FOR OFFICE USE ONLY
date of visit _____
app. rec'd _____
interviewer _____

LINWORTH ALTERNATIVE PROGRAM
Application for 2018 - 2019 School Year

Student Name: Home Phone:

Address:
Street Address City Zip Code

Parent/Guardian(s) Name:

Current Grade: Current School:

Guidance Counselor:

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Instructions:

1. Applicant should confer with current guidance counselor and parents regarding The Linworth Program before completing this application to determine whether or not Linworth is a viable option for the applicant.

2. Applicant and parent/guardian must complete questions on Pages 2 and 3.

3. Applicant must have current Guidance Counselor or a current teacher complete page 4.

4. Applicant must schedule a visit to The Linworth Program sometime before application is submitted. This visit must include an interview with one of the Linworth staff.

5. Application must be fully completed and submitted to The Linworth office.

LINWORTH'S ENROLLMENT POLICY

Enrollment is open to all Worthington High School students. Completed applications will be accepted until **4:00 p.m., Friday, April 6, 2018**. If the number of applications exceeds the staffing enrollment limit, students will be chosen through a combination of random selection and The Linworth staff's discretion. All individuals not accepted into The Program at this point will be placed on a wait list based on the order of selection from the separate grade level pools. Any completed application received after **4:00 p.m., Friday, April 6, 2018**, will be placed at the end of the appropriate wait list. The Linworth staff reserves the right to remove any application that is incomplete or does not have a Page 4 recommendation. Application removal may also occur if the student's behavior during the visit is deemed inappropriate.

STUDENT QUESTIONS

Student Name:

Please explain why you want to attend The Linworth Program. Why do you think it will be a better learning option for you than where you are or will be attending? Please be as specific as possible with your explanation.

Are there any special circumstances or accomplishments you wish to share?

Whom do you know that currently attends The Linworth Program?

Student Signature: Date:

PARENT/GUARDIAN QUESTIONS

Student Name:

One of The Linworth Program's primary objectives is to emphasize experiential learning. We believe we best serve students who are motivated to learn, willing to design some of their own learning experiences, and capable of accepting the responsibilities connected with these decisions.

What evidence can you offer that your child fits this description?

Do you agree with your son or daughter's reasons for wanting to attend The Linworth Program as stated on Page 2? Why, or why not?

Parent/Guardian Signature: Date:

CURRENT TEACHER OR GUIDANCE COUNSELOR REFERRAL FORM

Student Name:

Name of Referring Person: Position:

One of The Linworth Program's primary objectives is to emphasize experiential learning. We believe we best serve students who are motivated to learn, willing to design some of their own learning experiences, and capable of accepting the responsibilities connected with these decisions. Please circle the descriptor for each factor that best describes this student and include comments that help in understanding your reasoning for choosing that descriptor.

LOW - - - - - - - - - - - - - EVALUATION - - - - - - - - - - - - - HIGH

ACADEMICALLY INQUISITIVE	poor	below average	average	good	excellent	unable to judge

Comments:

INITIATIVE	poor	below average	average	good	excellent	unable to judge

Comments:

RESPONSIBILITY	poor	below average	average	good	excellent	unable to judge

Comments:

INTEGRITY	poor	below average	average	good	excellent	unable to judge

Comments:

COOPERATIVENESS	poor	below average	average	good	excellent	unable to judge

Comments:

LEADERSHIP	poor	below average	average	good	excellent	unable to judge

Comments:

COMMUNICATION SKILLS	poor	below average	average	good	excellent	unable to judge

Comments:

ATTENDANCE	poor	below average	average	good	excellent	unable to judge

Comments:

Please include any additional comments that help in making a more accurate evaluation of this student.

Signature: Date: