

YOUTH INITIATIVE HIGH SCHOOL

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



Application for Admission

Student	Student name	Date of proposed enrollment		
	Gender	Applying for grade (circle) 9 10 11 12		
	Date of birth	Country of birth		
	School presently attending	Current grade		
	Student email address	Student cell phone number		
	<input type="checkbox"/> No email	<input type="checkbox"/> No cell phone		
	School District of residence	Is bus service requested?		
	Student lives with (please circle all that apply) mother father dual households other _____			
Household	Parent(s)/guardian(s)			
	Additional household members/age/relationship to student			
	Address			
	Home phone	Cell phone		
	Work phone	Other phone (please indicate)		
	Email(s)			
	Please indicate any information you would like withheld from the school directories			
Household	Parent(s)/guardian(s)			
	Additional household members/age/relationship to student			
	Address			
	Home phone	Cell phone		
	Work phone	Other phone (please indicate)		
	Email(s)			
	Please indicate any information you would like withheld from the school directories			
>> Who should receive information and academic updates for this student?				

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 if I cannot be reached. I hereby give consent to YIHS to use my student's likeness or schoolwork in promotional materials.

I commit to work 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.

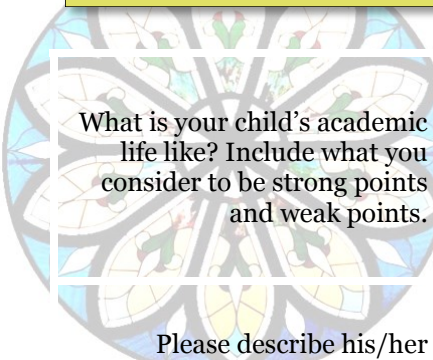
**Parent/Guardian
Signature**

Date

The Youth Initiative High School admits students of any race, gender, 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, gender, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and other school-administered programs.

Parent Questionnaire

Please use additional paper as necessary.



What is your child's academic life like? Include what you consider to be strong points and weak points.

Please describe his/her relationships with classmates and teachers.

Has your child had educational testing?

If yes, please indicate what kind and include a copy of the report.

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

Please describe any serious illnesses or traumas your child has had.

Has your child ever undergone psychiatric therapy or psychological counseling? Please describe.

To your knowledge, has your child used alcohol, nicotine, marijuana, or other drugs? Please explain.

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

Health & Medical Information

Questions for Parent/Guardian

Local emergency contact outside the household

Name

Address

City/state

Home phone

Cell/work phone

Relationship to applicant

Health care provider information

Clinic

Primary care provider

Address

City/state

Phone

Health Information

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

Does your child have any allergies, including insect stings?

Has your child ever had seizures?

Please indicate any medications your child can be given in case of a minor injury or headache

☐ Homeopathic remedy

☐ Tylenol

☐ Ibuprofen

☐ Other (please indicate) _____

Does your child have any other health or medical conditions we should be aware of?

I hereby give my consent for **EMERGENCY MEDICAL CARE OR TREATMENT** to be used if parent(s)/guardian(s) cannot be reached immediately:

**Parent/Guardian
Signature**

Date

Student Immunization Record

Please indicate all previous vaccinations, even if waiving future vaccines

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-04020L (Rev. 07/12)

STATE OF WISCONSIN
252.04 and 120.12 (16) Wis. Stats.

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN 30 DAYS AFTER ADMISSION. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that reason only. If you have questions on immunizations or how to complete this form, contact your child's school or local health department.

PERSONAL DATA		PLEASE PRINT				
Step 1	Student's Name	Birthdate (Mo/Day/Yr)	Gender	School	Grade	School Year
	Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)			Telephone Number ()	

IMMUNIZATION HISTORY					
List the MONTH, DAY AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the question about chickenpox, Tdap or Td. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.					
TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below:					
Has your child had Varicella (chickenpox) disease? Check the appropriate box And provide the year if known: <input type="checkbox"/> YES _____ year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)					

