INDIVIDUAL COURSE APPLICATION FOR NON-PUBLIC SCHOOL STUDENTS

(this form is to be used to take a course in the District under s. 118.145(4) or 118.53 of the Wisc. Statutes)

1. Instructions to Applicant:
   a. Fill out the form completely and please print legibly.
   b. Use this form to apply to attend up to two courses.
   c. The form can be returned no earlier than ten (10) weeks before the date the course is scheduled to start.
   d. The form can be returned no later than six (6) weeks before the date the course is scheduled to start.
      i. Exceptions to the timeline may be considered under extenuating circumstances as determined by the administration
   e. Return this form to the District Office at 1903 Bartlett Avenue.

The District may require the applicant to provide additional information to process this application or, if the application is approved, to register the student for class attendance purposes.

2. Student Information:

_____ _____ _____

First Name M.I. Last Name Birthdate (mm/dd/yyyy) Grade (when taking the course(s))

Address where the student resides:

_____

Street Address City State Zip Code

3. Student's Non-Public School Status: Check the Applicable Box

☐ Altoona District resident attending private school at_____
(Student must meet the District's high school admission standards)

☐ Altoona District resident attending home-based private educational program

☐ Nonresident student attending home-based private educational program

☐ Altoona District resident attending a tribal school

4. Identify the Course(s) the Student Wishes to Attend

Name of Course	Grade Level	Scheduled Start Date of Course
_____	_____	_____
_____	_____	_____

5. Check any that Apply:

☐ The student attended a public school within the last four (4) years:
School Name/City/State_____

☐ The student has been expelled from a public school and the term of the expulsion includes the time period during which the student would attend any of the courses list above.
School Name/City/State_____

☐ The student is currently subject to a pending disciplinary matter in a public school that may result in his/her expulsion from the school.
School Name/City/State_____

Parent/Guardian CONSENT FOR RELEASE OF RECORDS and Signature:

I, the parent or guardian of the student identified on this application, understand that the District will need to review the student's educational records in order to process this application, determine his/her eligibility to attend the above-listed course(s), and to provide appropriate instruction. Accordingly, I grant my permission for any school identified in Section 3 or 5 of the application, at any time within six (6) months of the date of this application, to provide to the School District of Altoona, a copy of the student's records, including his/her academic, progress and behavioral records as defined under Section 118.125 of the Wisc. Statutes.

_____ _____
Parent/Guardian Signature Date

_____ _____
Print Name Daytime Telephone

Date Received by the
SCHOOL DISTRICT OF ALTOONA:

_____

_____
Email Address