

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	
New Enrollment \$_____ cash	Continuing check# _____
Date paid _____	
Orientation Date: _____	
Graduation Planning Date: _____	

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 **RACE** Asian Black/African American American Indian/Alaska Native White 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 _____

EDUCATIONAL BACKGROUND:

FORMER HIGH SCHOOL _____ **CITY/STATE** _____/_____
YEAR ORIGINALLY ENTERED HIGH SCHOOL _____

SCHEDULED YEAR OF GRADUATION _____ **LAST GRADE COMPLETED** _____ **HAVE YOU EARNED A HS DIPLOMA?** yes no

I give permission for the Tech Center to transfer credits/transcript to a requesting school. yes no

RELEASE OF INFORMATION: We cannot release your personal info. without your (or parent if under 18) consent in accordance with the Family Educational Rights and Privacy Act (FERPA). Please list persons who may receive info. about your progress or attendance.

FIRST NAME	LAST NAME	RELATIONSHIP TO YOU	PHONE	EMAIL
_____	_____	_____	(____) ____-____	_____@_____

I give consent to the Technology Center staff to discuss my progress or attendance with the person(s) listed above. Initials _____

IN CASE OF EMERGENCY:

CONTACT PERSON _____	PHONE (____) ____-____	RELATIONSHIP _____
CONTACT PERSON _____	PHONE (____) ____-____	RELATIONSHIP _____

MEDICAL CONDITIONS Your known conditions: _____ Possible medical emergencies: _____ Choice of hospital: _____
Allergies List: _____ Prescriptions List: _____

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

STUDENT _____

DATE __/__/____

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PARENT/GUARDIAN (if under 18) _____

DATE __/__/____

Student Success Survey

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

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.

Post-Graduation plans: What are your plans after completion of this program?

___ 2-year college ___ 4-year college ___ Technical School Name of School (if known):

___ Working Name of Employer (if known):

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 _____

USD 320, Wamego Schools HOME LANGUAGE SURVEY

TO BE COMPLETED BY PARENT OR GUARDIAN. The state of Kansas **requires** that the following information be completed for each student that enrolls in Kansas public schools. **If any language other than English is indicated, your child will be assessed to identify if English for Speakers of Other Languages (ESOL) services are needed.** *This survey shall be kept in each student's permanent record folder. The information on this form will not be released without your written approval.*

Note: This survey does NOT need to be completed if the child has attended USD 320 schools in the previous year(s). Only complete this survey if this is the first year the child will attend a USD 320 school.

Name of Child: _____ Age: _____ Male Female

School Child Attends: _____ Grade: _____ Date of Birth: _____

Directions: Check the correct response for each of the following questions and indicate other languages if appropriate.

- | | English | Other | Other Language(s) |
|--|--------------------------|--------------------------|-------------------|
| 1. What language did your child learn when she/he first began to talk? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. What language does the family speak at home most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. What language does the parent(s) speak to his/her child most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. What language does the child speak to his/her parent(s) most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. What language does the child hear and understand in the home? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. What language does the child speak to his/her brothers/sisters most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 7. What language does the child speak to his/her friends most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | Yes | No | |
| 8. Can an adult family member or extended family member speak English? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. Can they read English? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. Do the parents/guardians request oral and/or written communication from the school to be in English? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. Has your family moved in the last 36 months to seek or obtain agriculture or fishing related work? | Yes _____ No _____ | | |
| 12. If yes, was the move from one school district to another? | Yes _____ No _____ | | |

Signature of Person Completing Survey: _____ Date Signed: _____

If you need a translator, please contact ESOL Coordinator, Dr. Mary Kaye Siebert: siebertm@usd320.com (785) 456-7642