DAVIS AEROSPACE TECHNICAL HIGH SCHOOL

ABOUT OUR PROGRAM

Davis Aerospace prepares students to enter the world of Aviation. All students have access to a number of Aviation classes and have the opportunity to join our Flight Training program. Students will be prepared to test for their remote pilot's certificate and be able to join a fast-growing career sector in Commercial Drone Piloting. Students will also be able to train in one of our state-of-the art simulators and have the possibility of piloting a real aircraft.

900 Dickerson Avenue

Detroit, MI 48215-2900

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Detroitk12.org/davisaerospace

APPLICATION REQUIREMENTS

Please submit the following with your application.

Transcripts and Report Cards

Please include a copy of your student's transcript or report cards from the <u>two</u> most recent full school years.

References

Two references from school staff are required. The references should include name, title and contact information.

OTHER: Interview Required

All applicants to Davis Aerospace will be contacted for an interview.

Standardized Test SCores

Please check the box next to the standardized test scores that you will be submitting. Test scores should be from no earlier than the 2021-22 school year. Please attach a copy of the student's test scores.

☐ PSAT ☐ SAT ☐ iReady ☐ OTHER

Student Writing Prompt

Please write 2-3 paragraphs to tell us how you currently contribute to your school community, and what would you bring to Davis Aerospace if you are accepted. This can include talking about leadership, extracurricular activities, and any other ways you participate in school.

STUDENT INFORMATION

Student's Full Name:

Grade Entering for the 23-24 School Year:

Student's Date of Birth: (MM/DD/YYYY)

Home Street Address:

Gender:

☐ Male   ☐ Non-Binary

☐ Female   ☐ Prefer not to answer

City:

State:

ZIP Code:

Does the student have any of the following? (Select all that apply)

☐ IEP or Non-Public Service Plan   ☐ 504 Plan   ☐ None

If yes, please include a copy of the plan with the student's application. We collect this information to ensure we provide your student with appropriate services.

Does the student currently receive ESL (English for Speakers of Other Languages) support in school?   ☐ Yes   ☐ No

STUDENT INFORMATION *(Continued)*

Does the student currently have any siblings that attend our school? If yes, please list their names:

1) _____   3) _____

2) _____   4) _____

School Student Currently Attends:

Current School Street Address:

City:	State:	ZIP Code:

PARENT INFORMATION

Parent/Guardian Full Name:

Parent/Guardian Email Address:

Parent/Guardian Phone Number 1:	Parent/Guardian Phone Number 2:

PARENT SIGNATURE

I acknowledge that the information I have provided is accurate. By signing this form, I understand that knowingly providing false information may result in the revocation of an offer of admission.

Parent Name:	Signature:	Date: (MM/DD/YYYY)

For [SCHOOL NAME] office use only.
Do not write in this box!

Date received:	Accepted: ☐ YES ☐ CONDITIONAL ☐ NO
Contacted:	Date:

	☐ ADVANCED	☐ ESE	☐ ESL	☐ SIB	☐ 504
Application Checklist	☐ ACADEMIC RECORDS	☐ ESSAY		☐ SAMPLE WORK	☐ IEP/504

Notes:

REFERENCES

Please provide the name, phone number and email address for three individuals who can serve as references for the student. Please list the relationship for each reference. At least two academic references should be included.

Reference 1

Full Name:

Phone Number: | Email Address:

Relationship:

Reference 2

Full Name:

Phone Number: | Email Address:

Relationship: