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Ralph C. Bland – Superintendent

## 2024-2025 GSRP Pre-School Application

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

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

### Registration Checklist – GSRP Pre-School

**The following documents must be attached to be considered for the lottery, enrollment, and/or waitlist**

- **NPCP 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. 1215.*



# **GSRP Pre-School Application Process**

## **2024-2025 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. NPCP cannot consider a sibling priority unless each application clearly states the name(s) of sibling(s) either currently enrolled or also applying for admission. NPCP 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 driver's 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.



# 2024-2025 GSRP PRE-SCHOOL APPLICATION

How to complete this application for the 2024-2025 school year.

1. Complete a separate application for each new student you wish to enroll.
2. **Complete all information on the front and back side of this application**, and include a copy of the birth certificate, health appraisal form, immunization record and documentation of income (**only for GSRP applicants**). **Incomplete applications will not be considered.**

**Print or Type**                                      **-Student/Parent Information-**                                      **Date of Application:** \_\_\_\_\_

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Male  Female  Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth Proof of Birth\* (Type of Document): \_\_\_\_\_

Multi-Birth: Yes No If yes, which birth order \_\_\_\_\_

Race:  
African American   Asian American   Caucasian   Hispanic/Latino   Native American or Alaskan American   Native Hawaiian or other Pacific Islander

Student's Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ 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

Parent/Guardian Last Name, First Name \_\_\_\_\_ Relation to Student \_\_\_\_\_

Address (if not student's address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Home Phone \_\_\_\_\_ Parent/Guardian Cell \_\_\_\_\_

Parent/Guardian Work Number \_\_\_\_\_ Parent/Guardian Email Address \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated

Parent/Guardian Last Name, First Name \_\_\_\_\_ Relation to Student \_\_\_\_\_

Address (if not student's address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Home Phone \_\_\_\_\_ Parent/Guardian Cell \_\_\_\_\_

Parent/Guardian Work Number \_\_\_\_\_ Parent/Guardian Email Address \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated

(EF-7) Who has legal custody of the student? \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Foster Care \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Grandparent

If guardian or foster parent (other than biological parent, please complete:

Legal Guardian's Name(s) \_\_\_\_\_ Case Number \_\_\_\_\_

The New Paradigm College Prep offers GSRP Pre-School serving students who become 4 years of age by December 1, 2024. With no admissions test, the New Paradigm College Prep will serve students in grades Pre-School through Grade 8th that are representative of Michigan's diversity.

The Board of Directors of the New Paradigm College Prep does not discriminate in its student admission procedures or course offerings provided to any student on the basis of race, sex, color, creed, national origin, religion or handicapping condition as required by Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Title II of the Americans with Disabilities Act of 1990, and the individuals with Disabilities Education Act (IDEA 1997).



**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 the 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 College Prep (Note: NPCP 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 College Prep for the 2024-2025 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 your home ever been a 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 the Eligibility Factor Guidance Sheet for other qualifications.

Is your child considered a migrant? Yes  No

Has your child ever been identified as a 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:** \_\_\_\_\_

**OFFICE USE ONLY:**

Walk in  Faxed  Emailed

Application is complete and ready for review **(DO NOT ACCEPT INCOMPLETE APPLICATIONS)**

Date and Time Received: \_\_\_\_\_ Received By: \_\_\_\_\_

NOTES: \_\_\_\_\_