

ST. CLAIR SHORES ADULT AND COMMUNITY EDUCATION
NORTH LAKE HIGH SCHOOL – BORN CENTER
23340 Elmira Street, St. Clair Shores, MI 48082 (586) 285-8780

PARENT/GUARDIAN INFORMATION FOR STUDENT APPLICATION / CONFIDENTIAL

STUDENT'S NAME: _____ **AGE** _____ **DATE OF BIRTH** _____

SCHOOL:

Why do you think your son or daughter was not successful at their last high school?

Why do you want your son or daughter to attend North Lake High School?

How do you plan to be an active part of your son /daughter's education experience at North Lake High School?

If your son / daughter is not successful at North Lake High School, what will be the next step?

FAMILY:

What rules do you have in place for your son / daughter in your household?

SPECIAL EDUCATION:

At any time in your son / daughter's education, have they received Special Education services from a school district?

_____ Yes _____ No If the answer is yes, what was the diagnosis? _____

Has your son / daughter been diagnosed as having Attention Deficit Disorder (ADD) or Attention Deficit Hyperactive

Disorder (ADHD)? _____ Yes _____ No If yes, what year was the diagnosis made? _____

Does your son / daughter presently take medication for this? _____ Yes _____ No

Does your son/daughter have any anger management problems? If so, what do you feel is the best way to approach

him/her in this situation? _____

Parent Signature

Date

Printed Name

Home Phone Number

Cell / Work Phone number