

Alternative Education

Wahoo Public Schools

-INITIAL INTEREST APPLICATION-

Date _____

Name _____ SS# _____ Sex M / F

Address _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Grade Level 9 10 11 12

Children Y/N _____

Last High School Attended _____ Date Left _____

Reason for Leaving _____

Anticipated Graduation (Month & Year) _____

Do you plan to attend any of the following (Check all that apply):

____ 4 Yr School ____ 2 Yr School ____ Tech/Voc. School ____ Military ____ Work

EMPLOYMENT RECORD

Employer & Address	Supervisor Name & Phone #	Length of Time	Reason for Leaving
1.			
2.			
3.			
4.			

Please list any medications, allergies, or medical conditions that you have in which the instructor/staff should be made aware:

TO BE COMPLETED BY PARENT OR GUARDIAN

Name _____ Relationship to Applicant _____

Address _____

Place of Work _____

Work Address _____

Work Phone _____ Home Phone _____ Cell Phone _____

Address that you want progress reports/school correspondence mailed:

I HAVE READ THE WAHOO ALTERNATIVE SCHOOL PROGRAM GUIDE:

Student Signature

Parent/Guardian Signature