

David Ellis Academy Detroit Campus  
Re-enrollment Application  
2009-2010 School Year

**STUDENT INFORMATION**

Applying for Grade: 1, 2, 3, 4, 5, 6, 7, 8  
(Please Circle)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ M F  
Last Name First Name Middle Name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ MI, \_\_\_\_\_  
Home Address City Zip code  
(\_\_\_\_) \_\_\_\_\_

Home Phone \_\_\_\_\_

\_\_\_\_\_  
Name(s) of Custodial Parent(s)/Legal Guardian(s) Relationship

**Mother/Legal Guardian/Stepmother**

**Father/Legal Guardian/Stepfather**

Marital Status: S M W D

Marital Status: S M W D

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ MI, Zip: \_\_\_\_\_

City: \_\_\_\_\_ MI, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Other Number: \_\_\_\_\_

Other Number: \_\_\_\_\_

<b>SIBLINGS</b>	Full Name	Age	Relationship	School

Have you fulfilled your 20 hours of support for the school year 2008-2009? Yes \_\_\_\_\_ No \_\_\_\_\_

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

**DEADLINE FOR SUBMITTING RE-ENROLLMENT APPLICATION IS FRIDAY, FEBRUARY 6, 2007.**

David Ellis Academy will not charge tuition and will not discriminate in it 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** \_\_\_\_\_ Date Received \_\_\_\_\_ Grade \_\_\_\_\_  
Accepted \_\_\_\_\_ Not Accepted \_\_\_\_\_

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

Administrator Signature: \_\_\_\_\_