



1000 Lynn | Detroit, MI 48211 | Office (313) 252-3028 | Fax (313) 866-9800 | [www.nplovingacademy.org](http://www.nplovingacademy.org)  
**Ralph C. Bland – Superintendent**

## 2022-2023 GSRP Pre-School Application

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

Grade Level Applying For: \_\_\_\_\_ School Year: \_\_\_\_\_

### Registration Checklist – GSRP Pre-School



***Missing Documentation will be marked only!***

- ☐ **LOVING Application Cover Sheet**
- ☐ Original Birth Certificate
- ☐ Immunization Record
- ☐ Psychological Report (2 copies)
- ☐ IEP (2 copies)
- ☐ 504 Plan with documentation
- ☐ Copy of Parent Identification (Driver's License)
- ☐ Health Appraisal signed by Physician
- ☐ Proof of Income (Tax Returns, W2, Pay Stubs, DHS Letter)

*"Intelligence plus character – that is the goal of true education."*

- Martin Luther King

Comment:

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*Please contact the Preschool Office for any questions at 313-833-1100 ext. 1254.*



## **GSRP Pre-School Application Process**

**2022-2023 Academic School Year**

**Please Read Through Carefully**

### **Application Deadline:**

1. Parents/Guardians of students interested in applying to GSRP Preschool may obtain applications in the school's Main Office.
2. LOVING cannot consider a sibling priority unless each application clearly states the name(s) of sibling(s) either currently enrolled or also applying for admission. LOVING defines siblings as a brother or sister living within the same household.

### **Enrollment Procedures for New Students:**

1. All applications **must** include a copy of the requested supporting documents income verification, copy of parent's drivers license, Michigan identification card, or passport birth certificate—original may be requested, health appraisal form, and immunization record. **If for any reason, upon receipt, all information is not complete on an application or one or more of the requested documents are missing, the application will not be considered for acceptance.**
2. **In order for student's names to be changed from their birth certificate, proper documentations from the court must be submitted.**
3. According to state law, all applicants applying for admission into Pre-School that meet GSRP Income Eligibility Guidelines **must be age four (4) by December 1<sup>st</sup>** of the year in which they are applying. If any applicant applying for Pre-School is accepted, but is proven not to be four (4) by the required date, they will automatically be dropped from enrollment. GSRP is not guaranteed.
4. Completing an application does not guarantee acceptance of enrollment due to enrollment stipulations.
5. It is the parent's responsibility to inform the school's registrar on any changes on their child's application.

### **Withdrawal:**

**Students may be withdrawn from the program for the following reasons:**

1. Child poses a threat to other students.
2. Child is not potty trained.
3. Child is not off of all bottles or sipping cups.
4. Failure to provide an up to date record of their immunization records.
5. Falsifying information on applications.

# 2022-2023 GSRP PRE-SCHOOL APPLICATION



**Answer all questions, attach required student records.**

Pre-school Currently Attending: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Did your child participate in a Head Start Program? ☐ Yes ☐ No

List any Preschool, Day Care or Head Start Program your child attended: \_\_\_\_\_

Did your child receive: GSRP Funding? ☐ Yes ☐ No

Name of the School the child received GSRP: \_\_\_\_\_

**Does your student have a past or current IEP? Please attach. (ex. – speech, resource room) ☐ Yes ☐ No**

**Does your student receive Special Education Services? ☐ Yes ☐ No**

**Does the applicant have a 504 Accommodation Plan? Please attach. ☐ Yes ☐ No**

CIVIL RIGHTS INFORMATION FOR NEW STUDENTS IS REQUIRED FOR COMPLIANCE WITH FEDERAL CIVIL RIGHTS MANDATES.

**Please check ☒ one - Disability Code**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> 00- Not disabled | <input type="checkbox"/> D- Emotionally Disabled  | <input type="checkbox"/> H – Multiply Disabled       | <input type="checkbox"/> L – Traumatic Brain Injury |
| <input type="checkbox"/> A – Autistic     | <input type="checkbox"/> E- Hard of Hearing       | <input type="checkbox"/> I – Orthopedically Impaired | <input type="checkbox"/> M – Visually Impaired      |
| <input type="checkbox"/> B- Deaf          | <input type="checkbox"/> F – Learning Disabled    | <input type="checkbox"/> J – Other Health Impaired   |   |
| <input type="checkbox"/> C – Deaf-Blind   | <input type="checkbox"/> G – Cognitively Impaired | <input type="checkbox"/> K – Speech Impaired         |   |

Is the student's native tongue a language other than English? ☐ Yes ☐ No What is the language? \_\_\_\_\_

**EF-4** Primary language spoken in the home: \_\_\_\_\_ Is the student's ethnicity Hispanic or Latino? ☐ Yes ☐ No

Does the student receive bilingual education services? ☐ Yes ☐ No

Does the applicant have a parent that is active in the military? ☐ Yes ☐ No If yes, please list \_\_\_\_\_

Does the student have any allergies? ☐ Yes ☐ No If yes, please list \_\_\_\_\_

Is the student potty trained? ☐ Yes ☐ No

Is student off all bottles and sipping cups? ☐ Yes ☐ No

Is the **applicant** currently eligible for **free ☐ or reduced lunch? ☐** ☐ Yes ☐ No

Do you and your student live in a fixed, regular, adequate nighttime residence? ☐ Yes ☐ No

Do you and the student live in: ☐ shelter ☐ motel/hotel ☐ temporarily with another family in a house, mobile home, or apartment ☐ in a car or RV

☐ at a campsite ☐ transitional housing ☐ other location: \_\_\_\_\_

**EF-3** Has the student ever been suspended/expelled from pre-school or a child care center? ☐ Yes ☐ No

If yes, please state reason \_\_\_\_\_

Are any siblings currently attending the New Paradigm Loving Academy (Note: LOVING defines siblings as a brother or sister living within the same household)?

(Please check one) ☐ Yes ☐ No If yes, please list names and current grades below.

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Are any siblings applying for admissions as NEW applicants to the New Paradigm Loving Academy for the 2022-2023 school year? (Please check one) ☐ Yes ☐ No

If yes, please list names and grades.

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_



**EF-1 Family Income** (Estimated annual income (last 12 mos.) before deductions, including overtime): \$ \_\_\_\_\_

(Must include income of all family members responsible for support of child: 1040, W2, most recent pay stubs, unemployment, child support, alimony, DHS, SSI)

**List ALL household members for which you are financially responsible (include self, other adults, and children).\***

NAME	RELATIONSHIP TO CHILD	AGE

*\*Add paper if needed*

**EF-1** Does your family receive benefits from (DHS) Department of Human Services, SSI? ☐ Yes ☐ No

If Yes, please explain: \_\_\_\_\_

Parent/Guardian's Employment Status: \_\_\_ Unemployed \_\_\_ Part-Time \_\_\_ Full Time \_\_\_ Seasonal

Job Description \_\_\_\_\_

Parent/Guardian's Employment Status: \_\_\_ Unemployed \_\_\_ Part-Time \_\_\_ Full Time \_\_\_ Seasonal

Job Description \_\_\_\_\_

**EF-5** Highest grade or degree completed: Parent/Guardian: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

**EF-6** Has someone in you home ever been victim of abuse and/or neglect? ☐ Yes ☐ No

**EF-7** Is there any other information you believe would qualify your child for our program\*\*? ☐ Yes ☐ No

Please explain: \_\_\_\_\_

How did you hear of the Great Start Readiness Program? \_\_\_\_\_

\*\* Refer to Eligibility Factor Guidance Sheet for other qualifications.

Is your child considered a migrant? Yes ☐ No ☐

Has your child ever been identified as migrant? Yes ☐ No ☐ If yes, please list at what school: \_\_\_\_\_

**By signing this application, you certify that the information given is true and accurate to the best of your knowledge.**

**Parent/ Guardian's Name (please print):** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

☐ Walk-In ☐ Faxed ☐ Postmark \_\_\_\_\_ Date Received: \_\_\_\_\_ Time: \_\_\_\_\_  
Received By: \_\_\_\_\_ ☐ Complete ☐ Incomplete

**Missing Information:**

☐ Birth Certificate ☐ Immunization Record ☐ Parent Identification ☐ Health Appraisal ☐ Proof of Income (W2)  
☐ Proof of Residency ☐ Vision and Hearing Exam

Teacher Assigned: \_\_\_\_\_ UIC: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

%FPL: \_\_\_\_\_ Quintile: \_\_\_\_\_ GSRP Eligible: \_\_\_\_\_ Head Start Eligible: \_\_\_\_\_ Date Referred: \_\_\_\_\_ ASQ Date: \_\_\_\_\_

Eligibility Factors: \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 \_\_\_5 \_\_\_6 \_\_\_7 \_\_\_ Supporting Documentation:

Staff Name (please print): \_\_\_\_\_

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