

APPLICATION FORM

MARCUS GARVEY ACADEMY



ABOUT OUR PROGRAM

Marcus Garvey Academy, which serves students in grades Pre-K to 8, offers a high-performing, African-Centered Learning Environment that places an emphasis on cultural awareness, global learning, and community service. Garvey Academy believes in building students' self-esteem, self-respect and pride to raise student achievement.

Note: *Garvey has a neighborhood boundary. Students who live within the boundary do not need to apply. To determine whether you live in the boundary, please visit: detroitk12.org/boundary_search.*

2301 Van Dyke
Detroit, MI 48214
Phone: (313) 866-7400
Grades: Pre-K - 8
Detroitk12.org/garvey

 [Marcusgarveyacademydetroit](https://www.facebook.com/Marcusgarveyacademydetroit)

 [MGADetroit](https://www.instagram.com/MGADetroit)

 [@DetroitGarvey](https://twitter.com/DetroitGarvey)

APPLICATION REQUIREMENTS

Please supply the following information with your application

Please attach a copy of the student's test scores

Please check the box next to the standardized test scores that you will submit for your student. Test scores should be from no earlier than the 2021-22 school year.

M-STEP NWEA iReady Other Standardized Test Scores

None (Select only if student has not participated in standardized testing.)

Supplemental Questions

Please submit on a separate sheet of paper

- Why do you want your child to attend an African-Centered school?
- How will you and your child contribute to Garvey Academy's community?

Report Card

Please include a copy of your student's most recent report card if they are entering Grade 3 or higher.

Interview

A parent and student interview must take place once the application is received

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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Please list extra-curricular activities/ hobbies your child enjoys:

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 GARVEY 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(s):
<input type="checkbox"/> ADVANCED <input type="checkbox"/> ESE <input type="checkbox"/> ESL <input type="checkbox"/> SIB <input type="checkbox"/> 504 <input type="checkbox"/> IEP	
Application Checklist <input type="checkbox"/> REPORT CARD <input type="checkbox"/> TEST SCORES <input type="checkbox"/> PARENT QUESTIONS <input type="checkbox"/> INTERVIEW	
Notes:	



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