To be completed by school official:

2015-2016
NORTHWEST IOWA ALTERNATIVE HIGH SCHOOL
ENROLLMENT FORM

NAME

GRADE IN SCHOOL IN FALL OF 2015: 9 10 11 12
(Circle which is appropriate)

REQUIRED WEEKLY ATTENDANCE: _______HOURS

STUDENT IS REQUIRED TO TAKE STANDARDIZED TESTS (ITED, ASVAB) DURING THIS ACADEMIC YEAR: ____yes; date tests will be given:______________ ____no

CREDITS NEEDED FOR DIPLOMA:

English
Math
Science
Social Studies
Other Required Courses

Electives

The________________________ School District has agreed to enroll the above student and to pay NCC tuition for said student as outlined in the Northwest Iowa Alternative High School Cooperative Agreement. Student _____ was _____ was not counted in our enrollment.

CHECKLIST:
____ enrollment form
____ transcript
____ referral form
____ IEP (if applicable)

ATTENDANCE SITE:
____ Sheldon
____ Marcus

Send completed forms to:
Northwest Iowa Alternative High School
Attn: Amy Bomgaars
603 West Park Street
Sheldon, IA 51201

Signature of Authorized Individual

Date

O:Extended Learning/Alt HS/Forms/Enrollment Form
To be completed by parent/guardian:

2015-2016
NORTHWEST IOWA ALTERNATIVE HIGH SCHOOL
ENROLLMENT FORM

STUDENT NAME ________________________________

ADDRESS __________________________________________

<table>
<thead>
<tr>
<th>Street/Box #</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

E-MAIL ADDRESS ______________________________________

AGE __________ BIRTHDATE __________________________ PHONE # ______________

SOCIAL SECURITY# ________________________________ CELL PHONE # ______________

| Mother’s Name: ____________________________ | Phone # ____________________ |
| Address: ____________________________________ | City | State | Zip |
| E-mail Address: ____________________________ | Cell Phone # ____________________ |

| Father’s Name: ____________________________ | Phone # ____________________ |
| Address: ____________________________________ | City | State | Zip |
| E-mail Address: ____________________________ | Cell Phone # ____________________ |

Whom should we contact in regard to student? ________________ When is the best time? _______ Contact by: home phone _______ cell phone _______ email _______

Where do you want progress reports and other correspondence mailed?

Please list those to whom we may release information (non-custodial parents, social service agencies etc.):

______________________________

*If you (the student) are 18 or will turn 18 during the school year, please indicate to whom information may be released (including parents).

__________________________________________________________________________________________

Student Signature __________________ Date ___________________ Parent/Guardian Signature __________________ Date ___________________