

2001 Labelle St. | Detroit, MI 48238 | Office (313) 852-1500 | Fax (313) 852-1499 | glazer.npfeschools.org Ralph C. Bland — Superintendent

Student Last Name:	Student First Name:
Grade Level Applying For:	School Year: 2023-2024
Registration Checklist - K	indergarten
Missing Documentation will be marked	d only!
☐ GLAZER Application Cover Shee	t
☐ Copy of Parent Identification	•
☐ Original Birth Certificate	
☐ Immunization Record	
☐ Student Discipline Record Form	
☐ Health Appraisal	
☐ IEP, Psychological Report, Speed	h Report, MET Report, Exit IEP (2copies) only if applicable
☐ 504 Plan with medical documen	tation
☐ Development History Checklist	
☐ Current Report Card/Progress Re	eport/COR assessment or Pre-school assessment
☐ District Assessments i.e. NWEA	Ed Performance (K – 8 th Grade Applicants)
☐ Home Language Survey	
"Intelligence plus cha	racter – that is the goal of true education."
	- Martin Luther King
Comment:	



Kindergarten Application Process

2023-2024 Academic School Year Deadline Friday, March 24, 2023 Please Read Through Carefully

Application Deadline:

- All applications for admission must be postmarked or delivered by Friday, March 24, 2023. Mailed applications
 can be mailed to the attention of: The Registrar at New Paradigm Glazer Academy, 2001 Labelle, Detroit,
 Michigan 48238.
- 2. Parents/Guardians of students interested in applying to GLAZER may obtain applications in the school's Main Office or on school's website at glazer.npfeschools.org.
- 3. A separate application MUST be submitted for each child who is applying for admission. GLAZER cannot consider a sibling preference unless each application clearly states the name(s) of sibling(s) either currently enrolled or also applying for admission. GLAZER defines siblings as a brother or sister living within the same household.

Enrollment Procedures for New Students:

- 1. All complete applications that New Paradigm Glazer Academy receives by 3:30 p.m. on **Friday, March 24, 2023** will be eligible for lottery selection.
- 2. All applications must include a copy of the requested supporting documents (copy of parent's license, Michigan identification card, parent id, or passport, birth certificate—original may be requested, report card/development checklist, eye exam and immunization record and health appraisal. If for any reason, upon receipt, all information is not complete on the application and/or requested documentation is missing, the application will not be considered for acceptance or waiting list status.
- 3. According to state law, all applicants applying for admission for Kindergarten must be age five (5) by September 1st of the year in which they are applying. If any applicant applying for Kindergarten is accepted, but is proven not to be five (5) by the required date, they will automatically be dropped from enrollment.
- 4. Applicants for grades that are not oversubscribed will be enrolled next, and their siblings will also be given preference. However, preference does not mean your child is guaranteed a slot.
- 5. In the event of oversubscribed grades, a random selection lottery will be used to select students. All applicants for grades that are not oversubscribed as of Friday, March 24, 2023 will be automatically enrolled.
- 6. Once all slots are filled for any given grade, the remainder of the applicants will be placed on an official Waiting List for that grade in the order in which the name is drawn in the lottery. If GLAZER receives an application after the deadline, the applicant's name will be added to the end of the Waiting List in the order in which the application is received.



Applic	ants will re	eceive a C o	onfirmation	Letter by	, mail or	email of	acceptance	/waiting lis	t status.
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- 8. If applicants are still on a Waiting List as **of February 7, 2024** of the school year in which they have applied, they must resubmit an application for the following year no later than the deadline. While GLAZER would like to give priority to those applicants who have had their names on the Waiting List for the previous year, the laws governing public school academies prohibit GLAZER from doing so.
- 9. It is the parent's responsibility to inform the school's Registrar on any changes to their child's application.
- 10. In order for a student's name to be changed from what appears on their birth certificate, proper documentation from the court must be submitted.
- 11. Any Parent or Guardian who wishes to contest or appeal any aspect of the lottery selection process, may do so in writing to the Board of Directors, New Paradigm Glazer-Loving Academy, 2001 Labelle, Detroit, Michigan 48238.



