



Open Doors Program

Application for Admission

OFFICE USE ONLY

GRAD YEAR _____

GRADE LEVEL _____

INTAKE DATE _____

WWCC SID _____

SECTION 1 - STUDENT INFORMATION

PRINT NAME AS IT APPEARS ON YOUR STATE ID/DRIVER'S LICENSE		
LAST	FIRST	MIDDLE
PRINT ALL OTHER NAMES YOU HAVE USED/HAD		
LAST	FIRST	MIDDLE
NICKNAME/PREFERRED FIRST NAME	DATE OF BIRTH	CITY AND STATE OF BIRTH

SECTION 2 - CONTACT INFORMATION

HOME ADDRESS	CITY, STATE	ZIP
MAILING ADDRESS (WRITE SAME IF SAME AS HOME ADDRESS)	CITY, STATE	ZIP
HOME PHONE	CELL PHONE	
EMAIL ADDRESS		

SECTION 3 - FAMILY INFORMATION

CURRENT LIVING ARRANGEMENTS

On own
 Spouse/Family
 Both Parents
 Single Parent
 Parent/Stepparent (circle one - mother or father)

Relative(s) _____
 Other _____

ALL STUDENTS UNDER 18 OR RESIDING WITH A LEGAL GUARDIAN MUST COMPLETE THIS SECTION

LEGAL GUARDIAN 1 - HOUSEHOLD INFORMATION

GUARDIAN(S) NAME (PLEASE LIST ALL ADULT GUARDIANS IN HOUSEHOLD)	RELATIONSHIP TO GUARDIAN(S)	
HOME ADDRESS (IF SAME AS STUDENT, WRITE SAME)	CITY, STATE ZIP	HOME PHONE
CELL PHONE	WORK PHONE	
EMAIL ADDRESS		

LEGAL GUARDIAN 2 - HOUSEHOLD INFORMATION

GUARDIAN(S) NAME	RELATIONSHIP TO GUARDIAN(S)
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HOME ADDRESS (IF SAME AS STUDENT, WRITE SAME)	CITY, STATE ZIP	HOME PHONE
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CELL PHONE	WORK PHONE
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EMAIL ADDRESS

IS THERE A JOINT CUSTODY OR PARENTING PLAN IN PLACE BETWEEN GUARDIANS OR PARENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No

THIS SECTION IS REQUIRED FOR ALL STUDENTS

PLEASE LIST 2 EMERGENCY CONTACTS

NAME OF PERSON (S)	PHONE	RELATIONSHIP
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NAME OF PERSON (S)	PHONE	RELATIONSHIP
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SECTION 4 - LEGAL HISTORY

ANSWERING YES TO THE FOLLOWING QUESTIONS DOES NOT DISQUALIFY THE STUDENT FROM ACCEPTANCE INTO PROGRAM

ANY CURRENT RESTRAINING/NO CONTACT ORDERS? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE PROVIDE DETAILS BELOW
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NAME OF PERSON (S)	FILED BY
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HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE PROVIDE REQUESTED DETAILS BELOW
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CRIME(S)	STATE	WHEN?
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ARE YOU CURRENTLY ON PROBATION OR PAROLE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE PROVIDE REQUESTED DETAILS BELOW
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NAME OF PAROLE/PROBATION OFFICER	PO PHONE NUMBER
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SECTION 5 - ACADEMIC HISTORY

CURRENT GRADE	GRADUATION YEAR	FOR HS DIPLOMA STUDENTS - HOW SHOULD YOUR NAME APPEAR ON THE DIPLOMA
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LIST PREVIOUS MIDDLE/HIGH SCHOOLS ATTENDED

GRADE(S)	SCHOOL NAME	CITY	STATE

HAS STUDENT EVER BEEN HELD BACK/RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE LIST GRADE WHEN HELD BACK AND REASON
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HAS STUDENT EVER RECEIVED ANY OF THE FOLLOWING ACADEMIC SUPPORTS OR RECOGNITIONS? (MARK ALL THAT APPLY)			
<input type="checkbox"/> HONORS/ADVANCED COURSES	<input type="checkbox"/> ESL/ELA SUPPORT	<input type="checkbox"/> ON-CAMPUS COUNSELING	<input type="checkbox"/> IEP/504 PLAN
ACADEMIC SUPPORT/RECOGNITION DETAILS			
DOES THE STUDENT HAVE ANY UNPAID FINES OR FEES FROM PRIOR SCHOOLS ATTENDED?			<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, PROVIDE DETAILS BELOW			

BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE. I HAVE FILLED OUT ALL OF THE INFORMATION TO THE BEST OF MY ABILITY. I UNDERSTAND THAT FALSIFICATION OF INFORMATION TO ACHIEVE ENROLLMENT OR ASSIGNMENT MAY BE CAUSE FOR REVOCATION OF STUDENT'S ENROLLMENT OR ASSIGNMENT TO A SCHOOL IN THE WALLA WALLA PUBLIC SCHOOLS.

 Parent/Guardian Signature (if under 18 or still residing with guardian)

 Date

 Student Signature

 Date