

YOUTH INITIATIVE HIGH SCHOOL

500 E. Jefferson St. Viroqua, WI 54665 608-637-6445 www.yihs.net

Application for Admission

Application is for Grade	9 10 11 12
Student's name	
Place of birth	
Student lives with	
School presently attending	

Date of proposed entry	
Sex (M/F)—date of birth	
Student's email	
Siblings	
Current Grade	

Mother/Guardian	
Address	
Home phone	
Work/Cell phone	
Email	

Father/Guardian	
Address	
Home phone	
Work/Cell phone	
Email	

Please indicate contact info to appear in the Directory if different from above:

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I hereby give permission for my son/daughter to participate in field trips and off-campus school related activities. I hereby give my consent for emergency medical care or treatment (to be used only if I cannot be reached immediately).

I commit to working with the Faculty and Administration of the school to assist my student in meeting his/her commitment to respect and abide by the school's policies and guidelines described in the Vision and Purpose Statement of the YIHS. I have read and I understand the commitment that I am making to sharing the responsibility for the life of the school.

Parent/guardian signature

Date

The Youth Initiative High School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and other school-administered programs.

Admissions Form (Questions for Parent/Guardian)

Please use additional paper as necessary.

Please describe any serious illnesses or issues your student has had.

What is your student's academic life like? What do you consider to be strong points and weak points?

Please describe your student's relationships with classmates and teachers?

Has your student ever undergone psychiatric therapy or psychological counseling?

Does your student have any learning, behavioral, or emotional difficulties? Please describe.

Has your student had educational testing? If yes, please include a copy of the report.

To your knowledge, has your student used with caffeine, alcohol, nicotine, marijuana, or other drugs. Please explain.

Please share any other biographical information that may help us to understand and serve your student. (Please use additional paper as necessary.)

Admissions Form (Questions for Parent/Guardian)

Emergency Information

Local Emergency contact (when parent(s)/guardian(s) cannot be reached):

Name

Address/City/State

Phone numbers (home/work/cell)

Relationship to applicant

Physician/Clinic information:

Name of Physician/Facility

Address/City/State

Telephone

Health Information:

Does your student take any medications on a regular basis? (please list)

Does your student have any allergies, including insect stings?

Has your student ever had seizures?

Can your student be given any of the following in case of a minor injury or headache?

Homeopathic remedy _____ Aspirin _____ Tylenol _____ Ibuprofen _____

I hereby give my consent for **EMERGENCY MEDICAL CARE OR TREATMENT** to be used only if I cannot be reached immediately:

Parent's Signature

Parent Volunteer Service Pledges, 2011-2012

Please commit to at least one choice per section, per family

CLEAN-UP DAYS		
	Name	Name
Back-to-School Clean-Up		
Fall Clean-Up		
Winter Clean-Up		
Spring Clean-Up		
End-of-Year Clean-Up		

COMMITTEES		
Administrative Group		
Curriculum Committee		
Development Committee		
Facilities Committee		
Finance Committee		
Long Range Planning Committee		
Parent Fundraising Committee		
Peace Committee		
Personnel Committee		

EVENTS		
Art Nights (one per trimester)		
Camping Trip (late August)		
Fair Booths: Kickapoo, Vernon County		
Highway Clean-up		
Holiday Faire		
Mother's Day Brunch (May)		
Parent/Teacher Conference Support		
Playhouse Construction/Raffle		
Service Week Organization/Support		
Spring Play Concessions/Support		
Theme Week Organization/Support		
Valentine's Dinner,		

ONGOING OPPORTUNITIES		
Chaperone On-Site Events (dances, etc.)		
Chaperone Field Trips		
Class Parent		
Facilities Work		
IT Assistance		
Kaleidoscope mailing		
Kwik Trip Scrip Coordinator		
Laundry		
Library Upkeep (work with Student Librarian)		
Office Assistance		
Transportation (# of passengers_____)		
True Botanica Coordinator		

Development/Fundraising Information

The role of Development and Parent Fundraising is integral to the financial success of the school. Because we are committed to making this education available to everyone, we rely on our greater community to support the financial gap between parent pledges and operating expenses.

We have developed a *Matching Gift Campaign* through which businesses and individuals match a percentage of the money our students fundraise each year. Do you know of any organizations or foundations that may be interested in partnering with our students in this way? Please list below.

Help us network! Please list contact information, including email addresses, of relatives and friends who may be interested in the school's outreach communications. Please share their interests with us if possible!

Example:

Thomas & Eileen Olson
123 Easy Going Lane
Boca Raton, FL 33333

welovegolf@hotmail.com

Grandpa is a photographer!

Example: Thomas & Eileen Olson 123 Easy Going Lane Boca Raton, FL 33333 welovegolf@hotmail.com Grandpa is a photographer!		

Admissions Form (Questions for Student Applicant)

(Please hand-write these answers, using extra paper as necessary.)

Your name:

Which subjects at school do you enjoy most?

Do you read on your own? If so, what are some books you have recently read?

Do you like to write? Have you ever written poetry, short stories, plays, manifestos, or articles for the school newspaper, or a yearbook at a school or camp?

Do you now have or do you plan on having a paid job during the school year?

Have you ever had a volunteer job? Tell us what it was, how you got it, what you learned, and whether you liked it.

Do you like doing arts and crafts? Which ones?

Do you have any musical interests? Do you play an instrument? Do you know how to read music?

Do you like to act? Have you ever acted in or contributed to a drama production?

Do you see movies or TV often? Mention some of your favorite shows. How much do you listen to music? What kind of music do you like?

Do you have a cell phone? Do you use it during the school day?

How much time do you spend on the computer? What do you use it for?

How often do you play video games?

Have you ever participated in or would you like to participate in sports? Which ones?

Admissions Form (Questions for Student Applicant)

(Please hand-write these answers, using extra paper as necessary.)

Have you ever done any hiking or camping?

How do you usually spend your free time?

Do you have any regular jobs or responsibilities at home?
What are they?

What would you like to do a year or two after graduating from high school?

How do you feel about the use of caffeine, alcohol, nicotine, marijuana and other drugs? We aspire to a healthy, engaged academic and social life, and students here agree not to use alcohol or other drugs during the school day or during any school activity. Do you agree to this?

Describe an important moment in your life. What was happening? How did you feel?
(use additional paper as necessary)

I want to participate in the Youth Initiative High School and I have read and understand the Vision and Purpose Statement. I commit to abide by the school policies, standards, values and guidelines as I enter into and participate in the Youth Initiative High School.

Student signature:

Date: