



## Special High School Admission Application

Special High School Admission is for public or private high school students who have completed, at least 9th grade or for home-schooled students who have completed the equivalent of 9th grade (age 15–16). Students must submit a new application for each semester they wish to attend.

**ONLY VALID FOR THE SEMESTER CHECKED BELOW**

2 | 0 | 1 | (year)

 Summer Session (July–August) Winter Semester (January–April) Fall Semester (August–December) Spring Session (May–June)**Complete these steps:**

1. Complete Sections I, II & V.
2. Meet with your high school counselor or home school official to review, approve and sign Section III. Attach your most current academic transcript and if available, ACT scores.
3. Meet with a Schoolcraft College academic counselor to review and sign Section IV.
4. Return this application and your transcript to the Admissions and Enrollment Center, McDowell Center Room 240.
5. Register for approved courses. See current class schedule for dates.

**SECTION I—MUST BE COMPLETED BY THE STUDENT****1. NAME** (Please use your name as it appears on your Social Security Card. If you do not have a Social Security Card, use your legal name.)

Last (Family Name)	First	Middle

Former Name	Former Name

**2. ADDRESS**

Number and Street	PO Box or Apartment Number
City	State Zip Code

**3. TELEPHONE**

Home	Cell

**4. E-MAIL**

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**5. EDUCATIONAL BACKGROUND**

High School	State	If non-US, country	Graduation Date

Your Social Security Number and date of birth are used for identification purposes. The information in items 7, 8, 9 and 10 is used to fulfill federal and state reporting requirements and is not used to determine admission to Schoolcraft College.

**6. STATE STUDENT ID (UIC#)**

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**7. SOCIAL SECURITY NUMBER**

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**8. DATE OF BIRTH**

M M	D D	Y Y	

**9. GENDER**  Female  Male**10. ETHNICITY** Are you Hispanic?  Yes  No**11. RACE**

Please select one or more:  White  Black or African American  Asian  
 American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander

**12. CITIZENSHIP**

- USA
- Non-US Indicate your status below and provide requested information. You will need to submit documentation for admission. Contact the Admissions and Enrollment Center at 734-462-4426 for details.
- Permanent Resident—Resident Alien Number
- Refugee
- International Student—Visa Type
- Home Country

**SECTION II—MUST BE COMPLETED & SIGNED BY BOTH THE STUDENT AND THE PARENT**

As a special high school student at Schoolcraft College, I certify that all the answers on this application are complete and accurate to the best of my knowledge. I understand that falsifying any part of this application may result in cancellation of admission and/or registration. I agree to become knowledgeable about Schoolcraft College's rules and regulations and abide by them. I understand that if I register for any courses other than those approved on this application, I will be dropped from those courses without further notice. I understand that I am responsible for all tuition and charges related to attending Schoolcraft College. Upon successful completion of my course(s), I authorize my transcript to be sent to my high school and I hope to receive:

\_\_\_\_\_ College Credit Only                      \_\_\_\_\_ Both High School and College Credit

Note: Granting of credit toward high school requirements rests entirely with your high school. Address questions to your high school counselor, home school official, or principal.

Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

**SECTION III—MUST BE COMPLETED & SIGNED BY THE HIGH SCHOOL COUNSELOR OR PRINCIPAL, OR THE HOME SCHOOL OFFICIAL**

I certify that \_\_\_\_\_:

- is currently enrolled  in a home school program OR  
 at \_\_\_\_\_ High School AND
- has completed the ninth grade AND
- has the social skills necessary to successfully integrate into a college environment AND
- has the academic skills necessary to benefit from a college experience.
- I recommend this student for special high school enrollment status in accordance with the admission policy for persons under 18 years of age AND
- I have attached the most current high school transcript and if available, ACT test.

Course (Valid for the semester checked on this application)	(Check the appropriate box)		
	High School Credit	College Credit	Both
High School Counselor or Principal or Home School Official Signature: _____		Date: _____	

**SECTION IV—MUST BE COMPLETED & SIGNED BY A SCHOOLCRAFT COLLEGE ACADEMIC COUNSELOR  
Call 734-462-4429 for an appointment.**

Based upon a review of academic and assessment records, and interview, this student is **approved** to take the course(s) listed above as a special high school student at Schoolcraft College.

\_\_\_\_\_  
Schoolcraft College Academic Counselor

\_\_\_\_\_  
Date

Based upon review of academic and assessment records, and interview, this student is **not approved** as a special high school student at Schoolcraft College.

\_\_\_\_\_  
Schoolcraft College Academic Counselor

\_\_\_\_\_  
Date

**Admissions and Enrollment Center  
Schoolcraft College  
18600 Haggerty Road  
Livonia, MI 48152-2696  
Phone: 734-462-4426 Fax: 734-462-4553  
Web Address: www.schoolcraft.edu**

It is the policy of Schoolcraft College that no person shall, on the basis of race, color, national origin, gender, age, marital status, creed or handicap, be excluded from participating in, be denied benefits of, or be subjected to discrimination during any program or activity or in employment.

**SECTION V—MUST BE COMPLETED & SIGNED BY A PARENT OR LEGAL GUARDIAN**

**Emergency Information**



**Schoolcraft College**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of birth \_\_\_\_\_

Father or Legal Guardian \_\_\_\_\_ Relationship \_\_\_\_\_ Phone number while student is in class \_\_\_\_\_

Address if different from student \_\_\_\_\_

Mother or Legal Guardian \_\_\_\_\_ Relationship \_\_\_\_\_ Phone number while student is in class \_\_\_\_\_

Address if different from student \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Hospital Affiliation \_\_\_\_\_ Address \_\_\_\_\_

Medical Information: None \_\_\_\_\_ Convulsive Disorders \_\_\_\_\_ Diabetes \_\_\_\_\_ Allergies (i.e. stings, diet) \_\_\_\_\_ Other \_\_\_\_\_

Please describe symptoms and precautions \_\_\_\_\_

Any other medical information we should know: \_\_\_\_\_

While we strive to provide a safe environment, we cannot control what your child will come in contact with because of our open environment.

I agree to indemnify and hold harmless Schoolcraft College, its officers, agents, and employees for any loss or injury that my child \_\_\_\_\_ may sustain while attending Schoolcraft College. In case of an emergency, I ask Schoolcraft College to contact an adult listed above. If the college is unable to reach one of us, I authorize the college to secure emergency medical treatment for my child.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_