

Application for Admission SAILS

Sparta Alternative Independent Learning School 900 E Montgomery St Sparta, WI 54656 Phone (608) 366-3430 FAX (608) 366-3472

Student:			Date:
Date of Birth:/			
Parent/Guardian Name(s):			
Address:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Phone:	Work Phone:	killin en kolonia eta eta eta eta eta eta eta eta eta et	Cell Phone:
SHS Counselor			
Please read and answer the 1. What are your goals 2. What makes you a good program.	s?		your answer what you can contribute to the
3. What role do you w	ant SAILS to play in yo	our success and	graduation?

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4. What challenges must you overcome to be su	uccessful at SAILS?		
Student Signature Date Please do not write	Parent/Guardian Signature Date		
Current number of credits Notes: Past Attendance: Good Average Poor Notes: Individual Education Plan: Yes No Notes:	At Risk Criteria (Check all that apply) Drop Out >/= One Year Credit Deficient Two Year Basic Skill Delay Habitual Truant Teen Parent Adjudicated Delinquent WKCE Below Basic Level or Held at 8 th Grade		