

OFF CAMPUS LEARNING

202 S. Dayton St • Kennewick, WA 99336 • (509) 222-5850

Application for Admission

School Year _____

APPLICANT'S NAME _____

Date of Birth _____ Male or Female (circle) Date of Application _____

Address _____ City _____ Zip _____

Cell Phone _____ Home Phone _____

Email Address _____

Do you have a computer? _____ Do you have Internet access? _____

APPLICANT'S SCHOOL HISTORY

Current Grade Level _____

Current School _____ Years Attended _____

Previous School _____ Years Attended _____

If not a current Kennewick School District student, please attach transcript and request an out-of district transfer from your home district.

Why are you considering Off-Campus Learning? (multiple answers permitted)

- Want to progress through courses at my own pace
- Cannot attend school due to physical condition or illness
- Work schedule conflict
- Dropped out, not currently attending school
- Dissatisfied with local school
- Child care, pregnancy, or other family care
- Other _____

How did you hear about us? _____

Please check any of the following that apply:

- Special Education- IEP or 504
- Free or Reduced Lunch
- Gifted
- Home Schooled

PARENT/GUARDIAN INFORMATION

Name _____

Name _____

Address _____

Address _____

City _____ ST _____ Zip _____

City _____ ST _____ Zip _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Are languages other than English spoken in your home? List languages.

STUDENT APPLICANTS - PLEASE RESPOND TO AND SUBMIT THE FOLLOWING:

- 1) List five adjectives that describe you.

- 2) Share something about yourself by completing the following thoughts: “I am happiest when.....”
“I am most proud of.....” and “My biggest dream is to”

- 3) Explain your main reasons for wanting to become a part of Off-Campus Learning in Kennewick.

PARENTS - PLEASE RESPOND TO AND SUBMIT THE FOLLOWING, or check the box below:

- 4) Please describe any special circumstances that have affected your child’s school experience (for example, illness or physical handicaps, particular learning difficulties, or frequent changes of homes or schools).

- 5) How will you support your child’s learning at home?

Please return this application form with additional information attached as soon as possible to:

Lorna Garcia
Kennewick Off-Campus Learning
202 S. Dayton Street
Kennewick, WA 99336

If you have any questions about this application, please contact Lorna Garcia at lorna.garcia@ksd.org or (509) 222-5850.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____