

Off-Campus Learning

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

Admissions Application

2008 – 2009

To be completed by the applicant's parent or guardian.

APPLICANT'S NAME _____

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

Address _____ City _____ Zip _____

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.

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

- Have homeschooled before, want to continue high school
- Desire to progress through coursework quickly
- Pursuing career in athletics/arts
- Cannot attend school due to physical condition or illness
- Frequent travel or moving
- Catching up, fell behind grade level
- 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 _____

Address _____

City _____ ST _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Occupation _____

Employer _____

Name _____

Address _____

City _____ ST _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Occupation _____

Employer _____

Preferred address and phone number for all communication regarding this application.

Name _____ Phone _____

Address _____ Email _____

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:

I would rather discuss these questions orally in an interview.

- 1) Why are you considering Off-Campus Learning as an appropriate setting for your child? Include details about personality and learning style.
- 2) 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).
- 3) What are the three most significant goals that you have for your child's education next year?
- 4) How will you support your child's learning at home?
- 5) Please include any additional information which you feel will be helpful to us in making admission decisions.

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 _____