



Application for Admission for Out of District Students

For Office Use Only	
Date Received	_____
AC HS WD	_____
Comments:	_____

Plan Approved by:	_____
	date

A. Program Choice: 1st _____ Preferred Campus: _____
 2nd _____ Preferred Campus: _____

(You will be placed in 2nd choice if 1st choice is closed)

B. Personal Data: Name _____
First (full Name) Middle (full name) Last Preferred Name

Date of Birth: _____ Male Female Ethnicity: Are you Hispanic/Latino? Yes No

Select one or more of the following: ___American Indian or Alaska Native ___Asian ___Black or African American ___Native Hawaiian or Another Pacific Islander ___White

Birth City & State: _____ School Currently Attending _____

District of Residence _____ Home Address _____

Student e-mail address _____ Student cell phone _____
Street Address City Zip Code

Mother/Guardian Name _____ Address (if different) _____

Primary Phone _____ Secondary Phone _____ e-mail address _____

Father/Guardian Name _____ Address (if different) _____

Primary Phone _____ Secondary Phone _____ e-mail address _____

Custodian/Guardian: _____ Living with: _____

We authorize Great Oaks to send text messages to the mobile phone numbers listed on this application: Yes No

We like to publicize our students' work and accomplishments for the benefit of students, families, and future students. This may include publishing students' photos, videos, comments, award information, and activities on social media, news media, or district videos and publications. Under the Federal Educational Rights and Privacy Act (FERPA) and the Protection of Pupil Rights Amendment (PPRA), parents may opt out of allowing this information to be published. Parents who do NOT want their child's information to be used in this way must send a written notice to the Great Oaks campus' guidance office within 45 days of the start of the school year. For more information about FERPA and PPRA, go to www.greatoaks.com/privacy.

A student cannot graduate from high school unless all requirements of the Affiliated School are met. Release: The student records concerning my son/daughter may be transferred to Great Oaks from his/her Affiliated School for review by the professional staff.

I give permission for my son/daughter's student records, including, but not limited to, all test scores for tests the Ohio Department of Education considers as qualified to meet graduation requirements, to be transferred to Great Oaks from his/her affiliated school for review by the professional staff. The testing records will be used to determine whether Ohio state graduation requirements are fulfilled and to place students in appropriate classes.

Equal Opportunity: Career major placement will be made without regard to race, color, national origin, sex, age, religion or presence of a disability. Students with an Individual Education Plan will have their final placement into a career program determined by the IEP team.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

A two-week trial period will be required of all accepted enrolls. The parent and student agree to comply with this procedure.

C. To be completed by the student.

Please indicate your T-shirt size: __XS __S __M __L __XL __XXL __XXXL

Why did you apply for these programs? (explain how these programs will help you with your future goals)

Parent comments:

D. High school counselor will complete your online application by electronically sending your transcript with most recent report card and attendance information. If you attend a private school or are traditionally home schooled it is your responsibility to forward this information to us.