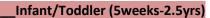
MARTIN LUTHER KING, JR. EDUCATION CENTER

ENROLLMENT PACKET SCHOOL YEAR: 2025-2026



____ 2/12-3 Years

__4 Years (Tuition)



STUDENT IN	FORMATION				
				Gender: Male	Female
Last Name	First Name	Middle Nam	e		
Birth Date:	onth/Date/Year	Ag	e: Studen	t's Primary Languag	ge:
Mo	onth/Date/Year				T
Ethnicity and Race. Both parts A & B must be completed. We encourage you to select an answer for both parts. If either part (A or B) is not answered the U.S. Dept. of Education requires the school district to supply an answer on your behalf.			Previous School, City, State		Special Services your child received at Previous school: (check all that apply)
· ·	(A) Is the student's ethnicity Hispanic or Latino? Yes No		Type of previous school		SpeechOT/PT
(B) RACE	_	Publ School	ic School in Michigan	Home	Special Education
African A American	American Hispanic A	sian Priva	ate School in Michigan	Pre-School	Social Work
American	i ilidiali — Caucasiali	Out	of State or Country		504 Plan
RESIDENCE					
Present Address of S	StudentAddress		City	State	Zip
Home Phone Numb	er: ()		Alternate Phone	Number: ()	•
					at a campsite transitional housing
	eless? i es No Do	you and the student	l live in:	moter/noter	at a campsite
In a car or RV	temporarily with another far	nily	tion:		
EDUCATION					
Current school:					
	Name of school	ol .		City/State	Years/attended
Circle all that appl	y: Regular Ed. Spe	ecial Ed. Bil	ingual.	Other:	
Is your student curre	ently expelled from any school di	strict? Yes N	No (If ves. explain)		
-	demic difficulty?YesNo				
Has student been rec	commended for IEP or testing of	any kind? (If yes, ex	xplain)		
HEALTH					
Does your child hav	re any special medical needs?				
Has student been rec	commended or referred for the 50	4 Plan for medical 1	reasons? If yes, explain)		
KNOWN HANDIC	CAP / DISABILITIES				
Physical		Emotional		Intellectual	
If yes, please expla	ain:	If yes, please explai	n:	If yes, please expla	iin:
LINOWN EOOP 4	LLEDCIECL				
KNOWN FOOD A Food		Medicine		Others	
If yes, please expla		If yes, please explai	n	If yes, please expla	in:

Primary language spoken at home if not English: How many in household: Parent/Guardian Last Name First Name Middle Initial Present Address of Student Address Work Phone Cell Phone Email Education Status Place of Birth Marital Status: Single Married Divorced Widowed Parent/Guardian Last Name First Name Middle Initial Present Address of Student City State Zip Place of Birth Marital Status: Single Married Divorced Widowed Parent/Guardian Last Name First Name Middle Initial Present Address of Student City State Zip Occupation State Zip Occupation Cell Phone Email Address Place of Birth
Last Name First Name Middle Initial
Present Address of Student Address City State Zip Occupation Cell Phone Email Education Status Place of Birth Marital Status: Single Married Divorced Widowed Parent/Guardian Last Name First Name Middle Initial Present Address of Student Address City State Zip Occupation Cell Phone
Address City State Zip Occupation Work Phone Cell Phone Email Education Status Place of Birth Marital Status: Single Married Divorced Widowed Parent/Guardian Relationship to Student Last Name First Name Middle Initial Present Address of Student Address City State Zip Occupation Cell Phone
Email Education Status Place of Birth Marital Status: Single Married Divorced Widowed Parent/Guardian Relationship to Student Last Name First Name Middle Initial Present Address of Student City State Zip Occupation Work Phone Cell Phone
Marital Status: Single Married Divorced Widowed Parent/Guardian Last Name First Name Middle Initial Present Address of Student Address City State Zip Occupation Work Phone Cell Phone
Parent/Guardian Last Name First Name Middle Initial Present Address of Student Address City State Zip Occupation Work Phone Cell Phone
Last Name First Name Middle Initial Present Address of Student City State Zip Occupation Work Phone Cell Phone
Present Address of Student Address City State Zip Occupation Work Phone Cell Phone
Address City State Zip Occupation
Email Education Status Place of Birth
Marital Status: Single Married Divorced Widowed
Local Emergency Contact Person: Local Emergency Contact Address: Local Emergency Home/Cell #:
NAMES OF SIDE DISCOURTS AND ALL VIEW OF STREET SCHOOL (S)
NAMES OF SIBLING ATTENDING MLKEC OR OTHER SCHOOL(S)
NAME GRADE SCHOOL NAME CITY/STATE
REFERRAL INFORMATION
I was referred by:Parent (list the person's name)emailphone ()(Check only one)Staff (list the person's name)emailphone ()
Other (list the person's name) email phone phone
How did you hear about our Academy?
Please tell us why you chose our Academy?
MLKECA will not provide transportation. How will your child travel to and from school?
I will utilize Latchkey services, and pay the additional charges: YES NO
Signature of Parent/GuardianSS#Date
MLKECA will not discriminate in it's pupil admission policies or practices whether on the basis of intellectual or athletic ability, measures of achievement or aptitude, status as a handicapped person, or any other basis that would be illegal if used by a Michigan public school district.
FOR OFFICE USE ONLY Date Application Received Enrollment Date:
STUDENT CHECK LIST Start Date: Teacher: UIC # Building:
Driver's License Immunization (Shot record) Emergency Card Math Reading
Original Birth Certificate Release of Records Form Report Card Writing Spelling
Proof of Guardianship Special Education Release Form Testing (Sullivan/Brigance)
Staff Signature Date

Martin Luther King, Jr. Education Center Academy

16827 Appoline, Detroit, MI 48235 Phone: 313.341.4944/ Fax: 313.342.8163 2025-2026

Dear Parent or Guardian,

Thank you for your interest in the MLKEC. The Center's mission is to provide each student with a solid academic and aesthetic foundation that will instill values of life-long learning. The emphasis will be placed on the whole child, educating him/her intellectually, socially, emotionally, physically, aesthetically, and culturally.

We are currently accepting applications for the **2025-26 s**chool year. Please complete the enclosed application packet and return to MLKECA, 16827 Appoline, Detroit, MI 48235.

Applications must be filled out completely and returned with the following documents to be considered for enrollment. All incomplete applications will not be processed. (If you have more than one child, please complete a separate application for each child.)

Applications must be filled out completely and returned with the following documents to be considered for enrollment.

- A copy of A copy of birth certificate, adoption papers or proof of court ordered custody
- A copy of **complete** immunization record or legal waiver
- A copy of social security card
- CACFP School Lunch form. Return with enrollment packet
- Formula/Food Sign-Off Statement

Again, thank you for your interest.

Educationally yours,

Constance Price Administrative Director