

School Choice: _____



Detroit Public Montessori

DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT
EARLY CHILDHOOD APPLICATION



FOR OFFICE USE ONLY:
 SCHOOL: _____
 TEACHER: _____ ROOM #: _____
 STUDENT ID#: _____ CHILD'S AGE AS OF 12/1: _____

DATE OF APPLICATION: _____

DATE OF ENROLLMENT: _____
(First actual date of attendance)

DATE DROPPED: _____

CHILD APPLICATION FORM

PARENTS / GUARDIANS COMPLETE THIS SECTION

CHILD'S NAME: _____ BIRTHDATE: _____ SEX: F M

CHILD'S ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE NUMBER: _____ ALTERNATE PHONENUMBER: _____

BIRTH CERTIFICATE #: _____ BIRTHPLACE (city, state or nation): _____

Special Needs/Disabling Condition: _____ Diagnosed: Yes No IEP Date: _____ MET Date: _____
If Special Needs/Disabling Condition has been diagnosed by an Agency/Physician, complete Release of Information Form

Parent/Guardian Name: _____ Relationship to Child: _____

Mother's Age at 1st Pregnancy: _____ Marital Status: Single Married Separated

Ethnic Group: _____ (please use code from the chart below)

1= Native American	2a= Asian <i>or</i> 2b= Pacific Islander	
3= Black/African American	4a= Hispanic, White <i>or</i> 4b=Hispanic, Black	5= White/Caucasian

List ALL household members for whom the child's parent is financially responsible:

NAME	BIRTHDATE	NAME	BIRTHDATE

Is your child's native language a language **other than** English? Yes No What is the language? _____

Is the primary language used in your child's home a language other than English? Yes No

If yes, what is the language? _____

My child is (check all that apply): Anemic Lead Poisoned

I receive (check all that apply): Food Assistance WIC Focus Hope Medicaid Child Care Assistance

PARENTS / GUARDIANS COMPLETE THIS SECTION

IF NOT PARENT, PROOF OF GUARDIANSHIP CASE#:

	FATHER	MOTHER	Foster Parent(s)/Stepparent(s) or Guardian(s) /Relationship
Name:			
Birthdate:			
Birthplace: <i>city, state or nation</i>			
Home Language:			
Date Naturalized:			
Last Grade or Degree Completed:			
Occupation:			
Home Address:			
Home Phone:			
Cell Phone:			
Business Address: <i>(Street Address, City, Zip Code)</i>			
Business Phone:			
Employer:			
Work/School Schedule: <i>(Days and Times)</i>			

STAFF COMPLETE THIS SECTION

Indicate date documentation received:

Birth Certificate: _____

Income: _____

Immunizations: _____ Health Appraisal: _____

Has the family been informed of Head Start Eligibility? Yes <input type="checkbox"/> N <input type="checkbox"/>
Has the family completed an Early Childhood Programs Referral? Yes <input type="checkbox"/> N <input type="checkbox"/>
Date child entered the United States (if birth documents are from a foreign country): _____

Signature of Parent/Guardian Date

Signature of Staff Verifying and Auditing Form Date

Signature of Teacher Date