



**GARRETT MORGAN
CLEVELAND SCHOOL OF SCIENCE
ACADEMY**
4016 Woodbine Avenue
Cleveland, Ohio 44113
(216) 281-6188 Fax: (216) 634-2113

Student Application

Date _____

Last Name _____ First Name _____ M.I. _____
(Please Print)

Social Security Number _____ Birth Date _____ Gender: M F

Address _____

City _____ State _____ Zip Code _____

Phone Number (_____) _____ Student ID Number _____

Current School _____ Current Grade _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Emergency contact Name _____

Relationship _____ Phone Number (_____) _____

Ethnic Group (Check one – Optional)

- American Indian/Alaskan Native White Asian/Pacific Islander
 African American, Non-Hispanic Hispanic Multiracial
 Other (describe)

Applications must include:

1. Latest report card
2. Copy of the current/most recent OGT results

To be completed by Garrett Morgan Cleveland School of Science Academy Staff

Date contacted _____ Interview Date _____

Acceptance: Yes No Entrance Date _____

Interviewer's Name/Signature _____