2023-2024 KINDERGARTEN APPLICATION

Applicants applying for Kindergarten, must be age 5 by September 1 of the year in which they are applying.

-Student/Parent Information-

Print or Type

Pre-school Currently Attending: ___

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

Answer all questions, attach required student records.

Student First Name_____ Middle Name____ Male \square Female \square Date of Birth_____ Age ___ Multi-Birth: \square Yes \square No If yes, which birth order _____ Race (Please check one) □African American □Asian American □Caucasian □Hispanic/Mexican □Native American □Multi-Racial □Other: Ethnicity (Please check one) □Hispanic □Non-Hispanic Student's Address_____ Apt. No.____ State Zip Code Student's Home Phone District of Residency: □Wayne □Oakland □Macomb □Other _____ The student lives with: □one parent □two parents □a qualified relative □friend(s) □an adult that is not the legal guardian □alone with no adult Parent/Guardian Last Name, First Name ____ Apt. No.___ Parent/Guardian Address_____ State _____Zip Code____ Parent/Guardian Home Phone ______ Parent/Guardian Cell _____ Parent/Guardian Email (required) Parent/Guardian Work Number Relation to Student Parent/Guardian Last Name, First Name _____ Apt. No.___ Parent/Guardian Address

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

Did your child receive: GSRP (Formerly known as MSRP) Head Start Funding? □Yes □No

Name of the School the child received GSRP: ______

City____

State

_____ State _____ Zip Code_____

Parent/Guardian Work Number Parent/Guardian Email (required)

Parent/Guardian Home Phone Parent/Guardian Cell



Does your student have a past or current IEP? Please attach. (ex. – speech, resource room) \square Yes \square No					
Does your student receive Special Education Services? ☐ Yes ☐ No					
Does the applicant have a 504 Accommodation Plan? Please Attach? ☐ Yes ☐ No					
If yes, please attach report.	ons to successfully participate in the ☐ Yes ☐ No services? ☐ Yes ☐ No If yes, plea	•			
CIVIL RIGHTS INFORMATIO	ON FOR NEW STUDENTS IS REQUIRE	ED FOR COMPLIANCE W	TTH FEDERAL (CIVIL RIGHTS MANDATES.	
Please check ✓ one - □	Disability Code ☐ D- Emotionally Disabled ☐ H	– Multiply Disabled	□ L -	- Traumatic Brain Injury	
□ A – Autistic	☐ E- Hard of Hearing	☐ I – Orthopedical	ly Impaired	☐ M – Visually Impaired	
□ B- Deaf	☐ F – Learning Disabled	☐ J – Other Health	Impaired		
□ C – Deaf-Blind □ G – Cognitively Impaired □ K – Speech Impaired					
Answer all questions,	attach required student reco	ords.			
	e a language other than English?				
	in the student's home or environmen		English? ∐Yes	∐No	
	ngual education services? □Yes	□No			
Is your child considered a mi	_	□140			
	ntified as migrant? Yes \square No \square If y	ves, please list at what so	hool:		Does
the applicant live with a foste	-				
Does the applicant have a par	rent that is active in the military Yes	□ No □ If yes, please li	ist:		
Does the student have any allergies? No If yes, please list					
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 ☐ transition	nal housing other location:		_		
household)?		- '	Ī	s as a brother or sister living within the same	•
(Please check one) □Yes	□No If yes, please list names	_			
	Grade Name Grade Name				
				ne 2023-2024 school year? (Please check on	e)
Yes □ No	to u	no 110 w 1 aradigili Olazel	readelity for th	to 2023-2024 seriour year: (I lease effect off	<i>U</i>)
If yes, please list names and	grades.				



