



Fostering Leadership Academy

New Student Application

School Year: _____

PREVIOUS ENROLLMENT

Re-enrolling in a Michigan Public School? Yes No
 Date last attended a Michigan Public School: _____
 School District last attended: _____

STUDENT INFORMATION

Student Name: _____ Nickname: _____
 (From Birth Certificate) (LAST) (FIRST) (MIDDLE) (OPTIONAL)

Gender: Male Female Birthdate: __/__/____ Grade: ____ Student Email Address: _____
 Has the student been previously suspended or expelled? Yes No
 If Yes, please explain _____
 If Yes, which district? _____

Current Physical Address: _____
 (STREET ADDRESS) (CITY) (STATE) (ZIP) (COUNTY)

Current Mailing Address: _____
 (if different) (STREET ADDRESS) (CITY) (STATE) (ZIP)

Does the student have any siblings currently attending DLA?
 If yes, please list name and grade _____

ETHNICITY (Part A) and RACE (Part B)

Race and Ethnicity (Both Part A and Part B) of the question **must be answered**. If either part is not answered, the US Department of Education requires the district to supply an answer on your behalf.

| | |
|--|---|
| Part A: Ethnicity (choose only one) | Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.) <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

Part A refers to ethnicity, not race. No matter which box you selected above, please continue to answer Part B (below) by marking one or more boxes to indicate what you consider your student's race to be.

| | |
|--------------------------------------|--|
| Part B: Race (choose one or more) | <input type="checkbox"/> American Indian or Alaska Native (Origins from any of the original peoples of N, S, or Central America) <input type="checkbox"/> Asian (Origins from any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent) <input type="checkbox"/> Black or African American (Origins from any of the black racial groups of Africa) <input type="checkbox"/> Native Hawaiian / Other Pacific Islander (origins from any of the original peoples of any Pacific Island) <input type="checkbox"/> White (Origins from any of the original peoples of Europe, the Middle East or N Africa) |
|--------------------------------------|--|

PRIMARY LANGUAGE INFORMATION

Is the primary language used in your child's home or environment a language other than English? Yes No
 If yes, what is that language? _____

Is your child's native tongue a language other than English? Yes No
 If yes, what is that language? _____

Is the primary language used in your child's home or environment a language other than English? Yes No
 If yes, What is that language? _____

PRIMARY HEAD(S) OF HOUSEHOLD (With whom does the child reside?)

| | | |
|---|---|--|
| <input type="checkbox"/> Adoptive Parents <input type="checkbox"/> Birth Parent(s) <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Mother Only | <input type="checkbox"/> Father Only <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Emancipated Minor <input type="checkbox"/> Shelter <input type="checkbox"/> Foster Home (less than 6 months?) <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Relative _____ <input type="checkbox"/> Double-Up <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Grandparents <input type="checkbox"/> Other _____ |
|---|---|--|

| PRIMARY HOUSEHOLD DATA | PRIMARY GUARDIAN 1 | PRIMARY GUARDIAN 2 |
|---|--------------------|--------------------|
| Head of Household Name (Last, First) | | |
| Relationship Type | | |
| Occupation/Employer | | |
| Cell Phone Number | | |
| Secondary Phone Number | | |
| Email Address | | |

SECONDARY HEAD(S) OF HOUSEHOLD

Does the child have a second parent/second residence? Yes No If yes, with whom?

Stepmother/Father Other: _____
 Stepfather/Mother

Joint Custody? Yes No

Current Physical Address: _____
(STREET ADDRESS) (CITY) (STATE) (ZIP) (COUNTY)

Current Mailing Address: _____
(if different) (STREET ADDRESS) (CITY) (STATE) (ZIP)

Should this household be included in all mailings? Yes No

Okay to release student to second household parent Yes No

If you answered "No" to either of these questions, please attach legal documentation, specific to this child and legal documentation; specific to communication with the Secondary Household parent.

EMERGENCY CONTACT INFORMATION (contacted AFTER parent/guardian)

| Name | Relationship to Student | Phone Number (s) |
|------|-------------------------|------------------|
| | | |
| | | |
| | | |

HEALTH INFORMATION

Medical information is confidential and will be shared with personnel on a need to know basis.

If a medical emergency exists, the school is authorized to take appropriate action on behalf of the child. The family will assume all medical costs.

Yes No Preferred Hospital _____

Doctor Name: _____ Phone: _____

Allergies Insects/Bee Stings Medication Food Environmental

(Explain) _____

Special Health Conditions Diabetes Heart Asthma Seizures Other

(Explain) _____

Is the student currently taking any prescription medications?

Please list:

SPECIAL NEEDS INFORMATION

Special Program Received at Prior School: IEP Speech/Language 504 Plan Title 1 Services Other

(Explain)

MISCELLANEOUS INFORMATION

Please circle the information/activities you wish to EXCLUDE your student from:

Student Directory Armed Forces Recruited Access
 School Travel Photos for School Publications

I certify that all information is true and valid and that I am authorized to enroll this student:

SIGNATURE: _____ Date: _____