



**School District of Marshfield  
Alternative High School**

410 W McMillan Street  
Marshfield, WI 54449  
(715)384-6510

**MARSHFIELD ALTERNATIVE HIGH SCHOOL APPLICATION FORM**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent & Student Phone: (P) \_\_\_\_\_ (S) \_\_\_\_\_

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

Parent/Guardian Address (if different): \_\_\_\_\_  
\_\_\_\_\_

Current Living Situation:      \_\_\_\_\_ Live with Both Parents      \_\_\_\_\_ Foster Home  
   \_\_\_\_\_ Live with One Parent      \_\_\_\_\_ Group Home  
   \_\_\_\_\_ Living with Family Member      \_\_\_\_\_ Homeless

Employer (if currently working): \_\_\_\_\_

Supervisor Name and Phone: \_\_\_\_\_

Total Hours (worked per week): \_\_\_\_\_ Work Start Date: \_\_\_\_\_

School Last Attended: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Are you currently receiving or have you ever received any special education services? **YES NO**  
(Examples are EBD, LD, CD, Section 504, etc.) If yes, please describe the service(s) provided:

What factors have been negatively impacting your performance in school? (check all that apply)

- |                             |                                      |
|-----------------------------|--------------------------------------|
| _____ Attendance            | _____ Problems with teachers         |
| _____ Dislike of school     | _____ Problems with drugs/alcohol    |
| _____ Problems at home      | _____ Problems with friends          |
| _____ Learning difficulties | _____ Difficulty completing homework |
| _____ Organization          | _____ Time Management                |
| _____ Other:                |                                      |

Are you currently taking any medications? **YES NO** If yes, please list the medication(s):

**PRE-INTERVIEW QUESTIONNAIRE**

1) Please share why you would like to be accepted into the MAHS program:

2) Name the biggest challenge you will need to overcome in order to be successful at MAHS. Explain why...?

3) Please indicate which career(s) you are interested in after high school:

4) Are you currently or have you in the past been involved with the juvenile justice system? **YES** **NO**  
If so, please share specifics with the interview committee (optional):

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

**PARENT INPUT**> The biggest challenge my child (student) will have to overcome to be successful at MAHS is:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\* Please complete both sides of this form, sign and return to the Marshfield High Counseling Office.***

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Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_