

FALS



FALS Charter High School

Falls Alternative Learning Site
Oconto Falls School District

320 East Central Avenue • Oconto Falls • Wisconsin • 54154

Phone (920) 848-4455

mark.trepanier@of-ps.org

Program Application

Instructions:

1. *Answer the following questions.*
2. *Turn in this completed application to FALS located at 320 E. Central Avenue, Oconto Falls, WI 54154 | or attach a completed application to an email to mark.trepanier@of-ps.org or turn a completed form into the **District Office**.*

Student Information

Student Name _____ Student Cell #: (____) ____ - _____

Street Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Age: ____

Student's last enrolled high school: H.S. Name _____ City: _____ State: _____

Number of high school credits to date (Approximate if necessary): _____

What year in High School are you? _____ (ex. 2nd, 3rd, 4th)

Parent/Guardian Information

Primary Parent/Guardian Name (1) _____ Cell #: (____) ____ - ____

Primary Parent/Guardian Name (2) _____ Cell #: (____) ____ - ____

Email Contacts: _____

Address (if different than student)

Street: _____

City: _____ St. ____ Zip _____

Any other siblings attend FALS? _____ If Yes, List their name(s) below...

Drug Screenings

I am fully aware that students must submit to drug screenings while enrolled at FALS Charter High School. A minimum of 2 drug screenings each year will be administered to all students. Continued enrollment at FALS Charter High School is dependent upon the outcome of these screenings. Failure to take the drug screening will be considered an admission of guilt.

Student Signature

Date

Parent/Legal Guardian

Date

SIGNATURE OF PARENT/GUARDIAN AUTHORIZING RELEASE OF INFORMATION:

Signing below authorizes the FALS/Oconto Falls School District to release/exchange information and share communication in verbal, written, and/or electronic form regarding your child/student.

Parent/Legal Guardian

Date

- Does the student have an IEP? (Individual Educational Plan)

YES _____ NO _____

- Has the student had an Independent Education Evaluation?

YES _____ NO _____ Where and by whom?

- Has the student been *Home Schooled*? _____ If yes, what grades:

- Has the student been involved in any other educational or juvenile programs?
If so, list below.

- Was student referred to FALS? _____ If Yes, by whom:

Organization: _____

Phone: () _____

- Has student/child been expelled from any school? _____

If yes, School District: _____ State: _____

- Name of all previous School Districts that student/child has attended:

**THE FOLLOWING QUESTIONS MUST BE COMPLETED
IN STUDENT'S OWN HAND WRITING.**

Why are you interested in attending FALS? Be Specific and detailed.

How can FALS help you?

What are your strengths? Organizing, Math, Science, Mechanical, typing, poetry, art, etc.

What are the areas you feel need improvement?

What do you see yourself doing in 3 years?

What would you like to Accomplish at FALS?

What do you see as obstacles in achieving your goals?

Please list three steps or actions you need to take in order to accomplish your goals mentioned above?

1.

2.

3.

What is the best way that you learn?

List any health concerns below.

Any other concerns?
