



Gordon Tech High School

3633 North California Avenue * Chicago, Illinois, 60618 * 773.539.3600 * www.gordontech.org

2011-2012 APPLICATION

This application form is to be completed by both the parent/guardian and prospective student.
Please type or print legibly all information.

STUDENT INFORMATION

Application for:

- Sophomore Year
 Junior Year
 Senior Year

Student's Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (Apartment Number)

City: _____ State: _____ Zip Code: _____

Student's Cell Phone: (____) _____ E-Mail: _____

Student's Social Security #: _____ - _____ - _____ Student's Date of Birth: _____ / _____ / _____
Mo Day Year

Birth Place: _____
City State Country

Ethnicity:

- Middle Eastern
- Asian/Filipino
- African American
- Hispanic
- Caucasian (non-Hispanic)
- Multiracial
- Other: _____

Religion:

- Catholic
- Christian
- Jewish
- Muslim
- Evangelical
- Protestant
- Episcopal
- Unknown
- Other: _____

Name of your Parish/Church

Language spoken at home

How will the applicant get to school?

- CTA
- CAR
- WALK
- Other _____

How did you hear about Gordon Tech High School?

- Church
- School Visit
- Current GT student.
(Student's Name: _____)

Do you live more than 1.5 mile away from
Gordon Tech High School? Yes No

Other _____

PRIOR SCHOOL INFORMATION

Name of the **public** grammar school in your neighborhood (even if never attended):

Name of the grammar school your son/daughter **graduated** from: _____

- Chicago. Public School Catholic Private Religious Out of State

Brother and Sisters:

Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____

How many people live at home? Male: _____ Female: _____

LEGAL CUSTODIAL RESPONSIBILITY

Name: _____
(Father, Step-Father, Legal Guardian, etc.)

Name: _____
(Mother, Step-Mother, Legal Guardian, etc.)

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Phone: (_____) _____

Phone: (_____) _____

Cell: (_____) _____

Cell: (_____) _____

E-Mail Address: _____

E-Mail Address: _____

Employer: _____

Employer: _____

Position: _____

Position: _____

Address: _____

Address: _____

Work Phone: (_____) _____

Work Phone: (_____) _____

Religion: _____

Religion: _____

Highest Level of Education: _____

Highest Level of Education: _____

Where can he be reached during the day?

Where can she be reached during the day?

- Work Phone Home Phone Cell Phone

- Work Phone Home Phone Cell Phone

Language(s) preferred if called: _____

Language(s) preferred if called: _____

LEGAL CUSTODIAL RESPONSIBILITY

Are there any legal restrictions or custody concerns regarding parental visitation of applicant?

Yes No If yes, please attach an official copy of the document.

If a copy of report cards should be sent or calls can be made to the **non-custodial parent**, please complete the following:

Name: _____ Relationship: _____

Address: _____

City, State, Zip Code: _____

Phone: (_____) _____ Cell Phone: (_____) _____

FINANCIAL RESPONSIBILITY

Who is responsible for all financial obligations in regard to this student?

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to student: _____ Phone: (_____) _____

Occupation: _____ Employer: _____

Employer's Address: _____

Employer's Phone: (_____) _____ Cell Phone: (_____) _____

SPECIAL HEALTH RELATED CONCERNS

Current Medications (specify): _____

Allergies (specify): _____

Check all that apply:

- Glasses Contacts Lisp Stutter Asthma
- Epilepsy Diabetes Cancer Heart Problems Hypertension

Has the Applicant ever had a psycho-educational evaluation? Yes No

Has the Applicant been tested for a Learning Disability? Yes No

Has the Applicant been tested for Attention Deficit Disorder? Yes No

Does the applicant currently have an IEP? Yes No

Has the Applicant participated in a bilingual educational program? Yes No

If yes to any of the questions above, when was the applicant tested? **Evaluation (IEP) must be sent to Gordon Tech.**

Dates: _____

Please add any other medical concerns (specify) or any serious problems that your son/daughter may have that our teachers must be aware of (psychological issues, family concerns, learning disabilities, restrictive participation in physical education, etc.)

EMERGENCY INFORMATION

In case of accident or serious illness, I request the school to contact me. **If the school is unable to reach me**, I hereby authorize the school to call the emergency contacts indicated below and to follow his/her instructions. If it is impossible to contact me or these contacts, the school may make whatever arrangements as may be needed.

1) Emergency Contact Person: _____

Relationship: _____ Phone: (_____) _____

2) Emergency Contact Person: _____

Relationship: _____ Phone: (_____) _____

DOCTOR INFORMATION

Name: _____ Hospital: _____

Phone: (_____) _____ Pager: (_____) _____

As a condition of enrollment, the parent and/or guardian signatory below and the student applicant mutually agree that the student shall be subject to the rules, regulations, discipline determinations, procedures and policies which are and may be established by Gordon Tech High School. The parent and/or guardian signatory below agree to be individually responsible for the tuition and fees established by the school for each school year the student is in attendance. It should be clearly understood that failure to pay tuition and fees due to the school will result in the following:

1. The student will not be allowed to continue attending Gordon Tech High School.
2. The student's grades and transcripts will not be transferred to any other school.

SIGNATURES

I understand and agree that all of the above information is true and correct and will be kept in confidence and will be shared in confidence with the faculty and staff of Gordon Tech High School in order to assist my son/daughter.

Signature: _____ Relationship: _____
(Parent or Legal Guardian)

Applicant's Signature: _____ Date: _____

**Please contact the school's Records Office if any information on this form changes.
It is the parent's/guardian's responsibility to keep the medical information on file at Gordon Tech up-to-date.**