

iConnect Academy Application Checklist for 2017-18



**Please complete and return the three pages
Interview will be scheduled by Assistant Administrator after review.**

Print out the Registration Packet

Required Documents:

- Transcripts
- Attendance Records
- Test Scores
- Discipline Records
- Students Schedule

Potential iConnect Student Daily Schedule Plan

An important part of online school success is an organized and consistent schedule. Please complete the chart below with the time you will be dedicating each day to your class. A full time iConnect student takes 3 classes at a time and should spend 25-30 hours per week at home working on the classes.

Ideally, some of the time you are online should coincide with the time the iConnect teachers will be online and available to you. Please use the chart below to determine the times that would be best for you to be online and have the teacher online to assist you. Teachers are generally available between 8:30am - 4pm daily.

How will you manage your time so you can access them when you need to? (Please complete the chart as part of your application packet)

DAY	Class 1: Add hours you'll study daily	Class 2: Add hours you'll study daily	Class 3: Add hours you'll study daily
Example	9:25am – 11am	2:15pm – 4:00pm	12:30pm – 1:00pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Total Daily Class Hours	10	10	10

What role will your parents play in your schooling?

How do you plan to ensure your success at iConnect Academy?

Please share in a few sentences why you would like to enroll in iConnect Academy?



STUDENT APPLICATION FORM

Student's Legal Name: Last, First, Middle		Birthdate:	Gender: (M/F)	Grade Level:
Resident Address: (where student resides)		Student Email:		Student Phone:
Birthplace: (City, State, Country)	Ethnic Code: (check one) <input type="checkbox"/> Of more than one race or multi-racial <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Provided <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		District Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No, Transfer Student <input type="checkbox"/> Out-of-District Transfer <input type="checkbox"/> Within-District Transfer	
What are your reasons for taking online classes?				
What are your goals after completing high school?				
Last School Attended:	Last School Attended Address:		Currently Enrolled: (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
On Becca? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	Becca been discussed at other school? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has your child ever qualified for, or been enrolled in, a Special Ed Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, Qualifying Area(s):	
Has your child ever qualified for, or had a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary language spoken in home?		
Is your child currently living in a shelter, car, motel, doubled-up with friends/relatives, in temporary foster care or a group home, or campground? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Student Lives With: (check one) <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Grandparents <input type="checkbox"/> Other:		Primary Guardian 1: (parent/legal guardian where student resides) Last Name: First Name:		Primary Guardian 1 Phone: (include area code) <input type="checkbox"/> Home <input type="checkbox"/> unlisted <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Email Address
Mailing Address: (if different from above)		Primary Guardian 2: (parent/legal guardian where student resides) Last Name: First Name:		Primary Guardian 2 Phone: (include area code) <input type="checkbox"/> Home <input type="checkbox"/> unlisted <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Email Address
Military? <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both				
Primary Guardian 1 Employer:	Employer Phone:	Primary Guardian 2 Employer:	Employer Phone:	

Verification of Information: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Olympia School District.

Legal Parent/Guardian's Signature:

Date: