

# 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

### ***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 [terri.olsen@of-ps.org](mailto:terri.olsen@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.**

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**How can FALS help you?**

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

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**What are the areas you feel need improvement?**

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**What do you see yourself doing in 3 years?**

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**What would you like to Accomplish at FALS?**

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**What do you see as obstacles in achieving your goals?**

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

1. 

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2. 

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3. 

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**What is the best way that you learn?**

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**List any health concerns below.**

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**Any other concerns?**

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