

# (APPLICATION)

**CHARLOTTE PUBLIC SCHOOLS LEARNING CENTER**  
**1699 LANSING RD.**  
**CHARLOTTE, MI 48813**  
**Phone (517) 543-5138 Fax (517) 543-8175**

Name \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_ Female  Male

Soc. Security \_\_\_\_\_ Are immunization Records current? \_\_\_\_\_

Registered To Vote: \_\_\_\_\_ Highest Grade Level Completed \_\_\_\_\_

Are you attending school now? Yes No Year started 9<sup>th</sup> grade \_\_\_\_\_

If yes, counselor's name \_\_\_\_\_

How did you learn about Alternative Education?

\_\_\_\_\_

Are you currently working? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

What type of career are you interested in? \_\_\_\_\_

Specifically, why do you want to enroll in the Alternative Education program?

\_\_\_\_\_

\_\_\_\_\_

How would your past teachers and principals describe you?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you agree with the description? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you disagree with the description? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you could change one thing that would make you a better student, what would it be? \_\_\_\_\_

\_\_\_\_\_

What do others like about you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you see yourself doing after you graduate? \_\_\_\_\_

\_\_\_\_\_

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### **FAMILY INFORMATION**

Do you live: At home with parent(s) \_\_\_\_ legal guardian \_\_\_\_ on your own \_\_\_\_

Who is the closest friend or relative? \_\_\_\_\_ Phone \_\_\_\_\_

In the event of absence or emergency, who should we notify? \_\_\_\_\_

Name: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Address \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent(s): I have discussed this with my son/daughter and would like to talk with someone about this program.

\_\_\_\_\_  
Parent Signature