

Instructions

DATE RECEIVED _____

1. The student should complete this application, except where indicated otherwise.
2. If the student is coming from out of district, the following needs to be completed and returned with this application: district application, current transcript, copy of birth certificate, copy of immunization records, copy of IEP if applicable.
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: _____ Number of credits earned: _____ Anticipated Graduation Date: _____

Are you currently enrolled in, or receiving 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)? _____

What changes will you make in order to be successful at OCHS? _____

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

What are some challenges you have had in school or life? What strategies do/did you use to overcome them?

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, email 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.

FOR OFFICE USE ONLY:

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: _____