



The SMART Center is an Affiliate Program of Steppingstone School
APPLICATION FOR SMART CENTER PROGRAM (PLEASE PRINT)

Steppingstone does not discriminate based on race, color, creed, gender, religion, or national or ethnic origin in the administration of any school policy or program.

Date of Application _____ Date of Class Requested _____

Student's Full Legal Name _____

Address _____
Last First Middle
Number Street City State Zip

Date of Birth _____ Age _____

Home Phone _____

Cell Phone _____ E-mail _____

Father's Name _____

Address (If different from student's) _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Mother's Legal Name _____

Address (If different from student's) _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

EDUCATION

	Middle School		High School				College/University			
School Name										
Years Completed: (Circle)	7	8	9	10	11	12	1	2	3	4

Explain why it is important to you to be admitted to this program; use additional pages as necessary.

Please provide us with letter from three references who are not family members. We will contact your references if we have additional questions. One of your references must be a science teacher.

	<u>Name</u>	<u>Phone</u>	<u>E-mail</u>	<u>Relationship</u>
1)				
2)				
3)				

PARENT PERMISSION IS REQUIRED FOR STUDENTS WHO ARE UNDER 18 YEARS OF AGE

PARENT AUTHORIZATION – required if student is under 18 years of age (signature on this application constitutes permission to contact the above-listed references)

PARENT SIGNATURE

DATE

STUDENT SIGNATURE – required (signature on this application constitutes permission to contact the above-listed references)

I, _____, state that the answer to the essay question on this application
(print name)
is my own original work.

STUDENT SIGNATURE

DATE

Return completed application to:



SMART Center, c/o Steppingstone School, 28555 Middlebelt Road, Farmington Hills, MI 48334
PHONE: 248-539-1666 FAX: 248-539-1929 WEB: www.steppingstoneschool.org