



1903 Wilkins | Detroit, MI 48207 | Office (313) 833-1100 | Fax (313) 833-8653 | [www.detroitedisonpsa.org](http://www.detroitedisonpsa.org)  
Ralph C. Bland – Superintendent

## 2019-2020 GSRP Pre-School Application

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

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

### Registration Checklist – GSRP Pre-School



***Missing Documentation will be marked only!***

- DEPSA 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:

---



---



---



---



---

*Please contact the Preschool Office for any questions at 313-833-1100 ext. 1254.*



## **GSRP Pre-School Application Process**

### **2019-2020 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. DEPSA cannot consider a sibling priority unless each application clearly states the name(s) of sibling(s) either currently enrolled or also applying for admission. DEPSA 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 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.





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.

### Disability Code

Please check  one

- 00- Not disabled
- A – Autistic
- B- Deaf
- C – Deaf-Blind
- D- Emotionally Disabled
- E- Hard of Hearing
- F – Learning Disabled
- G – Cognitively Impaired
- H – Multiply Disabled
- I – Orthopedically Impaired
- J – Other Health Impaired
- K – Speech Impaired
- L – Traumatic Brain Injury
- M – Visually Impaired

EF-3 Has the student ever been suspended/expelled from pre-school or a child care center?  Yes  No

If yes, please state reason \_\_\_\_\_

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 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: \_\_\_\_\_

Are any siblings currently attending the Detroit Edison Public School Academy (Note: DEPSA 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 Detroit Edison Public School Academy for the 2019 – 2020 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 you home ever been 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 Eligibility Factor Guidance Sheet for other qualifications.

**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:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Walk-In  Faxed  Postmark \_\_\_\_\_ Date Received: \_\_\_\_\_ Time: \_\_\_\_\_

Received By: \_\_\_\_\_  Complete  Incomplete

**Missing Information:**

- Birth Certificate  Immunization Record  Parent Identification  Health Appraisal  Proof of Income (W2)
- Proof of Residency  Vision and Hearing Exam

Teacher Assigned: \_\_\_\_\_ UIC: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

% FPL: \_\_\_\_\_ Quintile: \_\_\_\_\_ GSRP Eligible: \_\_\_\_\_ Head Start Eligible: \_\_\_\_\_ Date Referred: \_\_\_\_\_ ASQ Date: \_\_\_\_\_

Eligibility Factors: \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 \_\_\_ Supporting Documentation: \_\_\_\_\_

Staff Name (please print): \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_