



# MARTIN LUTHER KING, JR. EDUCATION CENTER ACADEMY

## ENROLLMENT APPLICATION 2025-2026

### Kindergarten

#### STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Gender: male \_\_\_\_\_ female \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_ 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.  <b>(A) Is the student's ethnicity Hispanic or Latino?</b> ___ Yes ___ No  <b>(B) RACE</b> ___ African American ___ Hispanic ___ Asian ___ American Indian ___ Caucasian	<b>Previous School, City, State</b> _____ _____	<b>Special Services your child received at Previous school: (check all that apply)</b> ___Speech ___OT/PT  ___Special Education  ___Social Work  ___504 Plan
	<b>Type of previous school</b> ___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	Last Name	First Name	Middle Initial	Relationship to Student
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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	Last Name	First Name	Middle Initial	Relationship to Student
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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 \_\_\_\_\_ Arrival time \_\_\_\_\_ Departure time \_\_\_\_\_

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: \_\_\_\_\_

- |   |   |  |                                  |                                   |
|---|---|--|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Driver's License           | <input type="checkbox"/> Immunization (Shot record)     | <input type="checkbox"/> Emergency Card              | <input type="checkbox"/> Math    | <input type="checkbox"/> Reading  |
| <input type="checkbox"/> Original Birth Certificate | <input type="checkbox"/> Release of Records Form        | <input type="checkbox"/> Report Card                 | <input type="checkbox"/> Writing | <input type="checkbox"/> Spelling |
| <input type="checkbox"/> Proof of Guardianship      | <input type="checkbox"/> Special Education Release Form | <input type="checkbox"/> 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

2025-2026

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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 **2025-2026** 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 the student's most recent report card/progress report
- A copy of student's most recent M-Step scores (3<sup>rd</sup>-8<sup>th</sup> Grade)
- 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
- School Lunch form. (issued by school Sept 1- ***Must be returned by Sept 12th***)

Again, thank you for your interest.

Educationally yours,

Constance Price  
Administrative Director