



GARY COMER COLLEGE PREP MIDDLE SCHOOL

APPLICATION FOR ADMISSION 2018-2019 School Year

INSTRUCTIONS FOR COMPLETING THE APPLICATION

- 1) Print or type all responses in the application except signatures. Only complete applications will be accepted.
- 2) Return the completed application in one of the following ways:
 - * Drop it off directly to the school's main office
 - * Mail it to:

Gary Comer Middle School
Attn: Brad Johnson
1010 E 72nd Street
Door #4 on Dobson Street
Chicago, IL 60619
 - * Scan and email it to Brad Johnson at bjohnson@noblenetwork.org
 - * Fax it to (773) 439-2169
- 3) If you want to be sure the application was received, call Brad Johnson at (773) 535-0755.
- 4) You must contact the main office in the event of a change of address or phone number. Failure to do so will jeopardize your child's opportunity for enrollment.
- 5) This application must be completed and submitted to the Gary Comer College Prep Middle School main office by 4:30pm on Thursday, March 22nd, 2018.
- 6) Applicant must reside with his/her legal guardian in the city of Chicago; proof of address will be requested upon registration.

Application must be completed by the parent/guardian.

(Please fill in all blanks; if not applicable, write N/A.)

Student's Name: _____, _____, _____
LAST FIRST MIDDLE INITIAL

Mailing Address: _____
STREET ADDRESS CITY STATE ZIP CODE

Birthdate: ____/____/____ (example: 01/01/1995) Gender (check one): Male Female
MONTH DAY YEAR

Current Elementary School: _____ 8-digit CPS ID Number: _____
 (If applicant is a CPS student, ID number must be filled in.)

Check Grade Applying to: 6th 7th 8th

Turn over to complete application.



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1st Parent/Guardian Name: _____

Last

First

Cell Phone: _____ Home Phone: _____ Work Phone: _____

E-mail Address: _____ Relationship To Student: _____

2nd Parent/Guardian Name: _____

Last

First

Cell Phone: _____ Home Phone: _____ Work Phone: _____

E-mail Address: _____ Relationship To Student: _____

Emergency Contact(s):	First & Last Name	Phone Number	Relationship To Student
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

If the student has any siblings currently enrolled at Gary Comer College Prep Middle School or Gary Comer College Prep High School, please list their names, grade levels, and current schools:

Sibling's First & Last Name

Sibling's Grade Level

Sibling's Current School

Please make sure at least one parent/guardian signs below:

I (we) agree to support the vision of Gary Comer College Prep Middle School which is to "Develop Well-Rounded and Successful College Graduates With Exceptional Strength of Character." Additionally, I (we) agree to support the discipline code, the dress code, the promotion standards, and the college preparatory coursework of Gary Comer College Prep Middle School.

Signature of 1st Parent/Guardian: _____ Date: _____

Signature of 2nd Parent/Guardian: _____ Date: _____



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