

# Venture High School Enrollment Packet

Venture High School provides an excellent alternative learning environment for students to earn their High School Diploma.

To schedule an appointment for enrollment, contact Mr. Wolford by calling the Venture High School Office at (810) 724-9814. Please leave a message if you don't get through. *The messages will be checked throughout the summer.* 

Please fill out everything below and bring to your appointment.

## **Enrollment Process:**

Please fill out everything below and bring to your appointment

- 1) Birth Certificate (original)
- 2) Proof of Residence (EX: License, utility bill, property taxes statement. Etc.)
- 3) Transcripts
- 4) Venture High School Registration Form
- 5) Student Success Contract
- 6) Student Information Sheet
- 7) Parent Success Contract
- 8) Immunization Records
- 9) Consent for Disclosure of Immunization Information
- 10) Chickenpox Disease Form
- 11)Home Language Survey
- 12) Release of Records Sheet
- 13) Attendance Policy Sheet
- 14)Household Application for Free/Reduced-Price Lunch

\*If printed off our website, remember to print and sign the Parent Success Contract and Student Success Contract found under the enrollment process tab on the left.\*





Mr. Tim Wolford Dean of Students

### Request: Release of Records

Family Rights & Privacy Act.

To:

VEN	ΓUF	RE H	lIGH	SCH	OOL
	~				

2061 S. Almont Ave. Imlay City, MI 48444 (810) 724-9814 www.icschools.us

\_School

Last Name	First Name	Middle Name
Grade Birth Date	_	
Has enrolled at Venture High Scho	ol, Imlay City Community Schools.	
Please send the student's complet	e CA60 and all other records as indicated	to:
Imlay City High School		
1001 Norlin Dr.		
Imlay City, Mi 48444		
Cumulative Records		
Report Cards/Progress Reports/E	Exit Grades	
Health/Immunization Records/Me	dications	
Test Data including MEAP/Michig	jan Merit Award	
Counseling/Guidance Records		
Special Education files, including	Active/Inactive IEP's	
All Discipline Records and Behav	ioral Referrals (as per NCLB)	
Please Fax Immediately to (810)	724-2315	
Transcripts		
Immunizations		

I hereby authorize the release of all above requested school record.

Signature of Parent/Guardian or Adult Student

#### Signature of School Official



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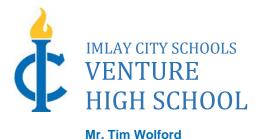
¢	IMLAY CITY SCHOOLS VENTURE HIGH SCHOOL Mr. Tim Wolford Dean of Students		VENTURE HIGH SCHOOL 2061 S. Almont Ave. Imlay City, MI 48444 (810) 724-9814 www.icschools.us
Student	Information:		
What is t	he last high school you attended with Date	(MM/DD/YY)?	
Have you	u ever dropped out or quit attending high sc	hool? Yes No	
lf yes, pl	ease explain why and for how long:		
Have you	u ever been suspended for more than 5 day	 /s? Yes No	
lf yes, pl	ease state the reason, and the approximate	dates of the suspension	ר:
Have you	u ever been expelled from a school district?	 Yes No	
	currently expelled from any school district ri		
lf yes, pl	ease state the reason and school district ex	pelled from:	
-	currently on Court Supervised probation? Y		and the second second second
If yes, pl	ease provide the offense along with name a	nd phone number of you	ur probation officer:
	Lever been on probation in the past? Vee		
If yes, ex	u ever been on probation in the past? Yes _ rolain:	NU	



IMLAY CITY SCHOOLS VENTURE HIGH SCHOOL Mr. Tim Wolford Dean of Students	VENTURE HIGH SCHOOL 2061 S. Almont Ave. Imlay City, MI 48444 (810) 724-9814 www.icschools.us
Have you ever been certified for, or received, any Special Education se	ervices? Yes No
If yes, please check the specific classification:	
EI LD PI ASD OHI (also known as ADD/ADHD/D	Diabetic)
Are you currently taking any medications for these classifications? Yes	No
If yes, please write medications below:	
What type of job or career are you interested in for after high school?	
Do you know or are you acquainted with any current Venture Students? If so, who?	? Yes No
What classes did you like the best at your last high school?	
What classes did you like the least at your last high school?	
In your own opinion, what is your biggest reason for lack of success in	school?
Check the subject area where you need the most help: Math Reading Writing Science Social Studies	
Below, write down what your hobbies, interests, and things you like to c	



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Dean of Students

VENTURE HIGH SCHOOL 2061 S. Almont Ave. Imlay City, MI 48444 (810) 724-9814 www.icschools.us

In the space below, please describe your personal demeanor. Tell us what you like and what you do not like about school:

In the space below, please explain why should be accepted into Venture High School and if accepted, what you hope to accomplish here at Venture High School:

How did you hear about Venture High School?

