



MARTIN LUTHER KING, JR. EDUCATION CENTER ACADEMY

ENROLLMENT APPLICATION 2026-2027

Kindergarten-8th Grade

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____ Gender: male _____ female _____
 Birth Date: _____ Last Grade Completed: _____ Student's Primary Language: _____
 Month/Date/Year

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.

Previous School, City, State

Special Services your child received at Previous school: (check all that apply)

(A) Is the student's ethnicity Hispanic or Latino?
 ___ Yes ___ No

___ Speech ___ OT/PT

(B) RACE

Type of previous school

___ Special Education

___ African American ___ Hispanic ___ Asian
 ___ American Indian ___ Caucasian

___ Public School in Michigan ___ Home School

___ Social Work

___ Private School in Michigan ___ Pre-School

___ Out of State or Country

___ 504 Plan

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 challenges? ___ 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 DISABILITIES OR SPECIAL NEEDS

Physical
 If yes, please explain:

Emotional
 If yes, please explain:

Intellectual
 If yes, please explain:

KNOWN FOOD ALLERGIES

Food
 If yes, please explain:

Medicine
 If yes, please explain:

Others
 If yes, please explain:

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 #: _____

NAMES OF SIBLING ATTENDING MLKEC OR OTHER SCHOOL(S)

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? _____

I will utilize Latchkey services, and pay the additional charges: YES ___ NO ___ Arrival time _____ Departure time _____

Signature of Parent/Guardian _____ 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 person with a disability, 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: _____

- ___ Photo ID (if available)
- ___ Immunization (Shot record)
- ___ Emergency Card
- ___ Math
- ___ Reading
- ___ Copy 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

Dear Parent or Guardian,

Thank you for your interest in the MLKECA. The Academy'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 **2026-2027** school year. If the number of applicants exceeds available seats, admission will be determined by random public lottery in accordance with Michigan law. MLKECA complies with Michigan charter school residency requirements and recognizes that, unless otherwise limited by its charter contract, the Academy accepts students from anywhere within the State of Michigan.

Please complete the enclosed application packet and return to MLKECA, 16827 Appoline, Detroit, MI 48235.

If you have more than one child, please complete a separate application for each child.

Applications will be reviewed upon submission. Missing documents may delay placement:

- A copy of the student's most recent report card/progress report
- A copy of the birth certificate or other acceptable proof of age (e.g., passport, court record, adoption papers)
- A copy of **complete** immunization record or legal waiver
- School Lunch form. (issued by school Sept 1- **Must be returned by Sept 12th**)

Additionally, the Academy may request a copy of the student's most recent M-STEP scores (Grades 3–8), if available. Submission of M-STEP scores is voluntary and will not affect admission or enrollment.

Again, thank you for your interest.

Educationally yours,

Jackie Haymes
School Leader

FERPA Notice

Under the Family Educational Rights and Privacy Act (FERPA), parents and eligible students (age 18 or older) have the right to inspect and review education records, request corrections to inaccurate records, and provide written consent before personally identifiable information is disclosed, except as permitted by law.

The Academy may disclose designated "directory information" (such as student name, grade level, dates of attendance, honors, and participation in activities) unless a parent or eligible student submits a written request to opt out.

For questions regarding FERPA rights, please contact the Academy office.