

## 2001 LaBelle St | Detroit, MI 48238 | Office (313) 852-1500 | Fax (313) 852-1499 | <u>glazer.npfeschools.org</u> **Ralph C. Bland – Superintendent**

| Student Last Nar   | ne: Student First Name:   |
|--|---|
| Grade Level App  | ying For: School Year: <b>2024-2025</b>   |
| Registratio  | n Checklist – 1 <sup>st</sup> through 8 <sup>th</sup> Grade   |
| waitlist.  NPGA Copy Origin Stude Immu IEP, Ps 504 P Curre MSTE Distri | Application Cover Sheet of Parent Identification nal Birth Certificate ont Discipline Record Form unization Record sychological Report, Speech Report, MET Report, Exit IEP (2copies) only if applicable lan with medical documentation nt Report Card/Progress Report P (3 <sup>rd</sup> – 8 <sup>th</sup> Grade Applicants) ct Assessments i.e. NWEA / Ed Performance (K – 8 <sup>th</sup> Grade Applicants) et Language Survey |
|  | "Intelligence plus character – that is the goal of true education."   |
|  | Martin Luther King  |
| Comment:   |   |
|  |   |
|  |   |
|  |   |

 ${\it Please contact the Registrar's Office for any questions at npferegistrar@npfeschools.org.}$ 



### 1<sup>st</sup> through 8<sup>th</sup> Grade Application Process

# 2024-2025 Academic School Year Deadline Friday, March 22, 2024 Please Read Through Carefully

#### **Application Deadline:**

- All applications for admission must be postmarked or delivered by Friday, March 22, 2024. Mailed applications
  can be mailed to the attention of: The Registrar at New Paradigm Glazer Academy, 2001 LaBelle St, Detroit,
  Michigan 48238.
- 2. Parents/Guardians of students interested in applying to NPGA may obtain applications in the school's Main Office or on the school's website at <a href="mailto:glazer.npfeschools.org">glazer.npfeschools.org</a>. Applying online is the best method.
- 3. A separate application MUST be submitted for each child who is applying for admission. NPGA cannot consider a sibling preference unless each application clearly states the name(s) of sibling(s) either currently enrolled or also applying for admission. NPGA 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 22, 2024** will be eligible for lottery selection.
- 2. All applications <u>must</u> 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, MSTEP or any out of state test scores, 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. 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.
- 4. 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 22, 2024 will be automatically enrolled.
- 5. 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 NPGA 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.
- 6. Applicants will receive a Confirmation Letter by mail or email of acceptance/waiting list status.
- 7. If applicants are still on a Waiting List as of **February 5, 2025** of the school year in which they have applied, they must resubmit an application for the following year no later than the deadline. While NPGA 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 NPGA from doing so.
- 8. It is the parent's responsibility to inform the school's Registrar on any changes to their child's application.



- 9. For a student's name to be changed from what appears on their birth certificate, proper documentation from the court must be submitted.
- 10. 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 Academy, 2001 LaBelle St, Detroit, Michigan 48238.



### Student Application Form 1st through 8th 2024-2025

-Student/Parent Information-Print or Type Student Last Name Student First Name Middle Name Male □ Female □ Date of Birth Age Multi-Birth: □Yes □No If yes, which birth order Race (Please check one) □African American □Asian American □Caucasian □Hispanic □Native American □Native Hawaiian or Pacific Islander Ethnicity (Please check one): 

