



## Application for Admission to Voyageurs Adult Education Program for 2020-2021

Student's Full Name: \_\_\_\_\_

Student's Preferred Nickname: \_\_\_\_\_ Student's Pronouns: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender Identity: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Graduated?  Yes  No If yes, what year? \_\_\_\_\_

Previous Adult Education, Vocational Tech or Transition Program attended: \_\_\_\_\_

Race/Origin:  Caucasian  African American  Hispanic  American Indian  Asian  Pacific Islander  
 Other \_\_\_\_\_

Guardianship/Conservatorship:  Student is 18+ and is their own legal guardian

Guardianship has been established over student . If so, state legal guardian: \_\_\_\_\_

Legal protection over the child is established, but not guardianship. If so, state in what form: \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_ Check if deceased

Address, (if different from student): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_ Check if deceased

Address, (if different from student): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**Parental Status:**  Married  Separated  Divorced  Not Married

Student lives with: \_\_\_\_\_

Sole Custody (please provide legal documentation)

Send financial correspondence to (if different from parent or guardian): \_\_\_\_\_

Approx. Gross Household Income: \$ \_\_\_\_\_

### Parent Questionnaire

**Siblings:**

Name	Relationship	Age	Lives With?

**To help us know you and your child better, please complete the following:**

What is your primary reason for seeking enrollment for your child in the AOWL Adult Education Program?

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Does your child have an IEP (Individual Education Plan)?  Yes  No

Has your child ever been expelled from a school/program?  Yes  No If yes, please describe the circumstances:

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Describe your child's strengths. (academic, social, independence, emotional, interests)

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In what areas do you think your child needs the most help? (academic, social, independence, emotional, interests)

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Describe your child's social/emotional development and behavior at home and in the community

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Describe your student's level of academic knowledge.

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Describe how to best motivate your child.

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Describe your student's feelings about attending an adult education program.

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What special considerations should we be aware of? (medical, physical, emotional)

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Is your child currently taking any medications?  Yes  No If yes, list name, dosage and purpose:

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Is your child currently seeing a related services professional outside the school setting?

Occupational Therapist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____
Physical Therapist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____
Speech Therapist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____
Psychologist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____
Neurologist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____
Nutritionist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____
Tutor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____

Please list your insurance provider info: Company: \_\_\_\_\_ ID# \_\_\_\_\_ Group # \_\_\_\_\_

**Family Statement:** Academy of Whole Learning relies on the strengths and talents of our AOWL families and larger community to support the school, its mission, student programs, and model of learning/growth. If you child was to join the Adult Education Program, in what ways will you help?

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How did you learn about Adult Education Program at Academy of Whole Learning?

- Friend
- Family Member
- Current or Past AOWL Family
- Professional Referral
- Online Search Engine- if so, which? \_\_\_\_\_
- Advertisement – if so, which? \_\_\_\_\_

### Equal Opportunity

Academy of Whole Learning values each student's gifts as an individual, regardless of age, color, creed, national or ethnic origin, race, religion, sex, sexual orientation, or genetic information. Academy of Whole Learning is unable to meet the needs of students with emotional or behavioral issues that may negatively impact the learning environment. This policy applies to all areas of student concerns; including admissions, athletics, educational policies, tuition assistance, and other school-administered programs.

I authorize information in this application to be shared with AOWL Clinical Services

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A non-refundable application fee of \$150.00 must accompany this form. Checks can be made payable to Academy of Whole Learning. Please enclose the application, application fee and all supporting documents to:**

Academy of Whole Learning – Adult Ed. Program  
Admissions Office  
3500 Williston Rd.  
Minnetonka, MN 55345