



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 _____

School Name _____ Grade Level _____

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 _____

Please provide three references whom we could contact if we have additional questions. One of your references must be a science teacher. Please do not use family members.

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

In your own words, please tell why you would like to attend classes at the SMART Center

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 affirm that all work on this application is my own.

STUDENT SIGNATURE

DATE

Return completed application to:



**SMART Center, c/o Steppingstone School, 30250 Grand River, Farmington Hills, MI 48336
PHONE: 248-957-8200 FAX: 248-957-8203 WEB: www.steppingstoneschool.org**