

 $4001\ 29^{th}\ Street\ |\ Detroit,\ MI\ 48210\ |\ Office\ (313)\ 406-7060\ |\ Fax\ (313)\ 638-2425\ |\ \underline{www.collegeprep.npfeschools.org}$ $\textbf{Ralph\ C.\ Bland-Superintendent}$

2025-2026 GSRP Pre-School Application

Student Last Name:	Student First Name:
Grade Level Applying For: Sch	ool Year:
Registration Checklist -	- GSRP Pre-School
The following documents must be attached/in lottery, and/or waitlist:	ncluded to be considered for enrollment,
 COLLEGE PREP 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 Health Appraisal signed by Physician Proof of Income (Tax Returns, W2, Pay "Intelligence plus character – the 	License)
	Luther King
Comment:	

Please contact the Preschool Office for any questions at 313-833-1100 ext. 1215.



GSRP Pre-School Application Process

2025-2026 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. COLLEGE PREP cannot consider a sibling priority unless each application clearly states the name(s) of sibling(s) either currently enrolled or also applying for admission. <u>COLLEGE PREP defines siblings as a brother or sister living</u> within the same household.

Enrollment Procedures for New Students:

- 1. All applications <u>must</u> 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 <u>will not</u> 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 <u>must be age four (4) by December 1st</u> 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.



2025-2026 GSRP PRE-SCHOOL APPLICATION

How to complete this application for the 2025-2026 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 Applicat	ion:
Student Last Name	Student First Name	Middle Name	
Male \square Female \square Age Date of Birth	h Place of Birth Proof of Birth* (Typ	e of Document):	
Multi-Birth: □Yes □No If yes, which b	irth order		
Race (If multi-racial, place a check mark □African American □Asian American	for each that applies): □Caucasian □Hispanic/Latino □Native America	an or Alaskan American □Pacif	ic Islander □Other:
Student's Address	Apt. No		
City	StateZip Code	Student's Home Phone	
District of Residency: □Wayne □Oakla	and □Macomb □Other		
The student lives with: □one parent □tw	o parents □a qualified relative □friend(s) □an ad	ult that is not the legal guardian	
Parent/Guardian Last Name, First Nam	ne	Relation to Studen	t
	City		
Parent/Guardian Home Phone	Parent/Guardian Co	ell	
Parent/Guardian Work Number	Parent/Guardian E	mail Address	
Marital Status: MarriedSingle	e Divorced Widowed Separated		
Parent/Guardian Last Name, First Nam	ne	Relation to Studen	t
Address (if not student's address)	City	State	Zip Code
Parent/Guardian Home Phone	Parent/Guardian Co	ell	
Parent/Guardian Work Number	Parent/Guardian E	mail Address	
Marital Status: MarriedSingle	e Divorced Widowed Separated		
(EF-7) Who has legal custody of the stud	dent? Mother Father Foster Care	Legal Guardian Grand	Inarent
If guardian or foster parent (other than bio		Segui Guardian Grand	-paretti
	Case Number		
. ,			

The New Paradigm College Prep offers GSRP Pre-School serving student who become 4 years of age by December 1, 2025. With no admissions test, the New Paradigm College Prep will serve students in grades Pre-School through 8th Grade 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 Atte	nding:	City	State
	in a Head Start Program? □Yes □N		State
	Care or Head Start Program your child a		
	SRP Funding? \Box Yes \Box No	inchided.	
-	nild received GSRP:		
- Name of the School the Ci	ind received GSKI .		
Does your student have a	a past or current IEP? Please attach	. (ex. – speech, resource room)	Yes□ No
Does your student receiv	ve Special Education Services?	∕es □ No	
Does the applicant have	a 504 Accommodation Plan? Please	attach. □ Yes □ No	
CIVIL RIGHTS INFORMAT Please check ✓ one	TION FOR NEW STUDENTS IS REQUIR - Disability Code	ED FOR COMPLIANCE WITH FEDERA	AL CIVIL RIGHTS MANDATES.
□ 00- Not disabled	☐ D- Emotionally Disabled	☐ H – Multiply Disabled	☐ L – Traumatic Brain Injury
□ A – Autistic	☐ E- Hard of Hearing	☐ I – Orthopedically Impaired	\square M – Visually Impaired
☐ B- Deaf	☐ F – Learning Disabled	☐ J – Other Health Impaired	□ N – Evaluation in Progress
□ C – Deaf-Blind	☐ G – Cognitively Impaired	☐ K – Speech Impaired	
EF-4 Primary language sp Does the student receive to Does the applicant have a Does the student have any Is the student potty trained	poken in the home:	Is the student's ethnicity Fes □ No Yes □ No If yes, please list	Hispanic or Latino? □Yes □ No
Is student off all bottles ar	nd sipping cups? □Yes □ No		
Is the applicant currently	eligible for free or reduced lunch ?	?□ □Yes □	l No
-	ive in a fixed, regular, adequate nightti		l No
Do you and the student liv	ve in: □ shelter □ motel/hotel □ tem	porarily with another family in a hous	se, mobile home, or apartment \square in a car or RV
-	tional housing		
	been suspended/expelled from pre-scl		
If yes, please state reason			
Are any siblings <u>currently</u> within the same household (Please check one) \square Yes	d)?	chool Academy (Note: COLLEGE Pl and current grades below.	REP defines siblings as a brother or sister living
Name	Grade	Name	Grade
Name	Grade	Name	Grade
Are any siblings applying \square Yes \square No If yes, please list names an		he New Paradigm College Prep for th	ne 2023-2024 school year? (Please check one)
Name	Grade_	Name	Grade
Name	Grade_	Name	Grade



NAME	RELATIONSHIP TO CHILD	AGE
*Add paper if needed	L	
EF-1 Does your family receive benefit	s from (DHS) Department of Human Serv	vices, SSI? □ Yes □ No
If Yes, please explain:		
Parent/Guardian's Employment Status	:UnemployedPart-TimeFull T	ГimeSeasonal
Job Description		
Parent/Guardian's Employment Status	:UnemployedPart-TimeFull 7	ГimeSeasonal
Job Description		
EF-5 Highest grade or degree complet	ed: Parent/Guardian:	Parent/Guardian
EF-6 Has someone in you home ever b	been victim of abuse and/or neglect? □Yes	□ No
EF-7 Is there any other information yo	ou believe would qualify your child for our	r program**? □Yes □ No
Please explain:		
How did you hear of the Great Start Ro	eadiness Program?	
** Refer to Eligibility Factor Guidance Sh	eet for other qualifications.	
Is your child considered a migrant? Yes \square No		
Has your child ever been identified as migrant?	Yes \square No \square If yes, please list at what school:	
	tify that the information given is true and a	accurate to the best of your knowledge.
Parent/ Guardian's Name (please pr	int):	
Parent/Guardian's Signature:		Date:
OFFICE LICE ONLY.		
OFFICE USE ONLY: □ Walk in □ Faxed □ Emailed	☐ Application is complete and ready for rev Received By:	