUTHER KING, JR. EDUCATION CENTER

ENROLLMENT PACKET SCHOOL YEAR: 2024-2025



Infant/Toddler (5weeks-2.5yrs)

2/12-3 Years

4 Years (Tuition)

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____ Gender: Male _____ Female _____

Birth Date: _____ Age: _____ Student's Primary Language: _____
Month/Date/Year

Ethnicity and Race. Both parts A & B must be completed. We encourage you to select an answer for both parts. If either part (A or B) is not answered the U.S. Dept. of Education requires the school district to supply an answer on your behalf. (A) Is the student's ethnicity Hispanic or Latino? ___ Yes ___ No (B) RACE ___ African American ___ Hispanic ___ Asian ___ American Indian ___ Caucasian	Previous School, City, State _____ _____	Special Services your child received at Previous school: (check all that apply) ___ Speech ___ OT/PT ___ Special Education ___ Social Work ___ 504 Plan
	Type of previous school ___ Public School in Michigan ___ Home School ___ Private School in Michigan ___ Pre-School ___ Out of State or Country	

RESIDENCE

Present Address of Student _____
Address _____ City _____ State _____ Zip _____

Home Phone Number: (____) _____ Alternate Phone Number: (____) _____

Is this student Homeless? ___ Yes ___ No Do you and the student live in: Shelter motel/hotel at a campsite transitional housing
 In a car or RV temporarily with another family other location: _____

EDUCATION

Current school: _____
Name of school _____ City/State _____ Years/attended _____

Circle all that apply: **Regular Ed.** **Special Ed.** **Bilingual.** **Other:** _____

Is your student currently expelled from any school district? ___ Yes ___ No (If yes, explain) _____

Has student had academic difficulty? ___ Yes ___ No (If yes, explain) _____

Has student been recommended for IEP or testing of any kind? (If yes, explain) _____

HEALTH

Does your child have any special medical needs? _____

Has student been recommended or referred for the 504 Plan for medical reasons? If yes, explain) _____

KNOWN HANDICAP / DISABILITIES

Physical If yes, please explain:	Emotional If yes, please explain:	Intellectual If yes, please explain:
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KNOWN FOOD ALLERGIES

Food If yes, please explain:	Medicine If yes, please explain:	Others If yes, please explain:
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FAMILY INFORMATION

Primary language spoken at home if not English: _____ How many in household: _____

Parent/Guardian _____ Relationship to Student _____
 Last Name First Name Middle Initial

Present Address of Student _____
 Address City State Zip

Occupation _____ Work Phone _____ Cell Phone _____

Email _____ Education Status _____ Place of Birth _____

Marital Status: Single Married Divorced Widowed

Parent/Guardian _____ Relationship to Student _____
 Last Name First Name Middle Initial

Present Address of Student _____
 Address City State Zip

Occupation _____ Work Phone _____ Cell Phone _____

Email _____ Education Status _____ Place of Birth _____

Marital Status: Single Married Divorced Widowed

Local Emergency Contact Person:	Local Emergency Contact Address:	Local Emergency Home/Cell #:
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NAMES OF SIBLING ATTENDING MLKEC OR OTHER SCHOOL(S)

NAME	GRADE	SCHOOL NAME	CITY/STATE

REFERRAL INFORMATION

I was referred by: _____ Parent (list the person's name) _____ email _____ phone () _____
 (Check only one) _____ Staff (list the person's name) _____ email _____ phone () _____
 _____ Other (list the person's name) _____ email _____ phone () _____

How did you hear about our Academy? _____

Please tell us why you chose our Academy? _____

MLKECA will not provide transportation. How will your child travel to and from school? _____

I will utilize Latchkey services, and pay the additional charges: YES ___ NO ___

Signature of Parent/Guardian _____ SS# _____ Date _____

MLKECA will not discriminate in its pupil admission policies or practices whether on the basis of 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 Michigan public school district.

**FOR OFFICE USE ONLY
 STUDENT CHECK LIST**

Date Application Received _____ Enrollment Date: _____
 Start Date: _____ Teacher: _____
 UIC # _____ Building: _____

- ___ Driver's License
- ___ Immunization (Shot record)
- ___ Emergency Card
- ___ Math
- ___ Reading
- ___ Original Birth Certificate
- ___ Release of Records Form
- ___ Report Card
- ___ Writing
- ___ Spelling
- ___ Proof of Guardianship
- ___ Special Education Release Form
- ___ Testing (Sullivan/Brigance)

Staff Signature _____ Date _____

Martin Luther King, Jr. Education Center Academy

16827 Appoline, Detroit, MI 48235

Phone: 313.341.4944/ Fax: 313.342.8163

2024-2025

Dear Parent or Guardian,

Thank you for your interest in the MLKEC. The Center's mission is to provide each student with a solid academic and aesthetic foundation that will instill values of life-long learning. The emphasis will be placed on the whole child, educating him/her intellectually, socially, emotionally, physically, aesthetically, and culturally.

We are currently accepting applications for the **2024-25** school year. Please complete the enclosed application packet and return to MLKECA, 16827 Appoline, Detroit, MI 48235.

Applications must be filled out completely and returned with the following documents to be considered for enrollment. All incomplete applications will not be processed. (If you have more than one child, please complete a separate application for each child.)

Applications must be filled out completely and returned with the following documents to be considered for enrollment.

- A copy of A copy of birth certificate, adoption papers or proof of court ordered custody
- A copy of **complete** immunization record or legal waiver
- A copy of social security card
- CACFP School Lunch form. Return with enrollment packet
- Formula/Food Sign-Off Statement

Again, thank you for your interest.

Educationally yours,

Constance Price
Administrative Director