

**David Ellis Academy  
(Detroit Campus)  
Re-enrollment Application  
2011-2012 School Year**

**STUDENT INFORMATION:**

My child will return for the 2011-2012 school year. \_\_\_\_\_ **Applying for Grade: 1, 2, 3, 4, 5, 6**  
(Please Circle)

My child will not return for the 2011-2012 school year. \_\_\_\_\_ (Please sign, date and return.)

Reason for not returning: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Racial/Ethnic Origin \_\_\_\_\_

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

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

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

**Mother/Legal Guardian/ Stepmother/Grandmother      Father/Legal Guardian/ Stepfather/Grandfather**

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: \_\_\_\_\_

**Have you fulfilled your 20 hours of support for the school year 2010-2011?      Yes \_\_\_\_\_ No \_\_\_\_\_**

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

**DEADLINE FOR SUBMITTING RE-ENROLLMENT APPLICATION IS FRIDAY, FEBRUARY 11, 2011**

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**

**Office Staff Signature:** \_\_\_\_\_ **Administrator's Signature:** \_\_\_\_\_

Please complete other side

Authorized to pick up:

- 1) Name \_\_\_\_\_  
Daytime Phone# \_\_\_\_\_  
Cell# \_\_\_\_\_  
HomePhone# \_\_\_\_\_  
Relationship to student: \_\_\_\_\_
  
- 2) Name \_\_\_\_\_  
Daytime Phone# \_\_\_\_\_  
Cell# \_\_\_\_\_  
HomePhone# \_\_\_\_\_  
Relationship to student: \_\_\_\_\_
  
- 3) Name \_\_\_\_\_  
Daytime Phone# \_\_\_\_\_  
Cell# \_\_\_\_\_  
HomePhone# \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**The McKinney-Vento Homeless Assistance Act**, reauthorized by Title X, Part C, of the No Child Left Behind Act, requires school districts to remove any barriers to the attendance, full participation, and success of students, pre-K through grade 12, who lack a “fixed, regular, and adequate overnight residence.”

The federal law includes a definition of who is considered ‘homeless’, or as more commonly referenced “in transition,” for the purposes of the Act and, therefore, eligible for the rights and protection it provides.

**Please complete only if (1) this describes your child’s current living situation; or (2) the student enrolling is not living with a parent or legal guardian.**

**CONFIDENTIAL INFORMATION**

- \_\_\_\_\_ Home/Shelter Name \_\_\_\_\_ Location \_\_\_\_\_
- \_\_\_\_\_ With relatives or friends due to economic hardship or loss of housing
- \_\_\_\_\_ Train or bus station, park, or car
- \_\_\_\_\_ Motel/hotel
- \_\_\_\_\_ Campground
- \_\_\_\_\_ Abandoned apartment or building
- \_\_\_\_\_ Other Describe \_\_\_\_\_

Is there a current Order of Protection or No Contract Order which concerns this student?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, Please provide a copy.