



# *Detroit International Academy for Young Women*

**"School of Biomedical Science and Veterinary Medicine"**

**Serving Grades K-12**

*Sakina Bolden Ed.S. Principal*



*She operates under the assumption that she cannot fail. When She rises, we all rise!*

## **Application for Admission 2023-2024 School Year**

Please return all applications to:  
Detroit International Academy for Young Women  
Attn: Main Office/Application  
5161 Charles St. Detroit MI 48212  
(O) 313.873.3050 (F) 313.873.3088

Home Language \_\_\_\_\_

\*\*Referred by whom: \_\_\_\_\_

**A parent or guardian must complete sections A through C. Please print legibly in ink.**

### **A. Application Information (Current)**

Date \_\_\_\_\_ Present Grade \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Date of Birth/City/State \_\_\_\_\_  
Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
School Name \_\_\_\_\_ School Address \_\_\_\_\_  
School Phone \_\_\_\_\_ School City/Zip \_\_\_\_\_  
School Counselor \_\_\_\_\_ School District where you live \_\_\_\_\_

Special Education Services (ESE) Yes [ ] No [ ]  
(If yes, current IEP is required)



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B. Parent/Guardian Information

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Stepfather's Name \_\_\_\_\_ Stepmothers's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/ Zip \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Other Children in the family home (Name, Grades, Present School) \_\_\_\_\_

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

C. Fill out **only** if you are interested in the Biomedical Science and Veterinary Medicine Career Pathway Program. (Grades 9-10)

Why do you want to participate in our career pathway. Use a separate sheet if necessary

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5161 Charles St. Detroit MI 48212  
[www.detroitk12.org/dia](http://www.detroitk12.org/dia)

313.873.3050  
[@diayoungwomen](https://twitter.com/diayoungwomen)

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**Applicants in Grades 3-12 must complete sections D through G in her own words and handwriting. Answers may not be typed.**

**Be sure to sign and date the application on the last page.**

**D. Personal Information (Attach additional sheets if necessary)**

1. Why are you interested in attending Detroit International Academy for Young Women?

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2. How would you describe yourself as a student?

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3. List any family members who are Detroit International Academy of Young Women Alumnae or current students.

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1. Clubs/Activities \_\_\_\_\_

2. Hobbies \_\_\_\_\_

3. Athletics \_\_\_\_\_

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**F. Academic Information**

1. Are you in a gifted program or taking advanced courses in any subject (s)? \_\_\_\_\_

2. What do you consider to be your strongest subject and why? \_\_\_\_\_

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Academic information Continued (Attach additional sheets if necessary)

3. What subject would you like to grow in and why? \_\_\_\_\_

\_\_\_\_\_

4. List any books you've read within the past 6 months \_\_\_\_\_

\_\_\_\_\_

5. What is your favorite book (List Title and Author) and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. What do you plan to contribute to the Detroit International Academy for Young Women?

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE IN THE SECTION BELOW (FOR OFFICE USE ONLY)**

Current GPA \_\_\_\_\_ [ ] Birth Certificate. [ ] Current Report Card [ ] Completed Application

[ ] Immunizations [ ] Proof of Residence [ ] Recommendation Letter

ACCEPTED [ ] \_\_\_\_\_ ACCEPTED [ ] \_\_\_\_\_

NOT ACCEPTED [ ] \_\_\_\_\_



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## “School of Biomedical Science and Veterinary Medicine”

**Recommendation letters may be from anyone other than a parent who can speak to the character of the applicant. It must be signed.**

[illegible]