

Intake Appointment

Student ID # \_\_\_\_\_

Date: \_\_\_\_\_

Class of: \_\_\_\_\_

Time: \_\_\_\_\_

Dip Type: \_\_\_\_\_

**NORTHSHORE NETWORKS APPLICATION**

18101 Avondale Road NE, Woodinville, WA

Office Manager: Debi Forsell

(425) 408-4175 email: dforsell@nsd.org

Office Hours 8:00 – 3:00

Today's Date: \_\_\_\_\_ For School Year: \_\_\_\_\_

Student's Name \_\_\_\_\_

Grade Level \_\_\_\_\_ for school year \_\_\_\_\_

Seniors enrolling will graduate with Northshore Networks \_\_\_\_\_ *Student please initial.*

Student's cell: \_\_\_\_\_ Student's e-mail: \_\_\_\_\_

Mother/Father/Guardian(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work \_\_\_\_\_

Previous School: \_\_\_\_\_ Previous District: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_ Reason for Leaving Previous School: \_\_\_\_\_

**Directions:**

1. Complete and return all enrollment forms.
2. Address verification must be shown for students new to the Northshore School District.
3. Birth date verification, birth certificate must be provided for 1<sup>st</sup> grade only.
4. If your last attended school is not a Northshore School District school; **10-12<sup>th</sup> grade please include an Official Transcript.**
5. **Is your student currently on an IEP?**  Yes  No. **Has your student ever had an IEP?**  Yes  No.
6. If yes, please include a copy of your student's IEP with enrollment paperwork.

<p>(Office Use Only)</p> <p style="text-align: right;"><b>Assigned to:</b> _____</p> <p style="text-align: right;"><b>Start Date:</b> _____</p> <p style="text-align: right;"><b>NN FTE:</b> _____ <b>Other FTE:</b> _____</p>
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Student Name \_\_\_\_\_

## Northshore Networks Student/Parent Contract

1. \_\_\_\_\_ **Attend every weekly one-on-one session.** If the student is ill or there is an emergency, the parent must call before the scheduled time so the necessary changes can be made in their schedule. **The missed time will need to be made-up** and re-scheduling is difficult.
2. \_\_\_\_\_ **Attend each class; grades 6-12.** In addition to meeting with student's Lead Teacher , secondary students will be required to attend classes in core subject areas. 6-12th grade students will be required to attend Northshore Networks two or more times per week for classes and one-on-one sessions.
3. \_\_\_\_\_ The Northshore Networks program requires a minimum of one semester commitment.
4. \_\_\_\_\_ Grades 4-12: work a min of 5 hours each week in each subject area assigned by their teacher.  
Grades 1-3: work a min of 4 hours each week in each subject area assigned by their teacher.
5. \_\_\_\_\_ Meet the essential learning requirements for assigned subjects and criteria for at standard work on individual assignments, noted on student's (WSLP) Washington State Learning Plan.
6. \_\_\_\_\_ Keep track of all of your work and hours spent on your weekly assignment sheets and **be prepared to turn work in completed when you arrive.** We encourage parent(s) to sign off (ages 16 and under) to verify students completed the work and spent the time recorded in each subject area.
7. \_\_\_\_\_ Complete all required assignments. Bring your completed work to your one-one-one appt.
8. \_\_\_\_\_ **Grades 1-9;** Parent/guardian accompany their student for the one-on-one meeting each week.  
**Grades 10-12;** Parent/guardian accompany student for one-on-one appt for a minimum of once a month or for 15 minutes each week.
9. \_\_\_\_\_ **Transportation will be provided by the parent/guardian.** Students must be picked up directly after class or after their one-on-one session has ended. This also applies to driving students.
10. \_\_\_\_\_ Student and parent understand and will follow **NN Appropriate Student Expectations** for cell phone use; appropriate dress, lobby/waiting room/comp lab/parking lot conduct.
11. \_\_\_\_\_ Student and parent will adhere to all of the Northshore School District's **Rights & Responsibilities.** <http://www.nsd.org/Page/6088>.
12. \_\_\_\_\_ Students must attend all required District Testing.

Please sign below signifying that you agree to meet the expectations and understand the guidelines listed above while enrolled at Northshore Networks.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# NORTHSHORE NETWORKS

## SECTION I – Student Section:

Please answer the following questions:

1. Why are you applying to Northshore Networks? \_\_\_\_\_

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2. What are your strengths? \_\_\_\_\_

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3. What are your challenges? What issues, if any, have interfered with your learning?

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4. What other pertinent information would you want your Lead Teacher to know about you?

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<b>5. Please rate your learning skills and motivational qualities in these categories:</b>	<b>Below Average</b>	<b>Average</b>	<b>Good</b>	<b>Exceptional</b>
Creative, original thought				
Excitement and enthusiasm for learning				
Trying to do your best				
Attendance				
Acceptance of challenge				
Time management skills - On time to class				
Outside of class reading				
Reading ability				
Written expression of ideas				
Spoken expression of ideas				
Effective in class discussion				
Complete assignments on time				
Reaction to setbacks				
Sense of humor				
Math ability				
Willingness to ask for help				

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION II – Parent or Guardian to fill out:**

1. Explain why you think Northshore Networks is a good option for your student.

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2. How will you support your student’s success

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3. Has your child qualified for and/or received Special Education placement services?

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4. Past, current or pending disciplinary action including suspensions and or expulsions:

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5. Health conditions that may affect educational program:

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6. Unpaid fines or fees imposed by other schools:

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**I hereby authorize the release of all educational records for the above named student and certify that the above information is correct:**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION III – Counselor Section:** (Required if student is currently attending a NSD MS or Senior HS)

1. What methods have been attempted to help the student be successful? \_\_\_\_\_

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2. Explain any pertinent information that may be helpful:

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**Counselor/Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counselor, please check and provide a copy of the following (if applicable);**

- IEP**                       **Suspension or Expulsion**
- 504 Plan**               **Becca Bill**

We are looking forward to supporting your student’s learning. We will call you for an intake meeting as soon as an opening is available.

Gary Keeler, Principal  
Debi Forsell, Office Manager (425) 408-4175