

Application for Admission
S.C.O.R.E. Program



4500 West Lee Boulevard Lawton, OK 73505
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Justin McNeil, Director

Please PRINT clearly and fill out all information completely.

Date of Application: _____ Home School _____ Present Grade _____

Name: _____ Date of Birth: _____
Last First MI

SSN: _____/_____/_____ Race _____ Are you (student) a single parent: Yes No

Address: _____ City: _____ State: _____ ZIP Code: _____

*Home Telephone Number: _____

Name of Parent/Legal Guardian: _____

Parent/Guardian's Place of Employment: _____ *Work Phone Number: _____

Emergency Contact (Name and Relationship): _____

*Emergency Phone Number: _____

*Please make sure all phone numbers listed are current and if numbers change see one of the secretaries in the in main office.

PERSONAL BACKGROUND INFORMATION

EDUCATION: Please Circle Highest Grade completed: 7 8 9 10 11 12

Why are you interested in attending Great Plains Technology Center and SCORE?

Are you aware that no transportation is provided by Great Plains Technology Center for the SCORE program?

YES NO How will you get to school? _____
(In some cases SCORE high school students may ride public school buses.)

Which of the following (if any) contributed to your leaving school?

- | | | |
|------------------------|-----------------------------|---------------------------|
| _____ Lack of interest | _____ Behavioral difficulty | _____ Academic difficulty |
| _____ Non-attendance | _____ Marriage | _____ Pregnancy |
| _____ Employment | _____ Physical illness * | _____ Needed at home* |
| _____ Other reason* | | |

*Please Explain:

What was your approximate grade average in school? A B C D F

If you dropped out of high school:

When did you drop out? _____ Why did you drop out? (Please explain.)

Can you think of anything that could have been done that would have encouraged you to stay in school? If yes, what? (Please explain.)

CONFIDENTIAL INFORMATION

Are you currently expelled or suspended from any school for violation of school codes regarding fighting, weapons, drugs, or anything else?

YES NO If yes, please explain:

If yes, what is the date and length of time of your suspension or expulsion and what is the name of the school? _____

Have you ever been a resident of a detention center, children's shelter, boy's home, jail, etc? YES NO

If yes, explain the circumstances:

Are you currently under the supervision of a probation or parole officer? YES NO

If yes, what is the name of the agency and person you report to? _____

What is their phone number? _____

(Signature of Student)

(Date)