

## 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](https://detroitk12.org/boundary_search).

2301 Van Dyke  
Detroit, MI 48214  
Phone: (313) 866-7400  
Grades: Pre-K - 8  
[Detroitk12.org/garvey](https://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 2023-24 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 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)

*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: \_\_\_\_\_

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: \_\_\_\_\_

**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 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: \_\_\_\_\_

DPSCD does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity, disability, age, religion, height, weight, citizenship, marital or family status, military status, ancestry, genetic information, or any other legally protected category, in its educational programs and activities, including employment and admissions Questions? Concerns? Contact the Civil Rights Coordinator at (313) 240-4377 or [dpscd.compliance@detroitk12.org](mailto:dpscd.compliance@detroitk12.org) or 3011 West Grand Boulevard, 14th Floor, Detroit MI 48202.