

APPLICATION FORM

FREDERICK DOUGLASS ACADEMY FOR YOUNG MEN



ABOUT OUR PROGRAM

Nestled in the Woodbridge Neighborhood, bounded by Wayne State University, the Cultural Center, and the Grand River Creative Corridor, Frederick Douglass Academy provides exciting opportunities for young men to grow into leaders of tomorrow. We are also very proud to be the only all-male school within the dynamic Detroit Public Schools Community District.

2001 W. Warren Avenue

Detroit, MI 48208-2216

Phone: (313) 596-3555

Fax: (313) 596-3552

www.detroitk12.org/douglass

APPLICATION REQUIREMENTS

Please submit the following with your application.

Transcripts and Report Cards

Please include a copy of your student's transcript or report cards from the two most recent full school years.

OTHER: Interview Required

All applicants to Frederick Douglass Academy will be contacted for an interview.

Standardized Test Scores

Please check the box next to the standardized test scores that you will be submitting. Test scores should be from no earlier than the 2021-22 school year. Please attach a copy of the student's test scores.

PSAT SAT iReady OTHER

Student Writing Prompt

On a separate sheet of paper, please write 2-3 paragraphs to tell us how you currently contribute to your school community, and what would you bring to Frederick Douglass Academy if you are accepted. This can include talking about leadership, extracurricular activities, and any other ways you participate in school.

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)

IEP or Non-Public
Service Plan

504 Plan

None

*If yes, please include a copy of the plan with the student's application.
We collect this information to ensure we provide your student with appropriate services.*

Does the student currently 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 Full 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 Frederick Douglass Academy
office use only.
Do not write in this box!**

Date received: _____	Accepted: <input type="checkbox"/> YES <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> NO
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Contacted: _____	Date: _____
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ADVANCED ESE ESL SIB 504

Application Checklist ACADEMIC RECORDS ESSAY SAMPLE WORK IEP/504

Notes: _____



