



ADMINISTRATION & SERVICES CENTER
250 Second Street, Lapeer MI 48446
phone (810) 667-2401 fax (810) 667-2411
www.lapeerschools.org

Lapeer Early College – Class of 2027
2023-2024 SY Application

APPLICATION PROCESS: Students and parents must fill out all information contained in the following application completely and truthfully. Submission of this application indicates, upon acceptance into the program, commitment to the program for three (3) years. Students who successfully complete the program will have the opportunity to earn an associate’s degree or up to 60 college credits in addition to the Lapeer Community Schools diploma.

Students must complete and submit the full application including required essay questions, signature pages, and two (2) recommendation forms to the counseling office by the above deadline for full consideration. A follow up interview will be conducted as a final step for all applicants prior to admission.

STUDENT INFORMATION

Student Name: _____ Male Female Birth Date: _____
Address: _____ City/State/ZIP: _____
Student Email: _____ Student Phone: _____
Current School: _____ Current Grade Level: _____

PARENT INFORMATION ----- Lives with Parent 1 Parent 2 Both Other

Parent 1 --- Mother Father Guardian

Name: _____ Email: _____
Address: _____ City/State/ZIP: _____
Phone 1: _____ Phone 2: _____ Phone 3: _____
 Home Cell Work Home Cell Work Home Cell Work

Parent 2 --- Mother Father Guardian

Name: _____ Email: _____
Address: _____ City/State/ZIP: _____
Phone 1: _____ Phone 2: _____ Phone 3: _____
 Home Cell Work Home Cell Work Home Cell Work

Required Documentation

In order to properly evaluate the application of your student, the school will require access to student records. For currently enrolled Lapeer students, those records are already on site and do not need to be provided by the parent(s). For students seeking to enroll as a School of Choice student, the following documents need to be obtained from the child's previous school and be provided as part of this application:

- Discipline and Attendance records for previous two years
- Any ACT/SAT/Plan/PSAT Scores from previous testing
- Up to date high school transcript

Parent Signature and Agreement

I understand that admission to the Lapeer Early College requires a three year commitment, commencing in my child's junior year of high school. I further understand that attendance and full participation in all program activities is vital to my child's success.

I affirm that, as the parent/legal guardian, all information provided in this document is true and accurate to the best of my knowledge. I authorize the Lapeer Early College to have full access to my child's educational records for purposes of evaluating this application.

Parent / Guardian Signature: _____ Date: _____

Student Signature and Agreement

I understand that admission to the Lapeer Early College requires a three year commitment, commencing in my junior year of high school. I further understand that I retain the ability to participate fully in Lapeer Community Schools activities and athletics through the end of my 4th (Senior) year as any traditional student would.

I recognize that Lapeer Early College offers a rigorous academic curriculum and that participation will require me to demonstrate a high level of commitment, maturity, and responsibility.

I affirm that all information provided by me in this application is true and accurate to the best of my knowledge and that all essay and short answer responses are my own original work.

Student Signature: _____ Date: _____

**Lapeer Early College
 Recommendation Form 1**

(To be completed by a current teacher, counselor, or administrator)

To be completed by Student

Student Name: _____ Grade: _____

Phone: _____

To be completed by Respondent (Return to LHS Counseling Office)

Name: _____ Title: _____

School: _____ Subject(s) Taught: _____

Signature: _____ Date: _____

Please rate the student in the following areas by checking the appropriate box:

	No Basis for Evaluation	Below Average	Average	Above Average	Exceptional
Academic Ability					
Work Ethic / Commitment					
Organizational Ability					
Relationships with Peers					

Additional Comments:

Based on the information above, this student receives my: (check one)

<input type="checkbox"/>	Highest Recommendation	I have no reservations regarding the student
<input type="checkbox"/>	Recommendation	I am fairly confident that this student will be successful
<input type="checkbox"/>	Recommendation with Reservations	I have concerns that this student lacks some of the academic skills, behavior, attitude, or other qualities necessary for success
<input type="checkbox"/>	Do Not Recommend	I cannot recommend at this time

**Lapeer Early College
 Recommendation Form 2**

(To be completed by a current teacher, counselor, or administrator)

To be completed by Student

Student Name: _____ Grade: _____

Phone: _____

To be completed by Respondent (Return to LHS Counseling Office)

Name: _____ Title: _____

School: _____ Subject(s) Taught: _____

Signature: _____ Date: _____

Please rate the student in the following areas by checking the appropriate box:

	No Basis for Evaluation	Below Average	Average	Above Average	Exceptional
Academic Ability					
Work Ethic / Commitment					
Organizational Ability					
Relationships with Peers					

Additional Comments:

Based on the information above, this student receives my: (check one)

<input type="checkbox"/>	Highest Recommendation	I have no reservations regarding the student
<input type="checkbox"/>	Recommendation	I am fairly confident that this student will be successful
<input type="checkbox"/>	Recommendation with Reservations	I have concerns that this student lacks some of the academic skills, behavior, attitude, or other qualities necessary for success
<input type="checkbox"/>	Do Not Recommend	I cannot recommend at this time