REQUIREMENTS	
Step 3	Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

COMPLIANCE DATA	
Step 4	STUDENT MEETS ALL REQUIREMENTS Sign at Step 5 and return this form to school. _____ Or STUDENT DOES NOT MEET ALL REQUIREMENTS Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS. <input type="checkbox"/> Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine. NOTE: Failure to stay on schedule and notify the school may result in court action and a fine of up to \$25.00 per day of violation. WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received) <input type="checkbox"/> For health reasons this student should not receive the following immunizations _____ _____ SIGNATURE - Physician _____ Date Signed _____ <input type="checkbox"/> For religious reasons this student should not be immunized. <input type="checkbox"/> For personal conviction reasons this student should not be immunized. _____ LIST VACCINE(S) WAIVED

SIGNATURE	
Step 5	This form is complete and accurate to the best of my knowledge. Check one: (I do <input type="checkbox"/> I do not <input type="checkbox"/>) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR. _____ SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student _____ Date Signed _____

Parent Volunteer Service Pledge

Please commit to at least two Clean-Up Days and one choice in each 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		
Sports Committee		
EVENTS		
Art Nights		
Camping Trip (late August)		
Fair Booths: Kickapoo Country; Vernon County		
Highway Clean-up		
Holiday Faire		
Mother's Day Brunch		
Panel Discussion		
Parent/Teacher Conference Support		
Service Week Organization/Support		
Spring Play Concessions/Support		
Valentine's Dinner		
ONGOING OPPORTUNITIES		
Chaperone On-Site Events (dances, etc.)		
Chaperone Field Trips		
Class Parent		
Facilities Work		
IT Assistance		
Kaleidoscope mailings		
Kwik Trip Scrip Coordinator		
Laundry		
Library Upkeep (work with Student Librarian)		
Office Assistance		
Transportation (# of passengers_____)		
True Botanica Coordinator		

Student Questionnaire

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

Your full name:

What do you prefer to be called?

What would you consider to be your academic strengths?

What would you consider to be your academic weaknesses?

Do you enjoy reading?
What are some books you have recently read?

Do you like to write? Have you ever written poetry, short stories, plays, manifestos, or articles?

Do you now have, or do you plan to have a paid job during the school year? How much time will it require?

Please describe any volunteer work you have done.

Do you like doing arts and crafts? Which ones?

What kind of music do you like? Do you play an instrument? Do you know how to read music?

Do you like to act? What productions have you been involved in?

Do you see movies or TV often? Mention some of your favorite shows.

Do you have a cell phone? How often do you use it?

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

How often do you play video games?

Are you interested in any of the following sports? What other sports would you like to play?

☐ American Football (boys) ☐ Track & Field

OTHER

☐ Soccer

☐ Basketball

☐ _____

☐ Volleyball (girls)

☐ Ice Hockey

☐ _____

Student Questionnaire

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

Describe your experiences
with hiking/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
after graduating from high
school?

How do you feel about the use
of 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?

Essay:

On a separate piece of paper, write an essay about what “initiative” means to you. Include both your definition of “initiative” and specific examples from your own life and experience. Your essay may be handwritten or typed, but must be neat and legible.

Minimum 300 words.

Student Commitment:

I want to participate in Youth Initiative High School. I commit to learn about and abide by the school policies, standards, values, and guidelines as I enter into Youth Initiative High School.

**Student
Signature**

Date

*Signature required for enrollment

References

Please include 3 non-family references

Name	Phone	Email

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.

Name of business or organization	Contact information

Help us network! Please list contact information, including email addresses, of relatives and friends who may be interested in the school's outreach communications.
If there is special information we should share with them, please let us know!

Example:

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

welovegolf@hotmail.com

Grandpa likes photography.

Enrollment Checklist

Please make sure all sections are completed with signature and date

<input type="checkbox"/>	Student & Household Information
<input type="checkbox"/>	Parent Questionnaire
<input type="checkbox"/>	Student Questionnaire
<input type="checkbox"/>	Parent Volunteer Service Pledge
<input type="checkbox"/>	Emergency Contact Information
<input type="checkbox"/>	Health & Medical Information
<input type="checkbox"/>	Immunization Form
<input type="checkbox"/>	Essay on Initiative (student)
<input type="checkbox"/>	References
<input type="checkbox"/>	Enrollment Fee
<input type="checkbox"/>	Transcript from previous school(s)

Important Date & Fee Schedule

♥ Before March 15th:	\$25	Application fee
♥ After March 15th:	\$100	Application fee

All portions of the Application and Enrollment Checklist **MUST** be complete in order to meet the March 15th application deadline

