

APPLICATION FORM

CLIPPERT MULTICULTURAL MAGNET HONORS ACADEMY



ABOUT OUR PROGRAM

Clippert, located in the heart of Southwest Detroit, offers a rigorous, college-preparatory curriculum for grades 6-8 to prepare students for entry to the city's elite high schools.

All students should have a "C" or better average in core academic classes, maintain a 2.5 grade point average as well as excellent-to-satisfactory citizenship.

Note: Free transportation is provided for students who live near Bennett, Harms and Roberto Clemente elementary schools.

ABOUT THE APPLICATION

Completed application packets are accepted during regular business hours. You will be notified of the admission decision by phone or email.

1981 McKinstry

Detroit, MI 48209

Phone: (313) 849-5009

Fax: (313) 849-5740

Grades: 6-8

Detroitk12.org/clippert

REPORT CARD REQUIRED

For students who do not attend a Detroit Public Schools Community District school.

Please attach a copy of your student's most recent report card with this application. The report card should be from no earlier than the 2021-2022 school year.

STUDENT INFORMATION

Student's Full Name:

Grade Entering for the 23-24 School Year:

Student's Date of Birth: (MM/DD/YYYY)

Home Street Address:

Gender:

Male

Non-Binary

Female

Prefer not to answer

City:

State:

ZIP Code:

Does the student have any of the following? (Select all that apply)

If yes, please include a copy of the plan with the student's application.

IEP or Non-Public
Service Plan

504 Plan

None

We collect this information to ensure we provide your student with appropriate services.

Does the student receive ESL (English for Speakers of Other Languages) support in school?

Yes

No

STUDENT INFORMATION (Continued)

Does the student currently have any siblings that attend our school? If yes, please list their names:

1)	3)
2)	4)

School Student Currently Attends:

Current School Street Address:

City:	State:	ZIP Code:
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PARENT INFORMATION

Parent/Guardian Name:

Parent/Guardian Email Address:

Parent/Guardian Phone Number 1:	Parent/Guardian Phone Number 2:
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PARENT SIGNATURE

I acknowledge that the information I have provided is accurate. By signing this form, I understand that knowingly providing false information may result in the revocation of an offer of admission.

Parent Name:	Signature:	Date: (MM/DD/YYYY)
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FOR CLIPPERT OFFICE USE ONLY
Do not write in this box!

Date received:	Accepted: <input type="checkbox"/> YES <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> NO
Contacted:	Date:
<input type="checkbox"/> ADVANCED <input type="checkbox"/> ESE <input type="checkbox"/> ESL <input type="checkbox"/> SIB <input type="checkbox"/> 504	
Application Checklist <input type="checkbox"/> ACADEMIC RECORDS <input type="checkbox"/> IEP/504	
Notes:	

