



NEW PARADIGM LOVING ACADEMY

1000 Lynn | Detroit, MI 48211 | Office (313) 252-3028 | Fax (313) 866-9800 | www.nplovingschools.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!

- LOVING 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. NEW PARADIGM LOVING cannot consider a sibling priority unless each application clearly states the name(s) of sibling(s) either currently enrolled or also applying for admission. NEW PARADIGM LOVING 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 1st** 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.



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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.

Please check one

Disability Code

- | | | | |
|-------------------------------------------|---------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> 00- Not disabled | <input type="checkbox"/> D- Emotionally Disabled | <input type="checkbox"/> H – Multiply Disabled | <input type="checkbox"/> L – Traumatic Brain Injury |
| <input type="checkbox"/> A – Autistic | <input type="checkbox"/> E- Hard of Hearing | <input type="checkbox"/> I – Orthopedically Impaired | <input type="checkbox"/> M – Visually Impaired |
| <input type="checkbox"/> B- Deaf | <input type="checkbox"/> F – Learning Disabled | <input type="checkbox"/> J – Other Health Impaired | |
| <input type="checkbox"/> C – Deaf-Blind | <input type="checkbox"/> G – Cognitively Impaired | <input type="checkbox"/> K – Speech 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 New Paradigm Loving Academy (Note: NEW PARADIGM LOVING 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 New Paradigm Loving 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 _____



NEW PARADIGM LOVING ACADEMY

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: _____