TOMAH HIGH SCHOOL ALTERNATIVE PROGRAMS APPLICATION FOR ADMISSION

Return completed application to the Robert Kupper Learning Center at 1310 Townline Road.

				Stu	udent Info	ormatio	on				
Name:								Today's Date	:		
Date of Birth:						Age:		Grade Level:		Sex:	
Address:								Student Cell Phone:			
Parent(s)/0		n Name(s):			-					
Parent/Gu Home Pho						Cell	t/Guardia Phone:				
Parent/Gu Work Pho							t/Guardia il Addres				
Medicatio	n/Healtł	n Issues:									
Primary Physician/Clinic:											
Last Schoo	Last School Attended:										
Please read the program description sheet carefully and mark the program you are applying for. Crossroads Milwaukee Street Academy/EXCEL											
I would like to be considered for an alternative high school program because (check all that apply):											
AttendanceDislike of SchoolProblems at HomeOther:				Learning Difficulties Credit Deficient Tardiness			Problems with TeachersDrug/Alcohol ProblemsProblems with Friends				
My current outside agency involvement includes: Court System Monroe County Shelter Care/Group Home Human Services Other:											

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My Living Situation (check appropriate one):

Live with both parents/guardians	Live with one parent/guardian
Foster home	Group home
Live independently	Other:

My work and volunteer (at a work site) experience:

Currently employed or volunteering	Never been employed or volunteered
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Unemployed

Employment Information						
Employer:		Supervisor:			Ph	one:
Position:			How	long have you been employed	d?	

Parent S	ignature
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Date

Student Signature

Date