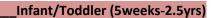
## opMARTIN LUTHER KING, JR. EDUCATION CENTER

**ENROLLMENT PACKET** SCHOOL YEAR: 2024-2025



\_\_\_ 2/12-3 Years

\_4 Years (Tuition)



CTUDENT INFODMATION							
STUDENT INFORMATION							
Last Name First Name	Middle Name	Gender: Male	Female				
Birth Date:Month/Date/Year	Age: Stude	ent's Primary Langua	ge:				
Ethnicity and Race. Both parts A & B must be co We encourage you to select an answer for both pa either part (A or B) is not answered the U.S. Dept Education requires the school district to supply an	arts. If						
on your behalf.  (A) Is the student's ethnicity Hispanic or Yes No  (B) RACE African American Hispanic American Indian Caucasian	Public School in MichiganPre-School		Special EducationSocial Work504 Plan				
DECIDENCE							
RESIDENCE							
Present Address of Student Address City State Zip  Home Phone Number: () Alternate Phone Number: () Is this student Homeless?YesNo Do you and the student live in:  \[ \Begin{array}{c ccccccccccccccccccccccccccccccccccc							
EDUCATION							
Current school: Name of sc	hool	City/State	Years/attended				
		·					
Circle all that apply: Regular Ed. Special Ed. Bilingual. Other:							
Is your student currently expelled from any school district?YesNo (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	Emotional	Intellectual					
If yes, please explain:	If yes, please explain:	If yes, please explain	n:				
KNOWN FOOD ALLERGIESh Food	Medicine	Others					
If yes, please explain:	If yes, please explain	If yes, please explain	n:				

FAMILY INFORMATION							
Primary language spoken at home if not English: How many in household:							
Parent/Guardian	77	V. 111 V 1	Relationship to Student				
Last Name Present Address of Student	First Name	Middle Initial					
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  First Name Middle Initial						
Last Name Present Address of Student	First Name	Middle Initial					
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:	ocal Emergency Contact Person: Local Emergency Contact Address:		Local Emergency	Local Emergency Home/Cell #:			
NAMEC	OF CIDI INC ATTENDING	MILLECOD	OTHER SCHOOL (S)				
NAMES OF SIBLING ATTENDING MLKEC OR OTHER SCHOOL(S)							
NAME	GRADE	5	CHOOL 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 Acader	my?						
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 it's 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 Start Date:		Teacher:				
	UIC #		Building:				
Driver's License	_Immunization (Shot record)	Emergency	CardMath	Reading			
_Original Birth Certificate	Release of Records Form	Report Card	Writing	Spelling			
Proof of GuardianshipSpecial Education Release FormTesting (Sullivan/Brigance)							
Staff Signature	Γ	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