2021-2022
NORTHWEST IOWA ALTERNATIVE HIGH SCHOOL
ENROLLMENT FORM

STUDENT’S NAME: ________________________________________________

GRADE IN SCHOOL IN FALL OF 2021: 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

DIPLOMA STUDENT IS WORKING FOR: Full ______ Tiered _____ HSED ______

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 counted in the district’s enrollment. ______ yes ______ no

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

ATTENDANCE SITE: ___ Sheldon ___ Marcus

Send completed forms to:
Northwest Iowa Alternative High School
Attn: Mariah Oliver
603 West Park Street
Sheldon, IA 51201
moliver@nwicc.edu

Signature of Authorized Individual

Date

O:\Learning Center\Alternative High School\2021-2022 Documents
To be completed by parent/guardian:

2021-2022
NORTHWEST IOWA ALTERNATIVE HIGH SCHOOL
ENROLLMENT FORM

STUDENT’S NAME: ________________________________________________

ADDRESS: ________________________________________________________

Street/Box #   City   State   Zip

E-MAIL ADDRESS: ________________________________________________

AGE: ______  DATE OF BIRTH: ____________  CELL PHONE #: ____________

Outside of school, our primary means of communication with the student will be through texting their cell phone.

SOCIAL SECURITY#: ____________________________________________

Whom should we contact in regard to the student?
We will communicate with this person via text and phone calls. Progress reports will be sent to their email address. If this does not work for you, please let us know how best to communicate with you.

______________________________________________________________

Please list anyone else we can talk to about this student (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