

# MARTIN LUTHER KING, JR. EDUCATION CENTER

**ENROLLMENT PACKET** SCHOOL YEAR: 2025-2026



**Infant/Toddler (5weeks-2.5yrs)**

**2/12-3 Years**

**4 Years (Tuition)**

## STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Student's Primary Language: \_\_\_\_\_  
Month/Date/Year

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.

**(A) Is the student's ethnicity Hispanic or Latino?**  
\_\_\_\_ Yes \_\_\_\_ No

**(B) RACE**

\_\_\_\_ African American \_\_\_\_ Hispanic \_\_\_\_ Asian  
\_\_\_\_ American Indian \_\_\_\_ Caucasian

**Previous School, City, State**

\_\_\_\_\_  
\_\_\_\_\_

**Type of previous school**

\_\_\_\_ Public School in Michigan \_\_\_\_ Home  
School  
\_\_\_\_ Private School in Michigan \_\_\_\_ Pre-School  
\_\_\_\_ Out of State or Country

**Special Services your child received  
at  
Previous school: (check all that  
apply)**

\_\_\_\_ Speech \_\_\_\_ OT/PT  
\_\_\_\_ Special Education  
\_\_\_\_ Social Work  
\_\_\_\_ 504 Plan

## RESIDENCE

Present Address of Student \_\_\_\_\_  
Address City State Zip  
Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_  
Is this student Homeless? \_\_\_\_ Yes \_\_\_\_ No Do you and the student live in: ☐ Shelter ☐ motel/hotel ☐ at a campsite ☐ transitional housing  
☐ In a car or RV ☐ temporarily with another family ☐ other location: \_\_\_\_\_

## EDUCATION

Current school: \_\_\_\_\_  
Name of school City/State Years/attended

**Circle all that apply:** Regular Ed. Special Ed. Bilingual. Other: \_\_\_\_\_

Is your student currently expelled from any school district? \_\_\_\_ Yes \_\_\_\_ No (If yes, explain) \_\_\_\_\_

Has student had academic difficulty? \_\_\_\_ Yes \_\_\_\_ No (If yes, explain) \_\_\_\_\_

Has student been recommended for IEP or testing of any kind? (If yes, explain) \_\_\_\_\_

## HEALTH

Does your child have any special medical needs? \_\_\_\_\_

Has student been recommended or referred for the 504 Plan for medical reasons? If yes, explain) \_\_\_\_\_

### KNOWN HANDICAP / DISABILITIES

Physical  
If yes, please explain:

Emotional  
If yes, please explain:

Intellectual  
If yes, please explain:

### KNOWN FOOD ALLERGIES

Food  
If yes, please explain:

Medicine  
If yes, please explain:

Others  
If yes, please explain:

**FAMILY INFORMATION**

Primary language spoken at home if not English: \_\_\_\_\_ How many in household: \_\_\_\_\_

Parent/Guardian			Relationship to Student
Last Name	First Name	Middle Initial	

Present Address of Student \_\_\_\_\_  
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 \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Education Status \_\_\_\_\_ Place of Birth \_\_\_\_\_

Marital Status:    Single    Married    Divorced    Widowed

Local Emergency Contact Person:	Local Emergency Contact Address:	Local Emergency Home/Cell #:
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**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) \_\_\_\_\_ email \_\_\_\_\_ phone ( ) \_\_\_\_\_  
**(Check only one)**    Staff (list the person's name) \_\_\_\_\_ email \_\_\_\_\_ phone ( ) \_\_\_\_\_  
                             Other (list the person's name) \_\_\_\_\_ email \_\_\_\_\_ 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/Guardian \_\_\_\_\_ SS# \_\_\_\_\_ 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  
STUDENT CHECK LIST**Date Application Received \_\_\_\_\_  
Start Date: \_\_\_\_\_  
UIC # \_\_\_\_\_Enrollment Date: \_\_\_\_\_  
Teacher: \_\_\_\_\_  
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

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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** school 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