

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: PLEASE print neatly!

FIRST NAME _____ LAST NAME _____ MI _____ MAIDEN NAME _____ GENDER Male Female

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (____) ____-____ CELL PHONE (____) ____-____ EMAIL _____@_____

SOCIAL SECURITY # ____-____-____ BIRTHDATE ____/____/____ AGE ____ HISPANIC OR LATINO? yes no

EMPLOYED? yes no CIRCLE 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 _____

How did you hear about the Tech Center?

School Staff Friend/Relative Case Worker Military Recruiter
Parole/Probation Officer Flyer/Brochure Internet
Other _____

How do you prefer to be contacted?

Email Cell Phone Home Phone US Mail
Other _____

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: _____

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

STUDENT _____

DATE ____/____/____

PARENT/GUARDIAN (if under 18) _____

DATE ____/____/____