

**ST. CLAIR SHORES ADULT AND COMMUNITY EDUCATION  
NORTH LAKE HIGH SCHOOL  
23340 Elmira Street, St. Clair Shores, MI 48082  
(586) 285-8780 FAX (586) 285-8783**

**REQUIRED INFORMATION FOR STUDENT APPLICATION**

This information is **REQUIRED** in order for an application to North Lake High School to be processed.

- ✓ North Lake High School Student and Parent Application
- ✓ Transcripts from ALL previous high schools attended
- ✓ Discipline records from ALL high schools attended
- ✓ State of Michigan ACT/MME scores (if available)
- ✓ Birth Certificate of student applying for enrollment
- ✓ Immunizations Records (must be up-to-date)
- ✓ Current Driver's License or State of Michigan Identification and/or Proof of Residency

Upon receipt of the above required documentation, the application will be reviewed but **does not** guarantee acceptance to North Lake High School. After information is reviewed, the student and/or parent will be notified of an enrollment interview or if the application is being declined. If the student is accepted into North Lake High School, please come prepared to the interview with up- to- date parent/guardian contact information and three (3) emergency contacts with phone numbers. Please allow enough time to complete the paperwork in full. Incomplete paperwork could result in a delay in your student's start date.

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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?

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

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

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

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FAMILY:

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

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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 area of eligibility? \_\_\_\_\_

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? \_\_\_\_\_

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Does your son/daughter have a 504 Plan? \_\_\_\_ Yes \_\_\_\_ No

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell / Work Phone number

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**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



**North Lake High School  
23340 Elmira  
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(586) 285-8780 (office)  
(586) 285-8783 (fax)**

**Affirmation of Prior Discipline Record**

Directions: Please complete the applicable paragraph, provide all appropriate information, and sign this document. A willful false statement on this affirmation will result in a report to the appropriate authorities and possible removal from the North Lake High School.

Paragraph 1: The undersigned affirms that \_\_\_\_\_ has not been suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol, or drugs, or the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school-sponsored activity.

Paragraph 2: The undersigned affirms that \_\_\_\_\_ has been suspended or expelled from a public or private school in Michigan or any other state for an offense involving weapons, alcohol, or drugs, or the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school-sponsored activity.

If you completed Paragraph 2 above, please explain the circumstances in detail. Include the school name, dates of suspension or expulsion, and a description of the incident giving rise to the suspension or expulsion.

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I request that this information be disclosed to North Lake High School.

\_\_\_\_\_  
Date Signature of Student Birthdate Grade

\_\_\_\_\_  
Date Signature of Parent

\_\_\_\_\_  
Name of Former School District Street Address

\_\_\_\_\_  
City State Zip Telephone No. Fax No.

Please circle the correct number below:

1. According to our records, we can verify that the information provided above by the parent/student is correct.
2. According to our records, the information provided above by the parent /student is not correct.

If a student has been involved in offenses involving weapons, alcohol, or drugs, or willful infliction of injury to persons or an act of violence against persons and/or property committed on school premises, at a school-sponsored activity, or on a public or private conveyance providing transportation to or from school or a school-sponsored activity, please forward appropriate documentation.

\_\_\_\_\_  
Date Signature of Sending District Administrator and Title Telephone No.

This is an equal opportunity employer/program. We do not discriminate against or exclude participation by any person in programs, activities or employment on the basis of race, sex, color, national origin, creed, religion, political affiliation or disability. Auxiliary aids and services are available upon request. Michigan Relay Center 1-800-649-3777, TDD 1-586-285-8761