

WESTWOOD HIGH SCHOOL APPLICATION

STUDENT: _____
(Last) (First) (Middle) (Other)

Age: ____ **DOB:** ____/____/____

Home Address: _____
(Street)

Guardian's Email Address: _____

(City) (State) (Zip)

Mailing Address: _____
(Street)

Guardian's Cell Phone: _____

(City) (State) (Zip)

Home Phone: _____ **Student Phone:** _____

Do you reside with your parents? Yes ____ No ____ **If "no", explain:** _____

Do you reside in Campbell County School District? ____ **If not, which district?** _____

Father/Guardian Name: _____ **Home Phone:** _____
(Last) (First) (M.I.)

Father's Address: _____
(Street) (City) (State) (Zip)

Father's Employer: _____ **Work Phone:** _____

Mother/Guardian Name: _____ **Home Phone:** _____
(Last) (First) (M.I.)

Mother's Address: _____
(Street) (City) (State) (Zip)

Mother's Employer: _____ **Work Phone:** _____

School History

School last attended: _____

Address: _____ **Phone:** _____
(Street) (City) (State) (Zip)

Date of withdrawal: ____/____/____ **Current Grade:** ____

Total High School Credits (if known): _____

Reason for leaving: _____

Have you ever been expelled (not simply suspended): ____ Yes ____ No

If “yes”, please describe the offense(s) and circumstances of the expulsion(s): _____

Employment Information

Employer (if you are currently working): _____

Total hours per week: _____

Legal History

Name of Probation Officer: _____ **County:** _____

Applicant has been referred by: _____

Waiver of Confidentiality

Applicant and parent/guardian understand that information requested in this application will be used solely in selecting qualified student candidates for Westwood High School. Both teachers and the principal participate in the interviewing process here, and therefore it is understood that any information provided will be open to examination by all parties involved in this process. By voluntarily submitting this enrollment application, the applicant and parent/guardian waive all rights to privacy and/or confidentiality as it pertains to determining acceptance or denial of the applicant's enrollment at Westwood High School.

NOTE: Any attempt to intentionally mislead, misrepresent or omit information requested on this application may result in the termination of consideration of this student's application for enrollment at Westwood High School. Please feel free to call (682-9809) if you have any questions regarding any of the requested information.

Student should personally return completed form to:

Westwood High School
601 Rohan Avenue
Gillette, WY 82716

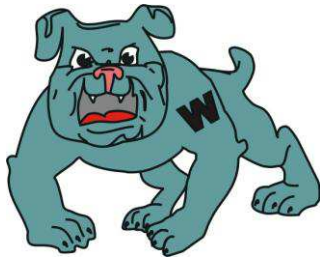
Written Essay (mandatory):

Applicant must submit a one-page written explanation below, of why enrollment in Westwood High School is desired. This essay should include academic goals and objectives, expected contributions to the school climate and environment, and any information that would be helpful in determining qualifications and acceptability of applicant into Westwood High School.

Essay Response:

Explain why you want to attend Westwood High School: _____

[illegible]



WESTWOOD HIGH SCHOOL
601 Rohan Avenue - Gillette 82716
(307) 682-9809
“SCHOOL OF CHOICE”

1. Regular class attendance is one of the most important aspects of a student’s educational program. Absence from school may result in a loss of experiences which cannot be replaced by make-up.
2. After the **fifth** absence in a class, **excused or unexcused**, the student will be dropped from that class and given a failing grade. Students will be permitted **5** absences for each class they take. On the **6th** absence, the student will be suspended for the rest of that class and /or all classes for that quarter. No credit will be given and a failing grade will be awarded.
3. Exceptions: Medically documented absences, court documented appearances and documented funerals of close relatives will not be counted as part of the five absences.
4. Carnegie Unit credit is awarded based upon time in class. If a student is absent from 13 class session (1/3 of the total sessions) in any individual class during a quarter, they will not be granted credit and a failing grade will be awarded. This includes absences from the classroom for **any** reason. The only exception is if the student is on homebound instruction.
5. Students failing three or more classes during any quarter will be dismissed for the following quarter due to lack of academic progress. Subsequently the student will have to reapply and be accepted to return to Westwood.
6. Cell phones are to be off during all classes. Teachers require students to place cell phones in a box as they enter class and pick them up at the end of class. Failure to comply with this teacher requirement will be construed as being “uncooperative” and will result in a discipline referral.
7. For other violations that will result in suspension please refer to the student handbook at <http://wwood.ccsd.k12.wy.us>.
8. Westwood has **CLOSED CAMPUS** for lunch. All students must stay at school during lunch.
9. Students will be enrolled in Westwood High School upon successful completion of the first day of classes.

Student: Print Your Name

Student Signature

Date

Parent Signature

Date



Student Registration Form

Campbell County School District does not discriminate on the basis of race, creed, color, religion, nationality, sex, handicapping condition or age in relation to admissions, treatment of students and terms and conditions of enrollment.

ID# _____ Area _____ Bus _____

Date Enrolled _____ Date Started _____

Grade Entered _____ AACR _____ Cluster _____

Homeroom _____ Teacher _____

☐ Lunch ☐ Internet ☐ Medical ☐ Immunization

☐ SSN ☐ Birth Certificate

Child's Legal Name (Last) _____ (First) _____ (Middle) _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Gender _____ Birth date _____ SSN _____

Grade Entering _____

Ethnicity: Is the student Hispanic or Latino? Yes No

What is the student's race? (Circle One) White Black Asian American Indian or Alaska Native Native Hawaiian / Other Pac Islander

Birthplace City _____ State _____ If born outside of USA where _____ Entered USA Date _____

If parents are divorced/separated who has custody of the student? _____

1st Guardian Name _____ Employer _____

Employer Phone _____ Cell Phone _____ Home Phone _____

Email Address _____ Send Emails of Grades ☐ Attendance ☐ Lunch Balances ☐

2nd Guardian Name _____ Employer _____

Employer Phone _____ Cell Phone _____ Home Phone _____

Email Address _____ Send Emails of Grades ☐ Attendance ☐ Lunch Balances ☐

If Applicable Name/Address of Secondary Household

Name _____ Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Relationship to Student _____

Employer _____ Employer Phone _____ Send Correspondence Yes No

Names and Birthdates of children living with student: _____

Emergency Contact Information (Please list other than Guardian 1 and Guardian 2)

Contact #1 Name _____ Phone _____ Relationship _____

Contact #2 Name _____ Phone _____ Relationship _____

Contact #3 Name _____ Phone _____ Relationship _____

Doctor _____ Phone _____ Dentist _____ Phone _____

Has this student ever attended CCSD before? Yes or No If yes, when and where _____

Has this student ever repeated or been asked to repeat a grade? Yes or No Grade Repeated _____

Does the student receive any of the following services: IEP 504 Plan Title1 Gifted/Talented ESL

Do you have a certificate of eligibility for the Federal Migrant Program? Yes or No

First language spoken by student? _____ Languages spoken at home? _____

Language needed for correspondence between school and home? _____

Current language(s) spoken and understood by the student? _____

Parent Signature _____

Date _____