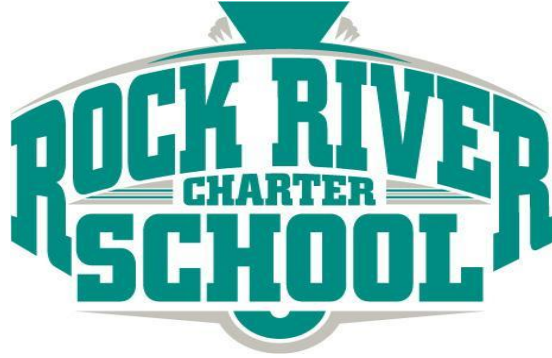


# Rock River Charter School Application

CONFIDENTIAL



Applicant's Name \_\_\_\_\_

Date \_\_\_\_\_

To Apply:

1. Complete application for submission
2. Schedule a STAR test by calling 608-752-8273

**After submitting the application and taking the STAR tests, all candidates will then be lotteried for placement on our waiting list. As seats become available, applicants are contacted to schedule an Enrollment Conference which must be attended to secure enrollment. If Rock River is unable to contact the applicant or the Enrollment Conference is skipped, the student may be placed at the bottom of the waiting list.**

# Student Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (MM/DD/YYYY format) Age: \_\_\_\_\_

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

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Current High School: \_\_\_\_\_ Previous High School: \_\_\_\_\_

Special Education or 504 Plan: Yes / No

Which Special Program Area: \_\_\_\_\_

## Previous School Supports Attempted (Please mark all that apply):

\_\_\_\_\_ Parker Block Program      \_\_\_\_\_ Math Strategies      \_\_\_\_\_ Summer School

\_\_\_\_\_ PLATO credit recovery courses      \_\_\_\_\_ SWS Program      \_\_\_\_\_ TAGOS

\_\_\_\_\_ Literacy Strategies      \_\_\_\_\_ Janesville Virtual Academy

## I prefer to have my classes scheduled:

\_\_\_\_\_ Only morning works for me      \_\_\_\_\_ I prefer morning, but I can make afternoon work

\_\_\_\_\_ Only afternoon works for me      \_\_\_\_\_ I prefer afternoon, but I can make morning work

\_\_\_\_\_ No time preference

**Applicant lives with:** \_\_\_\_\_

## **Father's Information**

Father's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
\_\_\_\_\_

Father's Place of Employment:  
\_\_\_\_\_

Father's Home Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_

## **Mother's Information**

Mother's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_

# School Barriers

What factor(s) may prevent / prevented you from graduating? Please mark all that apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Attendance/ Truancy                       | <input type="checkbox"/> Low Test Scores          | <input type="checkbox"/> Adjudicated/Probation       |
| <input type="checkbox"/> Pre-expulsion/Expulsion                   | <input type="checkbox"/> Transportation           | <input type="checkbox"/> Struggles with organization |
| <input type="checkbox"/> Suspensions for discipline issues         | <input type="checkbox"/> Medical Concerns         | <input type="checkbox"/> Physical/Sexual Abuse       |
| <input type="checkbox"/> Family Changes - Separation               | <input type="checkbox"/> Family Changes - Illness | <input type="checkbox"/> Family Changes - Divorce    |
| <input type="checkbox"/> Family Changes - Death                    | <input type="checkbox"/> Traumatic Incident       | <input type="checkbox"/> Alcohol and/or drug abuse   |
| <input type="checkbox"/> Emotional Abuse/Neglect                   | <input type="checkbox"/> Mental Health concerns   | <input type="checkbox"/> Homeless                    |
| <input type="checkbox"/> Incomplete assignments/homework           | <input type="checkbox"/> Pregnancy/Parenting      |  |
| <input type="checkbox"/> Gang Involvement (list affiliation below) | <input type="checkbox"/> Other: _____             |  |

Gang Affiliation: \_\_\_\_\_

Other Factors not listed: \_\_\_\_\_

## Social / Emotional Behavior

Is the applicant on Probation / Parole?  Yes  No

If Yes, Probation / Parole Officer Name: \_\_\_\_\_

Is the applicant receiving Counseling?  Yes  No

If Yes, Agency/Counselor Name: \_\_\_\_\_

Please list other Community Services received by the applicant and include the name(s) fo the contact person(s):

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## Additional Information

Please describe any current concerns (school, home or community):

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Please describe any hobbies or interests: \_\_\_\_\_

## Student Questionnaire

Why are you interested in completing your high school diploma at this school? \_\_\_\_\_

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What has changed in your life that you will be able to overcome your past barriers? \_\_\_\_\_

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What are your goals after receiving your high school diploma? \_\_\_\_\_

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Who do you know that attends Rock River Charter School? \_\_\_\_\_

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Do you have any concerns with any students who attend Rock River Charter School? \_\_\_ Yes

\_\_\_ No

With which students do you have concerns with and regarding what? \_\_\_\_\_

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What, if anything, do you know about Rock River Charter School? \_\_\_\_\_

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Whose idea is it for the applicant to apply to attend Rock River Charter School? \_\_\_\_\_