

# 9<sup>th</sup> Grade Academy Online Pilot Program Application 2015-2016

---

Please type or print clearly

Applications will be accepted on a limited basis until the start of the 2015-2016 school year.

Please return application via e-mail to [nathan.gorsch@asd20.org](mailto:nathan.gorsch@asd20.org), faxed to 719-234-1732 or physically dropped off at the AOHS office, 1110 Chapel Hills Drive, Colorado Springs, CO 80920

## **Student Information**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Best Contact Phone Number: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Parent e-mail address: \_\_\_\_\_

Student e-mail address: (if available) \_\_\_\_\_

Is your child currently on any of the following plans:	<input type="checkbox"/> IEP <input type="checkbox"/> 504	<input type="checkbox"/> ALP <input type="checkbox"/> ILP	<input type="checkbox"/> ELL <input type="checkbox"/> RTI	<input type="checkbox"/> Truancy/Truancy Elimination Plan
Explanation (If needed)				

How did you hear about our program?

Why are you interested in this pilot program?

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_