

Galesburg-Augusta Alternative High School Application Form

Please note: Incomplete applications will not be considered for admission to the Alternative Program.

Student Information	
First Name:	Last Name:
Date of Birth:	Grade:
Student Email:	Student Phone Number:
Address:	
Current High School:	Student ID Number:
Have you ever been expelled, or long term suspended from any district? Yes or No	
If yes, state which district and the reason.	
If you were suspended or expelled, did the district conduct a formal reinstatement meeting? Yes or No	
If yes, state the results of the meeting.	
Are you currently working? Yes or No	
If yes, please answer the following questions.	
Who is your employer?	
Approximately how many hours a week do you work?	
How do you get to school?	
Parent/Guardian Information	
Name:	Best Time to Contact You:
Home Phone:	Cell Phone:
Work Phone:	Email:

Student Input

I have reviewed the Galesburg-Augusta High School Handbook and the Alternative Education Supplement form. Based on this information, I believe the Alternative program would best meet my needs because (attach additional paper if necessary):

[illegible]

Parent Input

I believe the Alternative Education program would meet the needs of my student based on the following:

[illegible]