

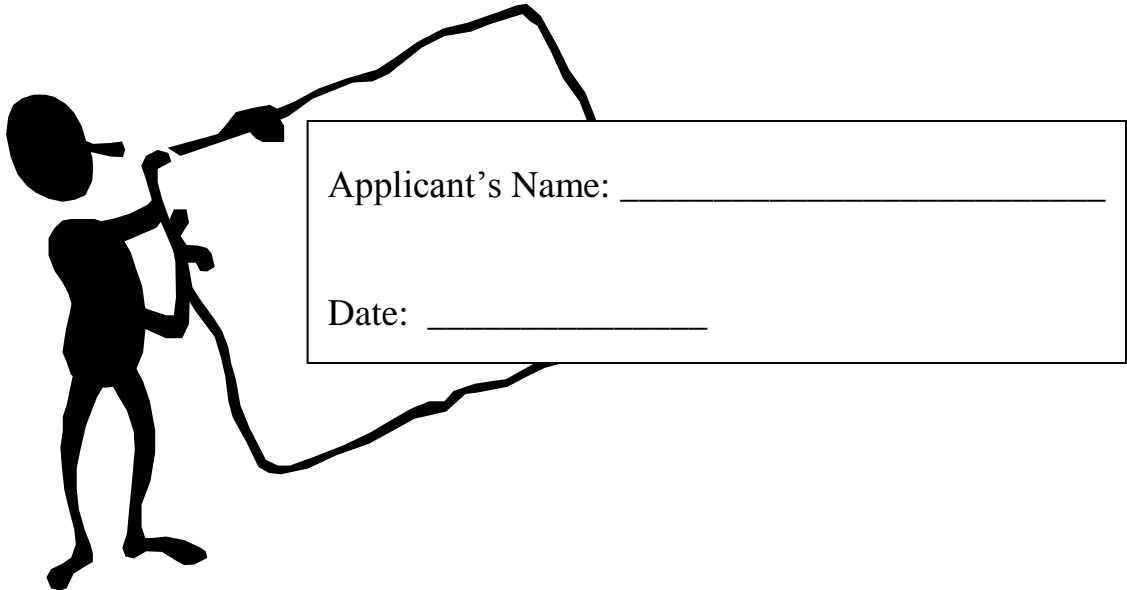
# ROCK RIVER CHARTER SCHOOL APPLICATION

*for applicants not currently enrolled in the School District of Janesville*

CONFIDENTIAL

## After completing this application, all applicants must:

1. call the Rock River Charter School for an appointment (752-8273);
2. take a MAP test which will help determine appropriate programming;
3. take a tour of the school;
4. attend an intake meeting once appropriate programming has been determined.



The Janesville Board of Education does not discriminate in employment on the basis of age, race, color, national origin, sex, disability, creed, marital status, ancestry, arrest record or conviction records, sexual orientation, membership in the national guard, state defense force of any reserve component of the military forces of the United States or the State of Wisconsin, or any other basis protected by law.

### Programming Notes:

Date Approved by Networking Team \_\_\_\_\_ Date Approved by RRCS \_\_\_\_\_

## APPLICANT INFORMATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Previous High School (s) Attended \_\_\_\_\_

Special Education or 504 plan \_\_\_\_\_ Special Education Program Area \_\_\_\_\_

### Previous School Supports Attempted:

Parker Block Program

Craig SWS Program

PLATO credit recovery courses

TAGOS Leadership Academy

Janesville Virtual Academy

Summer School

Math Strategies

Literacy Strategies

Other (please describe):

## PARENTS

**Father** \_\_\_\_\_ **Address** \_\_\_\_\_

Place of Employment \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**Mother** \_\_\_\_\_ **Address** \_\_\_\_\_

Place of Employment \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Applicant lives with: \_\_\_\_\_

## SCHOOL BARRIERS

What factor (s) may prevent / prevented you from graduating?

- |  |  |
|--|--|
| <input type="checkbox"/> Attendance / Truancy  | <input type="checkbox"/> Medical concerns                  |
| <input type="checkbox"/> Struggles with organization   | <input type="checkbox"/> Incomplete assignments / homework |
| <input type="checkbox"/> Low test scores   | <input type="checkbox"/> Suspensions for discipline issues |
| <input type="checkbox"/> Medical concerns  | <input type="checkbox"/> Alcohol and/or drug use           |
| <input type="checkbox"/> Homeless  | <input type="checkbox"/> Adjudicated / Probation           |
| <input type="checkbox"/> Physical / sexual abuse   | <input type="checkbox"/> Emotional abuse / neglect         |
| <input type="checkbox"/> Pre-expulsion / Expulsion   | <input type="checkbox"/> Traumatic incident                |
| <input type="checkbox"/> Mental health concerns  | <input type="checkbox"/> Pregnancy / parenting             |
| <input type="checkbox"/> Gang involvement (list affiliation)   | <input type="checkbox"/> Child care                        |
| <input type="checkbox"/> Transportation  |  |
| <input type="checkbox"/> Family Changes (circle all that apply): divorce    death    separation    illness |  |
| <input type="checkbox"/> Other (please describe):  |  |

## SOCIAL & EMOTIONAL BEHAVIOR

Please list any community services the applicant is receiving

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Probation                               | Probation / Parole Officer _____ |
| <input type="checkbox"/> Counseling                              | Agency / Councilor _____         |
| <input type="checkbox"/> Other community services (please list): |                                  |

## ADDITIONAL INFORMATION

Please describe any current concerns (school, home, or community).

Please describe any hobbies or interests.

# STUDENT QUESTIONNAIRE

The following questions are to be completed by the applicant. (If you need more space, please feel free to use the back of this page or an additional piece of paper.)

Why are you interested in completing your high school diploma at this time?

What has changed in your life that you will be able to overcome your past barriers?

What are your goals after receiving your high school diploma?

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Applicant Signature

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Date