\_\_\_\_\_Referred by High School Counselor

\_\_\_\_Referred by a friend. If so, who? \_\_\_\_\_

\_\_\_\_\_Referred by Court/Social Services

\_\_\_\_TV/Radio Advertisement

## **Do Not Write Below: For Administration use only**

Student is accepted to Venture High School \_\_\_\_\_. Start Date:\_\_\_\_\_

Student is Denied Acceptance to Venture High School: \_\_\_\_\_

Reason:

Signed by Administration: \_\_\_\_\_

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\_\_\_\_ Date: \_\_\_\_

#### Venture High School <u>Registration Form</u>

Office Use Only:	UIC No:	Instant Alert:	
Enrollment Date:	Student No:		
Start Date:	Family No:		
Bus No:	Locker No:		
		Information	
		ease print)	
Name of Student:		MaleFem	ale
(Last	First	Middle)	
Current Grade Level: Date o	f Birth:	Birthplace: City/State/Country	
Street Address:		County of Residence:	
		Home Phone:	
City, State, Zip		Parent Email:	
Where does this student stay at night?	Please check one by		
Where does this student stay at hight:	r lease check one by		
in a home that we own/rent		temporarily with more than one family in	a house, mobile
home, or	a	partment (because the family does not have a pla	ace of its own).
in a motel/hotel	i	n a shelter	
in a car	i	n another location (i.e., an abandoned building).	
Is the parent or guardian in current Mil	itary service (does r	not include the National Guard)? Yes	No
Language Spoken by Child:		Language Spoken at Home:	
Ethnicity: Is this student (or are you)		Race: (Choose one or more.)	
Hispanic/Latino? (Choose only one)		01 American Indian or Alaska Na	itive
No, not Hispanic/Latino 06 Yes, Hispanic/Latino		02 Asian 03 Black or African American	
		04 Native Hawaiian or Pacific Isla	ander
		05 White	
**I understand that there may be only	ine courses offered	l to my child and I give my consent for m	v student to tai
-			-
Special Education: 🗆 Yes 🗆 No 🛛 E	Band Student: 🗆 N	<b>Yes</b> D <b>No</b> (If yes, type of instrument)	
	<u>MEDICAL</u>	<u>INFORMATION</u>	
Has your child had Chicken Pox? 🛛	Yes 🗆 No If yes, g	give month and year:	
Ano there any appoint health and it and	one modications	additional information?	
Are there any special health considerati	ons, medications of	auditional information?	

## Please complete other side.

PARENT/GUARDIAN INFORMATION

Street Address (if different):	Occupation: Work No.: Work No.: Marital Status: 1	
Home Phone No.:      Cell Phone No.:        Resides with student      Yes      No        Mother/Guardian Name:	Work No.: Marital Status: 1	
Resides with student  Yes  No    Mother/Guardian Name:	Marital Status: 1	
Mother/Guardian Name: Street Address (if different): Employer:		M D S W (circle one
Street Address (if different): Employer:		<b>M D S W</b> (circle one
Employer:	City	
	City	State: Zip:
	Occupation:	
Home Phone No.: Cell Phone No.:	Work No.:	
Resides with student 🛛 Yes 🖓 No		
Guardian/Step-Parent Full Name:		
Employer:	Occupation:	
Street Address (if different):	City:	State: Zip:
Home Phone No.: Cell Phone No.:	Work No.:	
Resides with student 🛛 Yes 🖓 No		
TO HAVE CONTACT WITH CHILD AT SCHOOL AND/OR RECT        Are parents divorced?        If yes, does the ex-spouse	have visitation rights and leave with non-custodial parent	t? 🗆 Yes 🗆 No
Emergency Contact Information (Other than Parents)		
	Dhara Na	Call No.
Tst Contact: Kelationsmp_	Phone No.:	
2 <sup>nd</sup> Contact: Relationship_	Phone No.:	Cell No:
3 <sup>rd</sup> Contact: Relationship_	Phone No.:	Cell No:
Brothers (First & Last Names) Birthdate	Sisters (First and Last Names	s) <u>Birthdate</u>
Is student currently suspended or expelled from previous s	chool? 🗆 Yes 🗆 No	
Last School Attended:	Date Left: _	
Lasi School Allehueu:		
School Address:		
	(City)	(State) (Zip)



## Parent Success and Responsibility Contract

The staff at Venture High School (VHS) believe that a close working partnership with parents is the key to each student's success. Studies show, parents who are actively involved in their student's education perform better academically. With this in mind, the staff at Venture ask that all parents make a determined effort to keep aware of their student's academic progress.

Upon request, our staff at VHS are willing and able to provide reports of student's academic progress at any time.

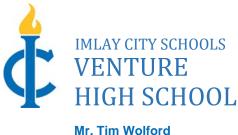
Parents need to be aware that VHS is a school of choice. Transportation to and from school remains the sole responsibility of the student and his/her parents. If the student cannot drive it is the responsibility of the parents to provide transportation and/or make arrangements to and from school.

Parent/Guardian Signature

Date



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# **Student Success Contract**

Having voluntarily applied for, and having been accepted for admission into Venture High School. I agree to adhere to all of the following provisions, policies, and guidelines:

- 1. I will obey all of the laws, regulations and rules of the state, local and district school authorities and to adhere to the guidelines presented in the student handbook.
- 2. I will follow all instructions or directives given to me by any Venture staff member.
- 3. I agree to attend all classes daily and to arrive on time ready to participate.
- 4. I will remain in class unless dismissed by the teacher, and may leave class only with the teacher's permission.
- 5. I understand that by leaving class without permission, I may be dismissed from all classes for the remainder of the day and will be marked absent for all classes missed.
- 6. I understand that failure to maintain all requirements of the Venture Student Handbook may result in additional consequences given by the Dean of Students.
- 7. I understand that honesty is the best policy regarding any and all situations that may arise. The Dean of Students and staff request that all students be completely honest with themselves and others at all times. Being honest is a benefit here, it will not benefit you if a lie is told, no matter how small.

Parent's Initials \_\_\_\_\_\_ Student's Initials \_\_\_\_\_

