

## PERSONAL INFORMATION

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Legal Name: \_\_\_\_\_ Last First Middle Initial  Male  Female

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_

Parent/Guardian Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Race/Ethnicity:  Caucasian  Native American  African American  
 Asian American  Hispanic  Other

Married: Yes  No  Driver License:  Yes  No Will you need bus transportation?  Yes  No

Health Issues:  Yes  No Type: \_\_\_\_\_ Disabilities:  Yes  No Type: \_\_\_\_\_

Youth offender or adult offender: \_\_\_\_\_ Are you on probation?  Yes  No

How long? \_\_\_\_\_ Reason for probation: \_\_\_\_\_

What are the terms of your probation? \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Who referred you to this program? \_\_\_\_\_

## EDUCATIONAL INFORMATION

Currently attending school:  Yes  No Name of school: \_\_\_\_\_

Last school attended: \_\_\_\_\_

Please circle highest grade completed: 6 7 8 9 10 11 12

High School diploma/GED:  Yes  No Date Completed: \_\_\_\_\_

Did you drop out?  Yes  No When: \_\_\_\_\_

Briefly describe what happened:

Which of the following (if any) contributed to you leaving school?

- Lack of interest     Behavioral difficulty     Academic difficulty     Non-attendance     Marriage  
 Pregnancy     Employment     Physical illness (explain below)     Needed at home (explain below)     Other (explain below)

Explanation:

What was your approximate grade average in school? (circle one)    A    B    C    D    F

If you dropped out of high school, when did you drop out? \_\_\_\_\_

Why did you drop out?

Can you think of anything that could have been done that would have encouraged you to stay in school?  Yes  No

If Yes, please explain:

Are you attending a postsecondary school or education? (college, career-tech, etc.)  Yes  No

If Yes, please explain:

Have you ever been in alternative school?  Yes  No When? \_\_\_\_\_ Where? \_\_\_\_\_

Have you ever been suspended from school?  Yes  No When? \_\_\_\_\_

If Yes, please explain:

What was your favorite subject in school? \_\_\_\_\_ Least favorite? \_\_\_\_\_

## BARRIERS

Homeless and/or Runaway:  Yes  No

Do you have Children?  Yes  No    What are your daycare arrangements? \_\_\_\_\_

Do you have transportation?  Yes  No    What kind of transportation? \_\_\_\_\_

## HOUSEHOLD INFORMATION (those living in the household)

With whom do you currently live? \_\_\_\_\_ How many people live in your household? \_\_\_\_\_

List household members:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please tell us why you think you would be a successful candidate for this program:

\_\_\_\_\_  
*Partner School Counselor Signature*

\_\_\_\_\_  
*Partner School Administrator Signature*

Return completed application and most recent transcript to:

Dr. Richard Palazzo, Alternative Education Director  
Tulsa Tech, P.O. Box 477200  
Tulsa, OK 74147-7200

9.28.17