

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

STUDENT APPLICATION / CONFIDENTIAL

Today's Date: _____ What is your original graduation year? _____ Current Grade level _____

LAST NAME: _____ FIRST NAME _____ MI _____

ADDRESS: _____ DATE OF BIRTH _____ AGE _____

CITY: _____ STATE: MI ZIP CODE: _____

STUDENT'S CELL PHONE NUMBER: _____ HOME PHONE NUMBER _____

HOW DID YOU HEAR ABOUT NORTH LAKE?

____ SCHOOL PERSONNEL ____ SOCIAL SERVICES ____ LAW ENFORCEMENT ____ PARENT(S)

____ FRIEND AT NORTH LAKE ____ WHO? _____ ____ OTHER

SCHOOL INFORMATION:

NAME OF LAST SCHOOL YOU ATTENDED: _____ DATE OF EXIT _____

HIGHEST GRADE COMPLETED: _____ WHERE YOU ENROLLED IN A SPECIAL EDUCATION PROGRAM? YES / NO

HOW WOULD YOU RATE YOURSELF AS A STUDENT: ____ EXCELLENT ____ AVERAGE ____ BELOW AVERAGE

HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM SCHOOL? YES / NO WHICH ONE? _____

HOW DO YOU LEARN BEST? _____

WHAT OBSTACLES OR BARRIERS DO YOU FEEL ARE STANDING IN YOUR WAY THAT ARE PREVENTING YOU TO GRADUATE ON TIME? _____

WHAT DO YOU FEEL MADE YOUR PREVIOUS HIGH SCHOOL EXPERIENCE UNSUCCESSFUL? _____

IF YOU COULD, WHAT WOULD YOU CHANGE ABOUT YOURSELF THAT MIGHT HAVE MADE YOUR PREVIOUS HIGH SCHOOL EXPERIENCE BETTER? _____

WHY IS YOUR HIGH SCHOOL EDUCATION IMPORTANT TO YOU NOW? _____

IF YOU ARE ACCEPTED, WHAT WILL YOU DO IN ORDER TO BE SUCCESSFUL AT NORTH LAKE? _____

WHY DO YOU WANT / NEED THIS OPPORTUNITY AT NORTH LAKE? _____

PERSONAL INFORMATION:

WHERE DO YOU SEE YOUR FUTURE IN THE NEXT FIVE YEARS: _____

WHAT DO YOU ENJOY DOING IN YOUR FREE TIME? _____

DO YOU READ FOR PLEASURE? YES / NO WHAT TYPE? _____

DO YOU SMOKE CIGARETTES? YES / NO ... EVER THINK ABOUT QUITTING? YES / NO

ARE YOU INFLUENCED BY PEER PRESSURE/FRIENDS? (circle one) Always Most of the time Sometimes Never

DO YOU EVER MAKE POOR DECISIONS? (circle one) Always Most of the time Sometimes Never

WHAT IS AN EXAMPLE OF A POOR DECISION? _____

HAVE YOU EVER BEEN IN A COUNSELING OR TREATMENT PROGRAM? YES/ NO WHEN? _____

REASON _____ DID IT HELP? _____

HAVE YOU EVER BEEN ARRESTED? YES / NO REASON _____

ARE YOU ON PROBATION NOW? YES / NO PROBATION OFFICER'S NAME : _____

ARE YOU A PARENT OR A PARENT TO BE? YES / NO DUE DATE IF EXPECTING: _____

NAME(S) AND AGES OF YOUR CHILD(REN): _____

FAMILY INFORMATION:

FATHER'S NAME: _____ CONTACT PHONE # _____

MOTHER'S NAME: _____ CONTACT PHONE # _____

STUDENT'S LIVING ARRANGEMENT: ON MY OWN _____ MOTHER/FATHER _____ GUARDIAN _____

MOTHER ONLY _____ FATHER ONLY _____ MOTHER/STEP-FATHER _____ FATHER/STEP-MOTHER _____

WHAT DO YOU LIKE BEST ABOUT YOUR FAMILY: _____

DESCRIBE YOUR RELATIONSHIP WITH YOUR FAMILY: _____

PEOPLE IN YOUR LIFE:

LIST THE IMPORTANT PEOPLE IN YOUR LIFE, THEIR RELATIONSHIP TO YOU AND WHY THEY ARE IMPORTANT TO YOU.

1. _____

2. _____

3. _____

4. _____

5. _____

EMPLOYMENT:

STUDENT'S EMPLOYER: _____ WEEKLY HOURS: _____

EMPLOYER'S ADDRESS: _____ PHONE NUMBER: _____

SUPERVISOR'S NAME: _____ JOB TITLE: _____

HOW WOULD RATE YOURSELF AS AN EMPLOYEE: Excellent ___ Average ___ Below average ___

EXPLAIN YOUR RATING: _____

DO YOU HAVE ANY CONCERNS THAT YOU FEEL WE SHOULD KNOW ABOUT THAT COULD AFFECT YOUR ATTENDANCE, GRADES, AND SUCCESS HERE AT NORTH LAKE? YES / NO

EXPLAIN: _____

DO YOU PLAN ON ATTENDING COLLEGE / TECHNICAL SCHOOL / MILITARY AFTER COMPLETION OF HIGH SCHOOL?

THE INFORMATION I AM PROVIDING ON THIS APPLICATION IS ACCURATE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

STUDENT'S SIGNATURE

DATE