Name		_ Grade	Name	G	rade	
Name	ne Grade		Name	G	Grade	
Has the student ever	been suspended/expelled	d from school or d	oes the student have any discipline re	cords? □Yes □ No		
If yes, please state re	ason					
Parent/Guardi	an Signature			Date:		
will serve students in K The Board of Directors student on the basis of Education Amendment	of the New Paradigm Gla f race, sex, color creed, na s of 1972, Section 504 of th	ade that is represent zer/Loving Academy cional origin, religion e Rehabilitation Act	demy open to Michigan's children. With tative of Michigan's diversity. does not discriminate in its student admorphanical point and the control of 1973, the Age Discrimination Act of 19	nission procedures or cours by Title VI of the Civil Rights	e offerings provided to any Act of 1964, Title IX of the	
and the individuals wit	n Disabilities Education Act	(IDEA 1997).				
		F	OR OFFICE USE ONLY			
□Walk-In	□Faxed □Postmar	c	Date Received:	Time:	Registration Fee	
			□Complete □Incomplete			
			Missing Information:			
□Birth Certificate			rent Identification □Health	* *	nt Report Card □Home	
	_		□District Waiver and Release Fo	_		
□Development Hi	story Checklist \square	Psychological R	eport/IEP Speech Report/MET Re	eport/Exit IEP (2copies	s) only if applicable	
	Enrollme	ent & Pupil Se	ervices Office ~ (313) 270-25	556 ext.2854		
		•	Student Discipline Record			
PRINT Child's N	ame Last, First		Child's Birthdate	— Grade in th	e Fall	
STUDENT DISC	IPLINE RECORD					
		esulted in beind	g removed from prior school dis	tricts must be reporte	d when applying for	
		_	essing any weapons at school, at	•		
school on a school	bus.					
Has your child e	ver heen removed f	rom a school f	or any violations of policies or	rules about violent o	or unmanageable	
			s weapon or dangerous device			
If yes, how ma	ny times:					
ূ If yes, please e	xplain:					



্য If no, please sign below.				
ii iio, picase sigii below.				
My signature below affirms that my child has not bor rules about violent or unmanageable behavior, podevice.				
		Please complete one form per child.		
Name of Parent/Guardian				
ignature of Parent/Guardian		 Date		
		,		
Address		() Phone		
		-		
	ll Services Office ~ (313) 270-2	556 ext. 2854		
	Form for Home Language			
				
PRINT Child's Name Last, First	Child's Birthdate	Grade in the Fall		
HOME LANGUAGE SURVEY				
The New Paradigm Glazer-Loving Academy rec	ords the language background of	f all students. This information is		
used by the district to determine the number	•			
sections 380.1151.1158 of the School Code of 1	tavo, iviichigan s di-iingual Educa	ILION LAW.		
Please provide information about your child's l	anguage skills.			
 Is your child's native language a language of 	other than English?			
Yes, my child's native language is:	_			
. ,				
□ No, my child's first language is Englis	h.			
2. Is the primary language used in your child'	s home or environment a langua	ge other than English?		
	o nome of entriorment a langua	6 		

 $\hfill \square$ No, English is the primary language.



☐ What are other languages spoken at home: _

Print Name of Parent/Guardian	Please complete one form per child.		
Signature of Parent/Guardian			
Address	() Phone		

Enrollment & Pupil Services Office ~ (313) 270-2556, ext. 2854

District Waivers and Release Form

Print & Electronic Media

Dear Parents/Guardians:

Your signatures and checked wishes on the waivers and releases below indicate that you have read the District Waivers and Release Information handouts provided by the Enrollment Office of your child's school for your records. This form will be saved in your child's official record folder, the CA60, and your wishes will be recorded in our student database system. If you decide to change this record, you may complete a new form at any time. If this form is not completed within ten days of enrollment or the beginning the school year, the district will not release any media information about this student.



Print and Electronic Media

This waiver is valid throughout your child's enrollment; but may be changed by notifying your school in writing.

I give permission to the Detroit Edison Public School Academy to publish information about my child, including photographs of or work by my child, either alone or in a group, in print material or on their website for the sole purpose of communicating students' school, classroom, or district activities.

Print Student Name

Student Birthdate

Student School

Print

Name of Parent/Guardian

Date

Address

Phone