

Online Learning Lab



A division of the
Wamego Technology Center

Wamego High School
801 Lincoln Street
Wamego, Kansas 66547
Office: 785-458-7808
Email: lindleyj@usd320.com

Office Use Only		
\$_____	cash	check# _____ credit
Date paid _____		
Orientation Date: _____		
Course(s) purchased: _____		
Completion date(s): _____		

HIGH SCHOOL CREDIT RECOVERY

STUDENT INFO: **Fill out this form online, save it & email to lindleyj@usd320.com**

FIRST NAME _____ **LAST NAME** _____ **MI** _____ **MAIDEN NAME** _____ **Male** **Female** **Gender Diverse** _____

ADDRESS _____ **CITY** _____ **STATE** **Kansas** **ZIP** _____

HOME PHONE _____ **CELL PHONE** _____ **EMAIL** _____

BIRTHDATE _____ **AGE** _____ **HISPANIC OR LATINO?** **yes** **no**

EMPLOYED? **yes** **no** **RACE:** **White** **Asian** **Black/African American** **American Indian/Alaska Native** **Native Hawaiian/Other Pacific Islander**

HOMELESS? **yes** **no** **ACTIVE MILITARY?** **yes** **no** **IMMIGRANT?** **yes** **no** **COUNTRY OF BIRTH** _____

PARENTAL INFO / EMERGENCY CONTACT:

FIRST NAME _____ **LAST NAME** _____ **RELATIONSHIP TO YOU** _____ **PHONE** _____ **EMAIL** _____

YOUR MEDICAL CONDITIONS **Your known conditions:** _____ **Possible medical emergencies:** _____

Choice of hospital: _____ **Allergies List:** _____ **Prescriptions List:** _____

YOUR CURRENT HIGH SCHOOL: _____

YOUR HIGH SCHOOL COUNSELOR's INFO:

FIRST NAME _____ **LAST NAME** _____ **PHONE** _____ **EMAIL** _____

COURSE(S) NEEDED: _____

My expected course completion date will be: _____
For summer courses, completion date is August 15

SIGNATURE: By signing here I acknowledge that the above information is correct.

STUDENT _____ **DATE** _____
Type name to sign

PARENT/GUARDIAN (if under 18) _____ **DATE** _____