GOLIGHTLY EDUCATION CENTER

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

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Application No.

Honors Admissions Application *(Internal)*

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**

_____ _____/_____/_____ **MALE** _____ **FEMALE** _____ _____
AGE **BIRTHDATE** ***(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**

_____ _____ _____
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 MINUMIM OF EIGHT (8) HOURS OF VOLUNTEER SERVICE. (PARENT INITALS 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***