



APPLICATION

Student Information:			
Legal Name (preferred name)			
Student Email		Date of Birth	
Pronouns		Current Grade Level	
Student ID #		Student Phone Number	
Home Address			

Legal Guardian 1 Information:			
Name (Last, First)		Relationship to Student	
Cell Phone Number		Email	
Work Phone Number		Home Phone Number	
Home Address			
<i>What is your preferred method of contact?</i> <input type="checkbox"/> phone call <input type="checkbox"/> email <input type="checkbox"/> text message			

Legal Guardian 2 Information:			
Name (Last, First)		Relationship to Student	
Cell Phone Number		Email	
Work Phone Number		Home Phone Number	
Home Address			
<i>What is your preferred method of contact?</i> <input type="checkbox"/> phone call <input type="checkbox"/> email <input type="checkbox"/> text message			

For office use:		
Date of Application:	Admission Status:	
Administrator:	Start Date:	Advisor:



Student Information:			
Last School Attended			
Dates of Attendance	-	Credits Earned:	
Does your student receive 504 services at their current school?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your student have an IEP at their current school?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Has your student ever had an IEP?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your student receive ELL services at their current school?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Has your student missed more than 2 weeks of school in the last year?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your student have access to a computer at home?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your student have internet access at home?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your student have access to a printer at home?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your student interested in playing a sport with their home school?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Student Questions			
<i>What brings you to the SHINE Homeschool program?</i>			
<i>What are some anticipated challenges related to working independently?</i>			
<i>How might you schedule your day or keep yourself accountable?</i>			
<i>What are your commitments and/or interests outside of school?</i>			
<i>What are your educational goals?</i>			



Parent Question:

What are your expectations and hopes for your child's high school career and post-secondary experience?

SHINE Home school program thrives when parents, students, and faculty work together. What role do you see yourself playing in supporting your student's success in this independent learning model?

SHINE students are expected to set aside daily time to work on academics. What time demands may interfere with your child's ability to allocate enough time for school?

Describe a time when your child was successful working independently.

Please share any additional information you would like us to consider about your student in the space below: