



**Wakapa Academy Application Packet**

**The completed packet may be submitted by mail to:**

**Wakapa Academy  
Attn: Maggi Fortner  
523 Sawtooth Ave.  
Buhl, Idaho 83316**

**in person: 523 Sawtooth Ave.**

**by fax: (208)543-8705**

**Or e-mail: [maggi.fortner@buhlschools.org](mailto:maggi.fortner@buhlschools.org)**

# Wakapa Academy Application

## General Information

(to be filled out legibly by student)

Student's name \_\_\_\_\_

Student's current grade in school \_\_\_\_ M/F \_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Student's Cell Phone \_\_\_\_\_

Lives with: Mother \_\_\_\_ Father \_\_\_\_ Other \_\_\_\_\_

Are there legal issues such as (guardianship/ custody/ foster care/ court orders) affecting this student that we should be aware of? Yes \_\_\_\_ No \_\_\_\_

If yes, briefly explain \_\_\_\_\_

\_\_\_\_\_

Parent or Guardian

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

Cell #: \_\_\_\_\_

E-mail Address

\_\_\_\_\_

Employer: \_\_\_\_\_

Work phone \_\_\_\_\_

Ok to call at work for non-emergencies? \_\_\_\_

Parent or Guardian

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

Cell #: \_\_\_\_\_

E-mail Address

\_\_\_\_\_

Employer: \_\_\_\_\_

Work phone \_\_\_\_\_

Ok to call at work for non-emergencies? \_\_\_\_

Previous School: \_\_\_\_\_ When were you last enrolled? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Are you a teen parent? \_\_\_\_ Due date: \_\_\_\_ Age of children at time of application: \_\_\_\_\_

Have you been expelled from school? \_\_\_\_ If yes, why? \_\_\_\_\_

Have you been charged with criminal charges, been on probation, or through diversion? \_\_\_\_

If yes, what charges? \_\_\_\_\_

If yes, P.O.'s name: \_\_\_\_\_ Phone #

\_\_\_\_\_

Does student have a current, or past, IEP? \_\_\_\_\_ Is the student on a 504? \_\_\_\_\_ Is student receiving LEP services? \_\_\_\_\_ Are you living with an adult that is not your parent or legal guardian, or alone without an adult \_\_\_\_\_ Are you and/or your family sharing the home of others due to hardship? \_\_\_\_\_

## **Wakapa Academy**

### **Referral**

#### **To be filled out by school counselor or administrator**

Student name \_\_\_\_\_

Student's current grade level \_\_\_\_\_ Today's date \_\_\_\_\_

Name and title of the person making the referral

\_\_\_\_\_

Reason for referral \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What interventions have been done to help the student succeed?

\_\_\_\_\_

\_\_\_\_\_

Describe the success of these interventions?

\_\_\_\_\_

\_\_\_\_\_

Was this referral requested by the student? \_\_\_\_\_

Was this referral requested by parents/ guardians? \_\_\_\_\_

As of the last complete term, how many credits has this student successfully completed? \_\_\_\_\_

How many credits is the student currently attempting? (this term) \_\_\_\_\_

What is the date of completion for the current term? \_\_\_\_\_

How many credits is the student expected to successfully complete during the current term? \_\_\_\_\_

Is this student currently pregnant or a parent? \_\_\_\_\_

Has the student lost any high school credits because of attendance? \_\_\_\_\_

Is lack of attendance a concern in whether or not he/ she receives credits for classes in which he/ she is currently enrolled? \_\_\_\_\_

Has this student had any discipline referrals (including suspensions and expulsions) during his/ her high school career? If so, please detail below

\_\_\_\_\_

Is the student currently on probation? If so, please indicate the name and phone number of his/ her probation officer below.

Is the student receiving special services (IEP, 504, GT, etc.) If so, please indicate the nature of services below.

Are there any school/ family/ home situations of which we should be aware? (i.e. student lives with a brother rather than parents, etc.)

\_\_\_\_\_

Counselor/ Administrator Signature \_\_\_\_\_

- Please attach a current transcript to this referral
- Student will need to submit this referral and application packet to Wakapa Academy either in person, via fax (208) 543-8705, or via e-mail [maggi.fortner@buhlschools.org](mailto:maggi.fortner@buhlschools.org)
- **Please note that submission of application is not indicative of acceptance.** All students will be required to go through the complete application process outlined below:
  - Submission of referral and application
  - Wakapa Academy will review the application and contact guardians to schedule an interview
  - Student and guardian(s) attend an interview at Wakapa Academy
  - If the student has been accepted, guardian will be contacted and given an admission date as well as a registration packet
  - If the student is added to the waitlist, guardians will be notified when a position becomes available

- Please note that Buhl School District students on the waitlist supercede out of district students on the waitlist

## **Wakapa Academy Application**

### Student Section

We are looking forward to a great year helping you to achieve your goals. Help us shape your learning to meet your goals.

Name that you prefer to be called \_\_\_\_\_

1. Primary Graduation Goal: When/ why do you want to graduate?

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2. What are your goals for after high school? \_\_\_\_\_

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3. Have you chosen a college yet? If so, which one?

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4. When you go to college, what are you looking forward to studying? \_\_\_\_\_

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5. What is your favorite thing about school?

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6. What is your biggest challenge (or struggle) in school?

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7. What fears or concerns do you have about school this year?

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8. What are you most looking forward to this school year?

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9. Are you an athlete? If so, which sports do you participate in?

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10. Do you have any other challenges in your life that I need to be aware of?

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## **Wakapa Academy Application**

### Parent Section

You know your kid best, help us get to know them.

Your name and relationship to student

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1. What do you think is missing from your student's education in their prior schooling experience?

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2. What do you think Wakapa will provide for your student?

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3. Wakapa values and understands how parental involvement enhances a student's success. You will be asked to visit Wakapa, participate in parent groups and attend presentations. What level of involvement do you intend to have with your student at Wakapa? Why?

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4. What are three qualities your student has that makes you proud?

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

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