



Windsor Oaks Academy

Program Application

Windsor Oaks Academy is a one-room continuation school within the Windsor Unified School District's alternative education program. Students attend classes Mon-Fri, with a maximum of 15 students per class. 180 credits are required for graduation.

Student Information

Name: _____ Age: _____ DOB: _____

Current School/District: _____ Current Grade: _____

Address: _____

Student Email(that you check/use) : _____ Student Cell: _____ Do

you have an IEP (special education program)? YES NO IF YES, CASE MANAGER: _____

Do you have a 504 Plan? YES NO

Are you on track for graduation? YES NO Do you need credit recovery options? NO YES

1. Why are you seeking placement in an alternative education setting?

2. What are your academic strengths? How do you learn best?

3. What are your academic challenges? What does not work for you (in terms of learning)?

4. What are your current interests &/or hobbies? Would you pursue these as a possible career?

5. Please respond to each question:

a. I would like to earn a high school diploma. YES NO I DON'T KNOW

b. I am able to work independently on an online program (i.e Odyssey). YES NO I DON'T KNOW

c. I struggle with getting to school on time (attendance). YES NO I DON'T KNOW

d. I intend to continue my education after graduation. YES NO I DON'T KNOW

e. I can be successful in a small learning environment. YES NO I DON'T KNOW

f. I would like to return to my previous school after catching up on credits. YES NO I DON'T KNOW

Parent/Guardian Section

Name(s): _____

Email: _____ Cell: _____

Student lives with (circle): Both parents Mother Father Legal Guardian Other: _____

Is translation required at meetings? NO YES: (LANGUAGE) _____

Is there anything you would like us to know about your student? _____

I approve my son/daughter's application to Windsor Oaks Academy.

Parent/Guardian Signature: _____ Date: _____

Academic Counselor Input (PLEASE TAKE THIS APPLICATION TO YOUR COUNSELOR. THIS SECTION MUST BE COMPLETE BEFORE SUBMITTING)

Please check any information applicable to this applicant:

504 EL. LEVEL ____ TRUANT/SARB INTERDISTRICT TRANSFER IEP: (CASE MGR) _____

OTHER: _____

Please provide any pertinent information regarding this applicant's academic/social-emotional needs (including recommended program and supporting information). Okay to email if you prefer to drudesill@wusd.org.

Counselor Name _____ Signature _____ Date _____

Questions about this application or Windsor Oaks Academy?

Please contact...

Yvette James, school secretary, yjames@wusd.org / 707-837-7771 x2500

Informacion en español - Christian Hernandez, chernandez@wusd.org / 707-837-7771 x2504

Please submit your completed application to the Alternative Education Office.

8681 Windsor Rd
Windsor, CA 95492
FAX: 707.837.7770