

2015/2016 SIBLING APPLICATION

For office use only

Date Received: _____
Time Received: _____ AM/PM
Staff Initial: _____

- Complete all information on this form
- Application must be returned to the main office
- A separate application must be completed for each student

The Dr. Joseph F. Pollack Academic Center of Excellence (PACE) is a tuition free public school serving students in grades K-8. Parents, students and teachers will be expected to attend quarterly conferences in which they promise to work together for the student's success. PACE does not discriminate based on race, color, religious creed, ancestry, gender, disability, age or national origin. All Kindergarten students must be 5 on or before September 1, 2015 to be eligible for admittance for the 2015-16 school year. Your kindergarten student must be born after October 1, 2009 or on/ before September 1, 2010. Parents may sign a waiver for students born after September 1 and before December 1, 2010 Only.

PLEASE PRINT CLEARLY AND CHECK THE APPROPRIATE RESPONSES

STUDENT INFORMATION

1. Last Name _____ First Name _____ Middle _____
2. Address _____ City _____, MI Zip _____
3. Date of Birth _____ Email Address _____
4. Phone Number _____ Cell Phone _____
5. The student will be in grade _____ in the fall of 2015
6. School Previously Attended _____
7. City and State of Previous School _____
8. Type of School: Public Private Parochial Home
9. Name of School District Where Student Lives _____
10. Has this student ever been expelled from a school district? Yes No
11. How did you hear about PACE? Radio Newspaper TV Mailing Flier Friend/Family
 Poster/Billboard Meeting Other _____

THE INFORMATION REQUESTED IN ITEMS 12-16 WILL NOT BE USED FOR SELECTION PURPOSES

12. Student's Gender: Male Female
13. What type of lunch does the student receive? Free Reduced Not Applicable
14. Students Ethnic Background: African American American Indian Asian/Pacific Islander
 Caucasian Hispanic Multiracial Other _____
15. What Language is spoken at home? _____
16. Has the student ever participated in either of these programs? ESL Bilingual

PARENT/GUARDIAN INFORMATION

17. Parent/Guardian _____ Relationship _____ Main Phone _____
18. Parent/Guardian _____ Relationship _____ Main Phone _____
19. Email Address: _____ Cell Phone: _____

YOU MUST FILL OUT AN APPLICATION FOR EACH STUDENT APPLYING

- Does the applicant have a sibling currently attending PACE? Yes No
- Brother/Sister's Name _____ Applying Attending
- Brother/Sister's Name _____ Applying Attending

Special Note: This application does not guarantee enrollment. All applicants are invited to register based on the number of available seats. Student selection determination is made through an electronic lottery. Students who are not selected during the lottery process, will be placed on the waiting list for 1 year.

Name of Person/Staff who referred you to PACE _____ Phone _____

Signature: _____

Date _____