

OFFICE USE ONLY - Date Received: _____ INTERVIEW Date/Time: _____ Decision: _____

Entry Date: _____ Session: AM/PM/Other _____ Applicant Notified: _____

Change of Placement ARD / 504 Meeting: _____ Free/Reduced: _____ Bus Needed: _____

HOME COUNSELOR SIGNATURE _____ HOME COUNSELOR RECOMMENDATION: YES OR NO



2024-2025 MEMORIAL PARK ACADEMY LEARNER APPLICATION

LEARNER AND PARENT/GUARDIAN- COMPLETE AND RETURN TO YOUR HIGH SCHOOL COUNSELOR
(Must be filled out completely or an interview will not be scheduled)

PERSONAL INFORMATION:

Name: _____ ID# _____ Grade _____ High School _____

Address:

House # Street Apt # City Zip

Date of Birth: _____ Age: _____ Gender: _____

Student Contact Numbers: Home: _____ Cell: _____ Work: _____

Student email: _____

Parent/guardian #1 Name: _____

Parent/guardian Contact Numbers: Home: _____ Cell: _____ Work: _____

Parent/guardian email: _____

Parent/guardian #2 Name: _____

Parent/guardian Contact Numbers: Home: _____ Cell: _____ Work: _____

Parent/guardian email: _____

Currently living with: ___ Both parents ___ One parent ___ Alone ___ Step-parent

___ Other, please specify _____

Are you a teen parent or expecting? YES or NO If yes, child's name and age _____

Brothers and Sisters? Name(s) and Age(s) _____

Do you need bus transportation to school? YES _____ NO _____

- If yes, what is closest **elementary school** to your home? _____

Do you currently have a job? YES _____ NO _____

If yes, place of employment: _____ How many hours/week: _____

Do you take medications regularly? Please explain. (For nurse's information)

What graduation plan do you anticipate receiving upon graduation? Circle one below:

Foundation HS Plan – 22 cr.

Foundation HS Plan w/Endorsement - 26 cr.

Have you repeated a grade or grades? _____ If yes, which grade(s) have you repeated? _____

Have you taken online courses before for credit recovery or acceleration? YES _____ NO _____

What are your plans after high school?

What has caused you to feel unsuccessful at your current school?

Why do you want to attend the non-traditional Program? Please write three to four sentences.

I _____ (student name) understand that the Non-traditional program is a self-paced virtual learning environment and it is my responsibility to complete all coursework.

Student Signature

Parent/Guardian Signature

Which session do you plan to attend? Please circle one:

Session 1: Morning 8:00a.m – 12:00p.m.

Session 2: Afternoon 12:00p.m. – 4p.m.