

**East Carteret Twilight School Success Academy
Admissions Application**

Parent/ Guardian Information
(Please Print)

Mr. / Mrs. Ms. Mrs. Other: _____

Parent/Guardian Name: _____

Address: _____

_____ Home Telephone: _____

Employer: _____ Work Telephone: _____

Email Address: _____

Other Parent/Guardian Name: _____

Address: _____

_____ Home Telephone: _____

Employer: _____ Work Telephone: _____

Email Address: _____

EMERGENCY CONTACT: _____ Relationship: _____

Emergency Telephone: _____

Has your child ever received services for: IEP? ESL? 504? Has not received services.

Does your child presently receive services for: IEP? ESL? 504? Does not receive services.

Number of Adults in Household: _____ Number of Children in Household: _____

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Student Information
(Please Print)

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

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from Street Address): _____

City: _____ State: _____ Zip Code: _____

Student ID: _____ Telephone: _____

Date of Birth: ____/____/____ Age: _____ Grade: _____

Male Female Homeroom Teacher: _____

Current Schedule: _____

Were you born in Carteret County? Yes No If no, where? _____

Ethnicity:

- | | |
|--|---|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> American Indian or Inuit |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> White (non-Hispanic) |
| <input type="checkbox"/> Black (non-Hispanic) | <input type="checkbox"/> Other: _____ |

I live with: Parent Guardian Relative Yourself Group Home

Name(s) of Parent/Guardian: _____

Parent/Guardian Contact Number: _____

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Student Personal Information
(Please Print)

Name _____

Age _____ Grade _____ GPA (best guess) _____

Classes Failed/Loss of Credit _____

Reasons for Failure/Loss of Credit _____

What subject is hardest for you? Why? _____

What subject is easiest for you? Why? _____

What helps you do well in class? _____

What do you plan to do after high school? _____

What do you need to do to reach this goal? _____

Is a high school diploma important to you? Why? _____

Why do you want to be in Twilight School? _____

Do you have any conflicts being in Twilight School from 3:00pm –
7:00pm? (Ex. Work, sports, job, transportation) _____

What are the conflicts? Please specify the times. _____

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Admission Statement

The information I have provided is correct and accurate, to the best of my knowledge. East Carteret Twilight School may verify any part of the application material. The applicant wishes to be a student at Twilight Success Academy (TSA), and agrees to follow all policies and procedures of Carteret County School, East Carteret High School, and East Carteret Twilight Success Academy. The parent/guardian agrees, understands and is aware of all policies and procedures of Carteret County Schools, East Carteret High School, and East Carteret Twilight Success Academy.

Student Signature: _____ Date: _____

Student Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Print): _____