STUDENT APPLICATION TO ATTEND

KOLAKenton Online Learning Academy

2014-2015

FOLLOWING COMPLETION, RETURN TO: The KHS Office or Guidance Office

10/8/2014

KOLA STUDENT APPLICATION

Student	Date of Birth	Age	ID#
Street Address			
City	, Ohio Zip Code		
Home Phone	_ Parent Cell		
Student Cell Phone	Preferred Conta	ıct	
Parents/Guardians			
 The student is expec The student is expec The student will comeducational plan. 	ing requirements for attending the ted to be in attendance during la ted to follow the rules of KOLA. The plete all academic requirements insible for transportation to and the fibit a good attitude.	b hours. as described	
B. Give some reason why you	feel KOLA would be a better place	ement than tr	aditional school?
C. What career choices are you			
Full Time empl	oyment, What area of interest?		
Military, What	Branch?		
Attend College	e or Tech School, What field of stud	dy?	
D . Circle the areas that you need	d improvement: Reading, Writ	ing, Math,	
Science, Social Studies	s, Career and Educational Planning		

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E. Employment (complete if applies)					
Do you have a work permit on file?yesno					
Where are you employed and how many hours do you work?					
Employer:	oyer:When did you start?				
1-10 hours 11-15 hours 16 or	r more				
Supervisor's name	Phone				
Student/Parent understands that the application and administrative application will be reviewed by school administration before being accepted.					
Student's Signature	Date				
Parent or Guardian's Signature	Date				

Remember to return this completed form along with the Parent and Student Questionnaire to the high school main office or guidance.

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PARENT AND STUDENT QUESTIONAIRE

1.	Date of	of Birth	Current Age		
2.	Gender (circle) Male or Female				
3.	Is the perspective student currently on probation?(circle) Yes or No				
4.	1 1				
5.		chold composition (circle one)			
		Married, two-parent (biolog			
	b.	Married, two-parent (adoptiv	ve)		
		Same sex partners			
	d.	Stepfamily			
	e.	Single-parent (mother)			
	f.	Single-parent (father)			
	g.	Grandparents			
		Foster family			
	i.	Other family members			
6.	Total number of children in household				
7.					
8.	Does student/family qualify for the free or reduced lunch program?				
		(circle one) YES NO UNKNOWN			
9.	Occup	pational status of primary care	giver: (circle one)		
	a.	Full Time Employment	b. Unemployed c. Disabled		
	d.	Homemaker e. Retired	f. Part-time Employment		
10.	Do or	ne or more family members ha	ave a chronic illness?		
		YES NO			
11.	Has st	udent experienced the death o	of a close family member? YES NO		
	Relation	onshin to student	•		
12.	How r	many jobs has student (who is	applying) had since		
	the ag	e of 14?			

13.	What	types of jobs has student had:	(please list)		
	a		b		
	C		d		
	e		f		

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