

Instructions

1. The student should complete this application, except where indicated otherwise.
2. You must attach an unofficial copy of your ***most current transcript***.
3. Incomplete applications will not be considered.
4. **DO NOT** withdraw from your current school until you have been interviewed, enrolled, and have received a letter of acceptance. Enrollment is NOT GUARANTEED.

Personal Data

Name: _____ Today's Date: _____

Address: _____ City: _____ Zip _____

Home Phone: _____ Mobile: _____ Other: _____

Date of Birth: _____ Age: _____

Gender: _____ Ethnicity: _____Asian _____Black _____Hispanic _____White _____Other

Parent/Guardian Information

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Work Phone: _____	Work Phone: _____
Mobile: _____	Mobile: _____
Email: _____	Email: _____

Emergency Contact Name: _____ Phone: _____

Education History

What is your current school (or most recent if not currently enrolled)? _____

City _____ State _____ Phone _____

Current grade level: _____ Credits earned: _____ Anticipated Graduation Date: _____

Do you currently have any of the following services?

_____ IEP/ Special Education Services _____ 504 Plan _____ ESL/ELL _____ Court/ Probation/ Truancy

Are you interested in the Teen Parenting Program? _____ Child's date of birth _____

Are you interested in Career Development Classes? _____

Student Questions

Why have you decided to submit an application to OCHS? _____

What are some reasons for your lack of success at your previous school(s)? _____

Why do you think that OCHS will be different from your other school experiences? _____

What will you do differently if you are selected for enrollment at OCHS? _____

What are your personal goals? How are you currently working towards these goals? _____

What are you good at in school? What do you struggle with? _____

Recommendations

*This section is to be filled out by your **School Counselor or Administrator**. If you are not currently enrolled in school, this section should be filled out by your parent/guardian.*

From your perspective, why is this student requesting enrollment at OCHS? _____

Do you believe OCHS will be a good environment for this student? Please explain. _____

Counselor/ Admin. Signature _____ Phone _____

OR if not currently enrolled, Parent/ Guardian Signature _____

Statement of Understanding

At OCHS, we place strong emphasis on ATTENDANCE, BEHAVIOR, and CREDIT. Most of our current students have struggled with one or more of these expectations during their time in school. OCHS offers a second chance to students who need an alternative to the large, traditional high school. If an OCHS student is not attending, not following the rules, or not accumulating credit, he/she will be subject to consequences, placed on contract, and will likely be asked consider other education options. The students who find success at OCHS are the ones who have decided to make a *drastic* change in their lives. If you are not prepared for this, then you should wait to apply until you are ready to do so.

Student Signature _____

Parent/Guardian Signature _____

Next Steps

Turn this completed application into the front office at 1200 S. Sunset, e-mail to Susan Berger berger_susan@svvsd.org or fax to 720-494-3977.

You will be contacted by phone if you are selected for interviewing. Interviews are held near the end of each quarter for enrollment in the next quarter. If you have any questions about enrollment, please see our website ochs.svvsd.org or call 720-494-3961.

Fax 720-494-3977

FOR OFFICE USE ONLY:

Date Received: _____

Transcript: _____

Page 1 and 2 completed: _____

Counselor/guardian section completed: _____

Student signature: _____

Parent signature: _____

If not currently in district, district application completed: _____

If not currently in district and has IEP, IEP turned in: _____

If never been in district, birth certificate turned in: _____

If never been in district, Immunization turned in: _____

YOUR SIGNATURE ON THIS AGREEMENT IS CONSIDERED YOUR WORD OF HONOR

I have read and understand the Olde Columbine High School Agreement.

Student Signature Date

Follow-Up Committee Date

Staff Signature Date

Follow-Up Committee Date

Follow-Up Committee Date

Signatures on this document do not guarantee your date of entrance into Olde Columbine High School. Entrance is based on space available.