



## APPLICATION

SCHOOL YEAR: 20 \_\_\_ - 20\_\_\_

Student Information:			
<b>Legal Name</b>  (preferred name)			
<b>Student Email</b>		<b>Date of Birth</b>	
<b>Pronouns</b>		<b>Current Grade Level</b>	
<b>Student ID #</b>		<b>Student Phone Number</b>	
<b>Home Address</b>			

Legal Guardian 1 Information:			
<b>Name (Last, First)</b>		<b>Relationship to Student</b>	
<b>Cell Phone Number</b>		<b>Email</b>	
<b>Work Phone Number</b>		<b>Home Phone Number</b>	
<b>Home Address</b>			
<i>What is your preferred method of contact?</i>			
phone call		email	text message

Legal Guardian 2 Information:			
<b>Name (Last, First)</b>		<b>Relationship to Student</b>	
<b>Cell Phone Number</b>		<b>Email</b>	
<b>Work Phone Number</b>		<b>Home Phone Number</b>	
<b>Home Address</b>			
<i>What is your preferred method of contact?</i>			
phone call		email	text message

For office use:		
Date of Application:	Admission Status:	
Administrator:	Start Date:	Advisor:



<b>Student Information:</b>				
<b>Last School Attended</b>				
<b>Dates of Attendance</b>	-	<b>Credits Earned:</b>		
Does your student receive 504 services at their current school?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does your student have an IEP at their current school?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Has your student ever had an IEP?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does your student receive ELL services at their current school?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Has your student missed more than 2 weeks of school in the last year?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does your student have access to a computer at home?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does your student have internet access at home?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does your student have access to a printer at home?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is your student interested in playing a sport with their home school?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

<b>Student Questions</b>
<p><i>What brings you to the SHINE Homeschool program?</i></p>   <p><i>What are some anticipated challenges related to working independently?</i></p>   <p><i>How might you schedule your day or keep yourself accountable?</i></p>   <p><i>What are your commitments and/or interests outside of school?</i></p>   <p><i>What are your educational goals?</i></p>



**Parent Question:**

*What are your expectations and hopes for your child's high school career and post-secondary experience?*

*SHINE Home school program thrives when parents, students, and faculty work together. What role do you see yourself playing in supporting your student's success in this independent learning model?*

*SHINE students are expected to set aside daily time to work on academics. What time demands may interfere with your child's ability to allocate enough time for school?*

*Describe a time when your child was successful working independently.*

*Please share any additional information you would like us to consider about your student in the space below:*