

Galesburg High School North
Enrollment Application

date received _____
(office use only)

All questions should be answered thoroughly and accurately. It is preferred that the application be completed by the student applicant. Incomplete or inaccurate applications may be discarded. Applicants should pay strict attention to the essay section of the application.

I. Student Information:

Student Name: (First) _____ (M) _____ (Last) _____.

Home phone number: () _____

Student's Address: _____.

Do you live with your parents? _____ Do you live in the CUSD 205 district? _____
If not, which school district do you live in? _____.

Age: _____ Date of Birth: _____ / _____ / _____.

Father's/Guardian's Name: _____ Home Phone: _____.

Father's Address: _____ zip _____.

Father's Employer: _____ Work Phone: _____.

Mother's/Guardian's Name: _____ Home Phone: _____.

Mother's Address: _____ zip _____.

Mother's Employer: _____ Work Phone: _____.

II. School History

High School last attended: _____ Date of withdrawal: _____.

Reason for leaving: _____.

Circle current grade: 9 10 11 12 Expected year of graduation: _____.

Total high school credits earned to date: _____ Estimated GPA (out of 4.0): _____.

Have you taken the PSAT/ACT? : _____

Middle School attended: _____.

Disciplinary Record

Have you ever been expelled (not simply suspended)? Yes No

If "yes", please describe the offense(s) and circumstances of the expulsion(s):

_____.

III. History of Special Education Services

If applicant has received special education services any time in the past five years, a copy of the most recent Individual Education Plan (IEP) must be submitted with this application. Applications submitted without the required IEP information may be removed from consideration for enrollment.

Have you ever received or are you currently receiving special education services?

Y _____ N _____.

If "yes", please indicate the identified special education disability in the IEP:

Learning Disability _____ Emotional Handicap _____
Physical Handicap _____ Other Health Impaired _____.

IV. Medical Information

Is the applicant currently taking any medications? Y _____ N _____.

If yes, please describe medication and the reasons for its use:

_____.

V. Employment Information

Employer: _____ Total hours per week: _____.

VI. Legal History

List all current and /or past involvement with the juvenile justice system, including referrals, adjudications, informal probations or dismissals.

	<u>Year</u>	<u>Offense</u>	<u>Place</u>
1)	_____	_____	_____.
2)	_____	_____	_____.

If in Knox County, name of probation officer: _____.

VII. Eligibility for Alternative Education Services

To be eligible to receive alternative education services, the student must meet one of the following criteria. Please indicate which criteria BEST describes the applicant's eligibility for services.

- _____ Student intends to withdraw or has withdrawn before graduation.
- _____ Student has failed to comply academically AND would benefit from instruction offered in a manner different from the traditional school.
- _____ Student is a parent or expectant parent and is unable to regularly attend the traditional school.
- _____ Student is employed and the employment is necessary for support of the student's family AND interferes with a part of the instructional day.
- _____ Student is a disruptive student (documented history of frequent disruptions despite repeated attempts to modify behavior with a progressive disciplinary program).
- _____ Other (Please Explain) _____.

VIII. Written Essay

Applicant must submit a one page written explanation (found on the last page of this application) of why enrollment in Galesburg High School North is desired. This essay should include academic goals and objectives, expected contributions to the school climate and environment, and any additional information that would be helpful in determining the applicant’s qualifications for acceptance into the GHS North academic community.

IX. Referred by

Applicant has been referred by: _____.

Principal’s Signature _____.

(only if currently enrolled in school):

X. Applicant should submit a copy of most recent transcript.

XI. Waiver of Confidentiality

Applicant and parent/guardian understand that information requested in this application will be used solely in selecting qualified student candidates for Galesburg High School North. Teachers and a selected group of students participate in the interviewing process here, and therefore it is understood that any information provided will be open for examination by all parties involved in this process. By voluntarily submitting this enrollment application, the applicant and parent/guardian waive all rights to privacy and/or confidentiality as it pertains to determining the acceptance or denial of the applicant’s enrollment at Galesburg High School North.

Note: Any attempt to intentionally mislead, misrepresent or omit information requested in this application may result in the termination of consideration of this student’s application for enrollment at Galesburg High School North. Please feel free to call (973-2003) if you have questions regarding any of the requested information.

Mail or deliver completed application to:

**Galesburg High School North
1017 W. Dayton St.
Galesburg, IL 61401
c/o Jason Spring, Principal**

