

**David Ellis Academy**  
18977 Schaefer Hwy. Detroit, MI 48235

**2009 – 2010 School Year**

**STUDENT INFORMATION** (Please print legibly. Thank you.) Applying for Grade: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Male       Female

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Name      First Name      Middle Name      Age      Date of Birth

\_\_\_\_\_, MI \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Home Address      Apt. No.      City      Zip Code      City/State of Birth      Country of Birth

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Home Phone Number      #1 Emergency Phone Number      #2 Emergency Phone Number      Languages Spoken      Racial/Ethnic Origin

School District where student resided: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Name of Custodial Parent/Legal Guardian      Relationship

Name(s) and Phone number(s) of Person(s) Authorized to pick up child(ren): \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Is the student under expulsion from another school? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Present Grade    Present GPA**      **Circle all that apply: Regular Ed.    Special Ed.    Bilingual    Other:** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Present School Attending      City, State      Years or Grades Attended

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
List all Previous Schools Attended and Grade

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
List all Previous Schools Attended and Grade

Has student had any academic difficulty? Yes \_\_\_ No \_\_\_ (If yes, please explain) \_\_\_\_\_

Has student been recommended or referred for an IEP or testing of any kind? (If yes, please explain) \_\_\_\_\_

**HEALTH INFORMATION** IMMUNIZATIONS COMPLETED? YES \_\_\_ NO \_\_\_ Student has: Asthma/Allergies/Other: \_\_\_\_\_

Is your child taking medication? Yes \_\_\_ No \_\_\_ Type of medication: \_\_\_\_\_ Purpose for taking: \_\_\_\_\_

Please add additional comments or other important health information here: \_\_\_\_\_

**NAME OF CUSTODIAL PARENT/LEGAL GUARDIAN INFORMATION** **2009-2010 School Year**

**MOTHER/LEGAL GUARDIAN**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Employer \_\_\_\_\_  Days  Afternoons  Evenings  
 Home Address \_\_\_\_\_, MI \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Apt. No. \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Place of Birth \_\_\_\_\_ Country or Citizenship \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Work Phone No. / Ext. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

**FATHER/LEGAL GUARDIAN**

Marital Status: Single Married Divorced Widowed

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Employer \_\_\_\_\_  Days  Afternoons  Evening  
 Home Address \_\_\_\_\_, MI \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Apt. No. \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Place of Birth \_\_\_\_\_ Country or Citizenship \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Work Phone No. / Ext. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

**DEA will not provide transportation.** How will your child(ren) travel to and from school? \_\_\_\_\_

**The Academy requires 20 hours of parent volunteerism.**

How did you hear about this Academy? \_\_\_\_\_

Please tell us why you chose our Academy? \_\_\_\_\_

**Failure to provide correct information or full disclosure on the student application including but not limited to correct grade level, child custody and/or special education status and/or long-term suspension or expulsion shall be grounds for a student being asked to leave the Academy.**

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

*David Ellis Academy will not charge tuition and will not discriminate in it's pupil admissions policy or practices on the basis of race or ethnicity, 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 school district.*

**OFFICE USE ONLY**

_____	<b>Date Application Received</b>	_____	<b>Grade</b>
_____	<b>Accepted</b>	_____	<b>Not Accepted</b>

Office Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's Signature \_\_\_\_\_ Date: \_\_\_\_\_

# David Ellis Academy

18977 Schaefer Hwy.  
Detroit, MI 48235

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Talana Perry, Interim School Leader  
Phone: (313) 927-5395  
Fax: (313) 927-5376  
[www.davidellisacademy.com](http://www.davidellisacademy.com)

Dear Parent or Guardian,

Thank you for your interest in the David Ellis Academy. The Academy's mission is to work collaboratively with its parents and the community to successfully prepare students for the 21<sup>st</sup> Century in a safe and orderly environment, which will teach academic, social, organizational, conflict resolution and goal setting skills. The staff will assist students in achieving their maximum potential, help students develop positive attitudes and high self-esteem, and enable them to become productive citizens within our community and society at large.

We are currently accepting applications for the 2009-2010 school year. Please complete the enclosed application packet and return to the main office.

Open enrollment applications must be filled out completely and returned with the following documents to be considered for enrollment. All incomplete applications will be returned. (Please submit applications for siblings together in one envelope):

- A copy of birth certificate, adoption papers or proof of court ordered custody (kindergarten applicants must be prepared to show original per State of MI)
- A copy of IEP (Individual Education Plan, if applicable)
- A copy of the student's most recent report card (not applicable for incoming kindergarten)
- A copy of complete immunization record or legal wavier
- A copy of vision testing for students entering kindergarten

**(Please note the Academy is unable to produce copies)**

- Athletic activities fee \$30.00 for participants only after acceptance into program

It is our belief that parent involvement in a child's education is vital to his/her success. Therefore, if accepted, you must be willing to volunteer a minimum of twenty (20) hours (per family) of support time to the Academy. Additionally, to maintain uniformity and an atmosphere conducive for learning, all students are required to wear uniforms. Visit Website for details.

Again, thank you for your interest.

Educationally yours,

Talana Perry  
Interim School Leader

**After school programs are available at the Academy**