

Genesis...a different gateway to the world

Application Form

*Please complete this form and return it to Ms Jackson in room 280 before **May 9, 2016**.

Please be as honest as you can in your answers.

Date: _____

Name of applicant: _____

Present grade level: _____ Homeroom Teacher: _____

Home phone number: _____

Cell number: _____

Parent email: _____

Student email: _____

1-Why are you applying to the Genesis Program?

2- What are your learning needs? Describe what you think is the best classroom learning environment for you to succeed in.

3-On a scale of 1 to 10 how important is it for YOU to graduate?

1 2 3 4 5 6 7 8 9 10

4-What skills, personality traits or aptitudes would you bring to the program?

5-In which area are you experiencing the most difficulty (Math, English, etc.)?

Student Signature: _____

Parent/Guardian Signature: _____