Hispanic 

Non-Hispanic \_\_\_\_Apt. No \_\_\_\_\_ Student's Address City State Zip Code Student's Home Phone District of Residency: □Wayne □Oakland □Macomb □Other The student lives with:  $\Box$  one parent  $\Box$  two parents  $\Box$  a qualified relative  $\Box$  friend(s)  $\Box$  an adult that is not the legal guardian  $\Box$  alone with no adult Relation to Student Parent/Guardian Last Name, First Name Parent/Guardian Address (if different from Student) Apt. No \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Parent/Guardian Home Phone Parent/Guardian Cell Parent/Guardian Work Number \_\_\_\_\_\_ Parent/Guardian Email (required)\_\_\_\_\_\_ Relation to Student Parent/Guardian Last Name, First Name Parent/Guardian Address (if different from Student) Apt. No State \_ Zip Code Parent/Guardian Home Phone Parent/Guardian Cell Parent/Guardian Work Number Parent/Guardian Email(required) School Currently Attending: City State Answer all questions, attach required student records. 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?  $\Box$  Yes  $\Box$  No Will you need accommodations to successfully participate in the education process and/or program for which you are applying? If yes, please attach the report.  $\square$  Yes  $\square$  No Is the student receiving ESL services?  $\square$  Yes  $\square$ No If yes, please state reason CIVIL RIGHTS INFORMATION FOR NEW STUDENTS IS REQUIRED FOR COMPLIANCE WITH FEDERAL CIVIL RIGHTS MANDATES. Please check ✓ one - Disability Code □ D- Emotionally Disabled □ H – Multiply Disabled □ L – Traumatic Brain Injury □ 00- Not disabled  $\square$  A – Autistic ☐ E- Hard of Hearing ☐ I – Orthopedically Impaired □ M – Visually Impaired □ B- Deaf  $\Box$  F – Learning Disabled □ J – Other Health Impaired  $\square$  N – Evaluation in Progress  $\Box$  C – Deaf-Blind  $\Box$  G – Cognitively Impaired □ K – Speech Impaired

Answer all questions, attach required student records.

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



| Is the primary language used in the student's home or environ   | ment a language other than  | English? □Yes □No                     |                                       |
|---|---|---------------------------------------|---------------------------------------|
| What is the language?   |   |                                       |                                       |
| Does the student receive bilingual education services?  | Yes □No   |                                       |                                       |
| Is your child considered a migrant? Yes $\hfill\square$ No $\hfill\square$  |   |                                       |                                       |
| Has your child ever been identified as migrant? Yes $\hfill\square$ No $\hfill\square$  | If yes, please list at what se  | nool:                                 |                                       |
| Does the applicant live with a foster parent? Yes $\hfill\Box$ No $\hfill\Box$  |   |                                       |                                       |
| Does the applicant have a parent that is active in the military '   | Yes □ No □ If yes, please li  | st:                                   |                                       |
| Does the student have any allergies? □Yes □No If yes  | , please list   |                                       |                                       |
| Is the applicant currently eligible for free $\ \square$ or reduced lunc  | h? □  | $\Box$ Yes $\Box$ No                  |                                       |
| Do you and your student live in a fixed, regular, adequate night  | nttime residence?   | □Yes □No                              |                                       |
| Do you and the student live in: $\square$ shelter $\square$ motel/hotel $\square$ tem   | porarily with another famil   | y in a house, mobile home, or a       | partment $\Box$ in a car or RV $\Box$ |
| at a campsite $\ \square$ transitional housing $\ \square$ other location:  |   |                                       |                                       |
| How many years of foreign language has the student taken in   | grades 6th – 8 <sup>th</sup> ?  |                                       |                                       |
| Are any siblings currently attending the New Paradigm Glaz  | er Academy (Note: NPGA  | defines siblings as a brother or      | sister living within the same         |
| household)?   |   |                                       |                                       |
| (Please check one) □Yes □No If yes, please list nam   | nes and current grades below  | <i>i</i> .                            |                                       |
| Name Grade  | Name  | Grade                                 |                                       |
| Name Grade  | Name  | Grade                                 |                                       |
| Are any siblings applying for admissions as NEW applicants  | to the New Paradigm Glaze   | Academy for the 2024-2025 se          | chool year? (Please check             |
| one) □Yes □ No  |   |                                       |                                       |
| If yes, please list names and grades.   |   |                                       |                                       |
| Name Grad   | le  | Name                                  | Grade                                 |
| Name Grad   | le  | Name                                  | Grade                                 |
| Has the student ever been suspended/expelled from school or   | does the student have any d   | iscipline records? □Yes □ No          |                                       |
| If yes, please state reason   |   |                                       |                                       |
|   |   |                                       |                                       |
| Parent/ Guardian's Name (please print):   |   |                                       | · · · · · · · · · · · · · · · · · · · |
| Parent/Guardian's Signature:  |   | Date:                                 | <del></del>                           |
|   |   |                                       |                                       |
| The New Paradigm Glazer Academy is a tuition free public school a will serve students in grades Kindergarten through Grade 8 <sup>th</sup> Grade th | , .   |                                       | New Paradigm Glazer Academy           |
| The Board of Directors of the New Paradigm Glazer-LovingAcadem  |   | •                                     | course offerings provided to any      |
| student on the basis of race, sex, color creed, national origin, religi   |   |                                       |                                       |
| Education Association of 1072 Continue FOA of the Debabilitation  |   | • •                                   | •                                     |
| Education Amendments of 1972, Section 504 of the Rehabilitation 1990, and the individuals with Disabilities Education Act (IDEA 1997).              | Act of 1973, the Age Discrimi   | • •                                   | •                                     |
| ·   | Act of 1973, the Age Discrimi   | • •                                   | •                                     |
| 1990, and the individuals with Disabilities Education Act (IDEA 1997).  | Act of 1973, the Age Discrimi   | • •                                   | •                                     |
| 1990, and the individuals with Disabilities Education Act (IDEA 1997).  OFFICE USE ONLY:  | Act of 1973, the Age Discrimi   | • •                                   | •                                     |
| OFFICE USE ONLY:  Walk in Faxed Emailed   | Act of 1973, the Age Discrimi   | • •                                   | •                                     |
| 1990, and the individuals with Disabilities Education Act (IDEA 1997).  OFFICE USE ONLY:  | Act of 1973, the Age Discrimi   | • •                                   | •                                     |
| OFFICE USE ONLY:  Walk in Faxed Emailed  Application is complete and ready for review   | Act of 1973, the Age Discrimin  | nation Act of 1975, Title II of the A | Americans with Disabilities Act o     |
| OFFICE USE ONLY:  Walk in Faxed Emailed   | Act of 1973, the Age Discrimin  | nation Act of 1975, Title II of the A | Americans with Disabilities Act of    |
| OFFICE USE ONLY:  Walk in Faxed Emailed  Application is complete and ready for review   | Act of 1973, the Age Discriming  Market Age Discriming  Market Age Discriming  Market Age Discriming  Market Age Discriming | nation Act of 1975, Title II of the A | Americans with Disabilities Act o     |



