



Carrollton City Schools
PERFORMANCE LEARNING CENTER (PLC)

Application for Admission

(PLEASE PRINT OR TYPE)

Date: _____

Applicant's (Legal) Name _____
Last First (Indicate preferred name in CAPS) Middle

Street Address _____

City _____ State _____ Zip _____

Is this your mailing address? [] Yes [] No If no, please specify: _____

Home Phone () Student I.D. Number Referred By:
Area Code

STUDENT BIOGRAPHICAL INFORMATION

Date of Birth _____ Age _____ Gender [] Female [] Male

Place of Birth _____
City State Country

Ethnicity [] Asian or Pacific Islander [] American Indian/Alaskan Native [] Black (non-Hispanic)
[] Hispanic (including Puerto Rico) [] White, Anglo, Caucasian [] Other
(specify)

Student resides with: [] Both Parents [] Guardian Specify Relationship
[] Father [] Group Home Please Specify
[] Mother
Name of Home () Contact Name
Contact Phone Area Code

Have you ever attended the Performance Learning Center? [] Yes [] No If yes, grades and years attended _____

Have you ever applied for admission to the Performance Learning Center? [] Yes [] No If yes, year _____

Current School: _____

Last Grade Completed: _____



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PARENT/GUARDIAN INFORMATION

Mr. & Mrs. Mr. Ms. Other _____

Parent/Guardian 1: _____

Employer : _____ Work Phone: () _____

Email Address: _____
Area Code

Parent/Guardian 2: _____

Employer : _____ Work Phone: () _____

Email Address: _____

Emergency Contact _____ Relationship to student: _____ Emergency phone: () _____

ADDITIONAL BIOGRAPHICAL INFORMATION

Directions to Home from School

Number of adults in household: _____ Number of children in household: _____

Is the student a parent? Yes No Age of child _____

Does the child live with the student Yes No

Does the student work? Yes No

Hours worked weekly _____
Address: _____
Phone: _____



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To the best of my knowledge, the information in this application is true and accurate. _____ -
Communities In Schools Performance Learning Center may verify any part of this application material. The applicant
desires to be a student at Communities In Schools Performance Learning Center.

X Student Signature		Date
X Parent /Guardian Signature		Date



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Applicant's Curricular and Extracurricular Interests

What subject(s) do you consider your strengths?

In what subject(s) have you had the most difficulty?

What colleges are you interested in attending?

What profession(s) or vocation(s) are you considering?

What previous honors or academic awards have you received?

List the organizations and offices in which you have been involved.

Check the activities that you have participated in:

- | | | |
|--|---|--|
| <input type="checkbox"/> Chorus | <input type="checkbox"/> Student Government | <input type="checkbox"/> Honor Societies |
| <input type="checkbox"/> Band | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Creative Arts |
| <input type="checkbox"/> Service Organizations | <input type="checkbox"/> Yearbook | <input type="checkbox"/> Technology Club |
| <input type="checkbox"/> Sports - Specify: | | |

Describe the degree of experience in the above checked items (list musical instruments):

What are your other interests:

Are you interested in chairing a committee for any of the activities listed above? Yes No

If yes, please list the activities. _____

If you are accepted into the PLC, you will be required to participate in community services activities. Would you be willing to participate? Yes No