

METRO-ALTERNATIVE HIGH SCHOOL APPLICATION

2009 – 2010



INSTRUCTIONS

- Application must be completed by the student and parent/guardian
- Please print or type this form and complete all information
- One application may be used for all three Metros
- Students are not required to apply by a deadline
- Students will be contacted by the principal regarding the status of their application
- **NOTE:** *If the applicant resides outside of the Wichita School District, a copy of the student's transcript needs to be attached to this application*

For Office Use Only

Date Received _____
 Transcript Received/Run _____
 Date Reviewed by Admin _____
 Comments _____

CHECK THE METRO(S) YOU ARE APPLYING FOR:

Application needs to be returned directly to the Metro office(s)

<input type="checkbox"/> METRO-BOULEVARD	<input type="checkbox"/> METRO-MERIDIAN	<input type="checkbox"/> METRO-MIDTOWN
751 Geo. Wash. Blvd . 67211 Office: 973-0500 Fax: 973-0510	301 S. Meridian 67213 Office: 973-0550 Fax: 973-0560	640 N. Emporia 67214 Office: 973-6350 Fax: 973-6355

If the student has a child or children, will child care services be needed? Yes No If yes, please fill out following information:

Child's Name: _____ Age: _____
 Child's Name: _____ Age: _____

STUDENT INFORMATION

STUDENT LEGAL NAME: Last First Middle	DATE OF BIRTH: __/__/____	SS or ID #: _____
PREFERRED NAME: Last First Middle <i>(if different than legal)</i>	CURRENT AGE: _____	GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/>
HOME ADDRESS: Street/Apt # City State Zip Code	*HOME PHONE: () _____	
2009-2010 GRADE LEVEL: _____	CURRENT CREDITS EARNED: _____	CURRENT OR LAST SCHOOL ATTENDED: _____
ESOL PROGRAM: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(English as a 2nd language)</i>	STUDENT'S PRIMARY LANGUAGE: English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	SPECIAL EDUCATION: Yes <input type="checkbox"/> No <input type="checkbox"/>
504 PLAN: Yes <input type="checkbox"/> No <input type="checkbox"/>		
RACE: <i>(check only one)</i> <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black Not Hispanic Culture <input type="checkbox"/> Hispanic (Spanish Culture) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White Not Hispanic Culture <input type="checkbox"/> Multi Racial		

FAMILY INFORMATION

PUPIL LIVES WITH: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Parent/Step-parent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other		
FATHER/GUARDIAN NAME: First Last	EMPLOYER: _____	*DAY PHONE: () _____
MOTHER/GUARDIAN NAME: First Last	EMPLOYER: _____	*DAY PHONE: () _____
STEP-PARENT/GUARDIAN NAME: First Last	EMPLOYER: _____	*DAY PHONE: () _____
* <input type="checkbox"/> PLEASE CHECK THIS BOX IF YOU WILL NOT BE AVAILABLE BY PHONE DURING SCHOOL HOURS AND NEED TO BE NOTIFIED BY MAIL		
ADDITIONAL CONTACT PERSON: First Last	RELATIONSHIP: _____	DAY PHONE: () _____
PARENT E-MAIL ADDRESS: <i>(please print clearly)</i>		

REASON FOR APPLYING: Please explain why you would like to attend a Metro-Alternative High School.

PARENT/GUARDIAN AND/OR STUDENT SIGNATURE: Parent/guardian signature required if student is under 18 years of age.

Student Signature _____ Date _____
 Parent/Guardian Signature _____ Date _____

CITY BUS PASSES ISSUED UPON REQUEST TO STUDENTS WHO LIVE MORE THAN 2.5 MILES FROM SCHOOL