

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	Date of proposed entry	
Student's name		Sex (M/F)—date of birth	
Place of birth		Student's email	
Student lives with		School Presently Attending	
Siblings?		Current Grade Level	
Mother/Guardian		Father/Guardian	
Address		Address	
Home phone		Home phone	
Work/Cell phone		Work/Cell phone	
Email		Email	
Best contact phone #?		Best contact phone #?	
Please indicate contact info to appear in the Directory if different from above:		Please indicate contact info to appear in the Directory if different from above:	

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, 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.

Admissions Form (Questions for Parent/Guardian)

Please use additional paper as necessary.

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

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

Please describe his/her relationships with classmates and teachers?

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

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

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

To your knowledge, has your child used 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 Contact 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 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?

Can your child 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

Student Immunization Record

(Please indicate all previous vaccinations, even if waiving future vaccines)

DEPARTMENT OF HEALTH & FAMILY SERVICES
 Division of Public Health
 DPH 4020L (Rev. 02/08)

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

Step 2 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. 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)					

*Hib vaccine is only required for children in licensed day care centers. Do not report the dates your child received Hib vaccine on this form.

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.

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)

For health reasons this student should not receive the following immunizations _____

SIGNATURE - Physician _____ Date Signed _____

For religious reasons this student should not be immunized.

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.

SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed _____

Parent Volunteer Service Pledges, 2012-2013

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

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

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 Ctry Fr; Vernon Cty Fr		
Highway Clean-up		
Holiday Faire		
Mother's Day Brunch (May 12)		
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		
Laundry		
Library Upkeep (work with Student Librarian)		
Office Assistance		
Transportation (# of passengers_____)		

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.
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.

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 a school newspaper, or a yearbook at a school or camp?

Do you now have or do you plan to have 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 dramatic 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?
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?

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?

What does “initiative” mean to you? Describe an instance when you took initiative.
(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: