

GOLIGHTLY EDUCATION CENTER

5536 ST. ANTOINE DETROIT, MICHIGAN 48202
(313) 494-2538 OFFICE (313)870-0599 ANNEX FAX
(313)873-3160 MAIN BLDG. FAX

Application No. _____

Honors Admissions Application (*External*)

It is the intent of the GOLIGHTLY ADMISSIONS COMMITTEE to insure that all applicants clearly understand the important aspects of the application process.

PLEASE READ THE ENTIRE CONTENTS OF THIS APPLICATION PACKET

PLEASE PRINT CLEARLY- BLACK OR BLUE INK

ALL APPLICATIONS MUST BE HAND-DELIVERED TO THE SCHOOL

CHILD'S NAME:

LAST FIRST MIDDLE INITIAL

AGE BIRTHDATE / / MALE FEMALE
(CHECK ONE) APPLYING GRADE

ADDRESS APT# CITY STATE ZIP

MOTHER'S NAME OR FEMALE GUARDIAN FATHER'S NAME OR MALE GUARDIAN

MOTHER/FEMALE GUARDIAN PLACE OF EMPLOYMENT FATHER/MALE GUARDIAN PLACE OF EMPLOYMENT

() HOME () CELL/OTHER () HOME () CELL/OTHER

PREVIOUS SCHOOL ATTENDED ADDRESS/CITY/STATE ZIP CODE

GPA RACIAL/ETHNIC BACKGROUND HOME LANGUAGE

REFERENCE SHEET: THE PARENT/TEACHER OBSERVATION FORM MUST BE ATTACHED TO YOUR APPLICATION.

PARENT INVOLVEMENT: I UNDERSTAND THAT I AM EXPECTED TO BE AN ACTIVE PARTICIPANT IN THE CLASSROOM AND IN OVERALL GOLIGHTLY ACTIVITIES. THIS INCLUDES A MINIMUM OF EIGHT (8) HOURS OF VOLUNTEER SERVICE. (PARENT INITIALS HERE _____)

I HAVE READ THE ENTIRE APPLICATION FORM AND I UNDERSTAND AND AGREE TO ADHERE TO GOLIGHTLY EDUCATION CENTER'S APPLICATION PROCESS AND POLICY.

PARENT SIGNATURE DATE