# Enrollment & Pupil Services Office ~ npferegistrar@npfeschools.org Form for Student Discipline Record

| PRINT Child's Name Last, First   | Child's Birthdate | Grade in the Fall                  |
|--|-------------------|------------------------------------|
| STUDENT DISCIPLINE RECORD  History of any student behavior that resulted is enrollment. Public Act 211 prohibits students from school on a school bus. |                   |                                    |
| Has your child ever been removed from a s unmanageable behavior, possession or use   |                   |                                    |
| If yes, how many times:  |                   |                                    |
| If yes, please explain:  |                   |                                    |
| If no, please sign below.  My signature below affirms that my child has policies or rules about violent or unmanageat device.                          |                   |                                    |
| Print Name of Parent/Guardian  |                   | Please complete one form per child |
| Signature of Parent/Guardian   |                   | Date                               |
| Address  |                   | ()<br>Phone                        |



# Enrollment & Pupil Services Office ~ npferegistrar@npfeschools.org 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 Adinformation is used by the district to | o determine the number of chi   | ackground of all students. This<br>Idren who should be provided bilingual<br>Ie of 1976, Michigan's bi-lingual Education |
| Please provide information about you                                    |                                 |  |
| -   | language a language other tha   | n English?   |
|   | s native language is:           |  |
| No, my child's  | s first language is English.    |  |
| Is the primary langua<br>English?                                       | age used in your child's home c | r environment a language other than  |
| Yes, the prima  | ary language is:                |  |
| No, English is  | the primary language.           |  |
| Print Name of Parent/Guardian   |                                 | Please complete one form per child.  |
|   |                                 |  |
| Signature of Parent/Guardian  |                                 | Date   |
|   |                                 | ( )  |
| Address   |                                 | Phone  |