

PLYMOUTH EDUCATIONAL CENTER



Student Application

Today's Date _____

Social Security Number _____

STUDENT INFORMATION

Last Name First Name Middle Name (not initial)

Address City Zip

Current Grade School Currently Attending

Student's Grade Next Academic Year: K 1st 2nd 3rd 4th 5th 6th 7th 8th

Gender: Male Female Birth Date: _____ City & State of Birth: _____

Does your child receive school-based special services, i.e. special education? Yes No

If yes, please indicate special services type: _____

FAMILY INFORMATION

Resident School District (if you live outside of Detroit)

Parent/Guardian Last Name First Name

Address (if different from child) City Zip

Daytime Phone Evening Phone Alternate Phone

Cellular Phone Pager Email Address

Are any brothers/sisters currently attending Plymouth Educational Center? Yes No

If yes, list: (LIST ONLY ACTUAL SIBLINGS)

BROTHER/SISTER NAME CURRENT GRADE

Are any brothers/sisters also applying for enrollment at Plymouth Educational Center for the next academic year? Yes No

If yes, list: (DO NOT LIST STUDENTS WHO ARE ALREADY ENROLLED AT PEC)

BROTHER/SISTER NAME GRADE (NEXT ACADEMIC YEAR)

OFFICE USE ONLY

SSN BIRTH CERTIFICATE IMMUNIZATION REPORT CARD LUNCH FORM CHECKED BY (INITIALS):
(Not for K Students)