

# Global Institute of Lansing

globalinstitutelansing@gmail.com

517.488.5342

globalinstitutelansing.org

## Enrollment Application

Date: \_\_\_\_\_

**Student Name:** (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Country of Origin: \_\_\_\_\_ Total years in the USA: \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Mentor/Foster Parent: \_\_\_\_\_

May we contact mentor/foster parent? \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **SCHOOL HISTORY** *(Student should submit an official copy of most recent academic transcript)*

Are you now or have you ever attended Lansing Community College? \_\_\_\_\_

Number of credits earned at LCC? \_\_\_\_\_

High School last attended: \_\_\_\_\_ City/State/Country: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Circle current grade: 9 10 11 12 Did you receive a diploma? \_\_\_\_\_

Total high school credits earned: \_\_\_\_\_ Estimated GPA (out of 4.0): \_\_\_\_\_

Please list other schools you may have attended (in or outside the United States):

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Disciplinary Record (secondary school history): \_\_\_\_\_

\_\_\_\_\_

Have you ever been expelled and/or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", please describe the offense(s) and circumstances of the expulsion(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **History of Special Education Services:**

*If applicant has received special education services any time in the past five years, a copy of the most recent Individual Education Plan (IEP) should be submitted with this application. Applications submitted without the required IEP information may be removed from consideration for enrollment.*

Are you currently receiving special education services? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever received special education services? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", please indicate when, and the nature of the special education services provided:

\_\_\_\_\_

\_\_\_\_\_

Is the applicant currently taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", please describe medication and the reasons for its use:

\_\_\_\_\_

\_\_\_\_\_

## **Employment Information**

Employer: \_\_\_\_\_

Total hours per week: \_\_\_\_\_ Schedule: \_\_\_\_\_

