

Online Learning Lab



A division of the
Wamego Technology Center

Wamego High School
801 Lincoln Street
Wamego, Kansas 66547
Office: 785-456-2214 ext 5204
Email: lindleyj@usd320.com

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

WAMEGO 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 **CIRLCE 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 __/__/____

Student Success Survey

The Online Learning Lab requires your participation a minimum of 25 hours per week.

The Lab is open weekdays 9am – 3pm through the end of May, all of June, but is CLOSED in July.

I can commit the following number of hours per week to my education:

_____ hours at Wamego Technology Center _____ hours at home online

All students face challenges. Please check those items that may present a challenge for you:

- Work schedule
- Lack of support/encouragement from family
- Lack of support/encouragement from friends
- Poor computer skills/knowledge
- Difficulty in reading
- Difficulty in writing/English skills
- Difficulty in math
- Asking for help
- Staying self-motivated
- Following rules
- Short attention span

Please share your top reason for wanting to earn a high school diploma:

Acceptable Use Policy Acknowledgement

I acknowledge that I have read, and agree to abide by, the USD 320 Wamego School District Acceptable Use Policy. I acknowledge that the District may review and/or monitor the electronic (e-mail) files or messages sent or received using the District's computer equipment or networks. I have no expectation of privacy. I accept full responsibility and liability for the results of my actions related to instructional technology/equipment, software, and electronic access to the Internet. I further accept that inappropriate behavior will lead to disciplinary action.

Promotional Photo Policy

Photos/video may be taken of students participating in educational activities and used for marketing and promotional purposes of the Wamego Technology Center.

___ I grant permission for myself to be included in photos and video for these purposes.

___ I do NOT want myself included in photos/video.

Agreement to Participate in the Online Learning Lab

I agree to abide by all the rules and policies outlined in the Online Learning Lab Policy Handbook.

I understand that I can be dismissed from the program until the next WHS semester before I can reapply.

Print Name: _____

Signature: _____

Date: __/__/____

Parent/Guardian must also sign if the student is under 18 _____