

# Rock River Charter School Application

CONFIDENTIAL



Applicant's Name \_\_\_\_\_

Date: \_\_\_\_\_

**To Apply:**

- 1. Complete application for submission
- 2. Schedule a STAR test by calling 608-752-8273.

**After submitting the application and taking the STAR tests, all candidates will then be lotteried for placement on our Waiting List. As seats become available, applicants are contacted to schedule an Enrollment Conference which must be attended to secure enrollment. If Rock River is unable to contact the applicant or the Enrollment Conference is skipped, the student may be placed at the bottom of the Waiting List.**

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 \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

**Previous School Supports Attempted:**

- |  |   |
|--|---|
| <input type="checkbox"/> Parker Block                  | <input type="checkbox"/> Craig SWS Program        |
| <input type="checkbox"/> PLATO credit recovery courses | <input type="checkbox"/> TAGOS Leadership Academy |
| <input type="checkbox"/> Janesville Virtual Academy    | <input type="checkbox"/> Summer School            |
| <input type="checkbox"/> Math Strategies               | <input type="checkbox"/> Literacy Strategies      |
| <input type="checkbox"/> Other (please explain)        |   |

**Parent Information:**

Father: \_\_\_\_\_ Address \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother: \_\_\_\_\_ Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

**School Barriers:**

*What factor(s) are preventing you from graduating?*

- |  |  |
|--|--|
| <input type="checkbox"/> Attendance/Truancy  | <input type="checkbox"/> Incomplete Assignments / Homework |
| <input type="checkbox"/> Struggles with Organization   | <input type="checkbox"/> Suspensions for Discipline Issues |
| <input type="checkbox"/> Low Test Scores   | <input type="checkbox"/> Alcohol and/or Drug Use           |
| <input type="checkbox"/> Medical Concerns  | <input type="checkbox"/> Adjudicated/ Probation            |
| <input type="checkbox"/> Homeless  | <input type="checkbox"/> Emotional Abuse / Neglect         |
| <input type="checkbox"/> Physical / Sexual Abuse   | <input type="checkbox"/> Traumatic Incident                |
| <input type="checkbox"/> Pre-Expulsion / Expulsion   | <input type="checkbox"/> Pregnancy/ Parenting              |
| <input type="checkbox"/> Mental Health Concerns  | <input type="checkbox"/> Child Care                        |
| <input type="checkbox"/> Gang Involvement (list affiliation)   |  |
| <input type="checkbox"/> Transportation  |  |
| <input type="checkbox"/> Family Changes (circle all that apply)    Divorce    Death    Separation    Illness |  |
| <input type="checkbox"/> Other: Please Describe:   |  |

**Social and Emotional Behavior**

*Please list any community services the applicant is receiving:*

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Probation  | Probation / Parole Officer _____  |
| <input type="checkbox"/> Counseling | Agency/ Counselor _____   |
| <input type="checkbox"/> Other      | Please list other Community Services received by the applicant and include name(s) of the contact person(s) _____ |

**Additional Information:**

*Please describe any current concerns (school, home, community)*

*Please describe any hobbies or interests:*

## **Student Questionnaire**

The following questions are to be completed by the applicant.

*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?*

*What, if anything, do you know about Rock River Charter School?*

*Who do you know that attends Rock River Charter School?*

*Do you have any concerns with any students who attend Rock River Charter School?*

*If you have concerns, with whom and what are they regarding?*

*Whose idea is it for the applicant to apply / attend Rock River Charter School?*

---

**Applicant Signature**

---

**Date**