
Last Name

First Name

Application for Enrollment
Integrated Math/Science/Technology Magnet Program
George Washington Carver High School

Name _____ Social Security Number _____

Street Address _____ City, State, Zip Code _____

Telephone Number (____) _____ E-Mail _____ Ethnic Origin (Race) _____

Birth Date _____ Age _____ Career Interest(s) _____

Father/Guardian's Name _____ Occupation _____

Father's Home Address _____ E-Mail _____

Home Telephone _____ Place of Employment/Telephone _____

Father's Cell Telephone _____

Mother/Guardian Name _____ Occupation _____

Mother's Home Address _____ E-Mail _____

Mother's Cell Telephone _____

Home Telephone _____ Place of Employment/Telephone _____

Grade You Are Currently In _____ Expected Date of Graduation _____

School You Currently Attend _____

Math Courses You Are Currently Taking _____

Science Courses You Are Currently Taking _____

Will you require bus transportation? _____ Are you in the gifted program? _____

List Your School Activities _____

List Your Community Activities _____

**In 2-3 paragraphs, describe your interest in our magnet program.
Explain how you would show your commitment to our program. Use a separate
sheet of paper.**

PARENT APPROVAL OF APPLICATION

I give my enthusiastic endorsement for my child's application for acceptance into the
G. W. Carver High School Integrated Math/Science/Technology Magnet Program.

Parent/Guardian's Signature