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

2026-2027 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/included to be considered for enrollment, lottery, and/or waitlist:

- Glazer Application Cover Sheet
- Original Birth Certificate
- Immunization Record
- Psychological Report (2 copies)
- IEP (2 copies), if applicable
- 504 Plan with documentation, if applicable
- Foster Care documentation, if applicable
- Homelessness documentation, if applicable
- 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:

_____

_____

_____

_____

_____

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

GSRP Pre-School Application Process

2026-2027 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. NEW PARADIGM GLAZER ACADEMY cannot consider a sibling priority unless each application clearly states the name(s) of sibling(s) either currently enrolled or also applying for admission. NEW PARADIGM GLAZER ACADEMY 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 1st** 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.

2026-2027 GSRP PRE-SCHOOL APPLICATION

How to complete this application for the 2026-2027 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 (If multi-racial, place a check mark for each that applies):
□African American □Asian American □Caucasian □Hispanic/Latino □Native American or Alaskan American □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

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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

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 Glazer Academy offers GSRP Pre-School serving student who become 4 years of age by December 1, 2026. With no admissions test, the New Paradigm Glazer Academy will serve students in grades Pre-School through 8th that are representative of Michigan's diversity.

The Board of Directors of the New Paradigm Glazer Academy 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

□ 00- Not disabled	□ D- Emotionally Disabled	□ H – Multiply Disabled	□ L – Traumatic Brain Injury
□ A – Autistic	□ E- Hard of Hearing	□ I – Orthopedically Impaired	□ 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	

Is the student's ethnicity Hispanic or Latino? □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: _____

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 <u>currently attending</u> the New Paradigm Glazer Academy (Note:Glazer ACADEMY 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 <u>applying</u> for admissions as <u>NEW applicants</u> to the New Paradigm Glazer Academy for the 2026-2027 school year? (Please check one) □Yes □ No
If yes, please list names and grades.

Name _____ Grade_____ Name _____ Grade_____

Name _____ Grade_____ Name _____ Grade_____

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

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 _____

Highest grade or degree completed: Parent/Guardian: _____ Parent/Guardian _____

Has someone in your home ever been a victim of abuse and/or neglect? □Yes □ No

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 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

Date and Time Received: _____ Received By: _____

NOTES: _____

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