

APPLICATION FORM

FREDERICK DOUGLASS ACADEMY FOR YOUNG MEN



ABOUT OUR PROGRAM

Nestled in the North End Neighborhood, 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.

9026 Woodward Avenue
Detroit, MI 48202
Phone: (313) 596-3555
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

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 submit. Test scores should be from no earlier than the 2023-24 school year.

☐ 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 25-26 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: _____

PARENT INFORMATION

Parent/Guardian Full Name:

Parent/Guardian Email Address:

Parent/Guardian Phone Number 1:

Parent/Guardian Phone Number 2:

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) _____

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
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"/> ESSAY <input type="checkbox"/> SAMPLE WORK <input type="checkbox"/> IEP/504	
Notes:	



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