



Honickman Learning Center and Comcast Technology Labs
1936 N. Judson St. Philadelphia, PA 19121
PH: 215-235-2900 Fax: 215-235-2875

Interest in Admittance to the ProjectHOME Teen Program

DATE: _____

Basic Information:

Student's Name : _____ Student's Grade _____

Home Address: _____ City: _____

Zip Code: _____ Home Telephone: _____

Cell Phone: _____

School Information:

School currently attending: _____

If applying for the summer program, is the student in jeopardy of attending summer school? YES/NO

Parent Information:

Mother's/Legal Guardian's Name : _____
(Last, First Middle)

Father's/Legal Guardian's Name : _____
(Last, First Middle)

Parent Cell Phone: _____

Parent Work Phone: _____