



# Options High School

## Extended Learning and Lab Application



Student Legal Last Name		Legal First Name		Middle Name		Student Birth Date		Gender Male Female	
Home Address				City		State		Zip Code	
Mailing Address (If Different From Above)				City		State		Zip Code	
Grade Level	Home Phone #	Student Cell Phone #		Student Lives With (Circle One)		Both Parents Mother Only Father Only		Joint Custody Mother/Stepfather Father/Stepmother Self Agency Other	
Parent/Guardian Name		Relationship to Student		Home Phone		Work Phone		Cell/Pager or Other Phone	
Parent/Guardian Name		Relationship to Student		Home Phone		Work Phone		Cell/Pager or Other Phone	
Emergency Contact Person		Relationship to Student		Home Phone		Work Phone		Cell/Pager or Other Phone	
Name of Most Recent School		Are you Currently Enrolled	If Not Enrolled – Date Last Attended		Total Credits		Has Your Child Had an IEP? Yes No If Yes, is it current? Yes No		

### Check Reason(s) for Requesting Enrollment for Extended-Learning Lab

<input type="checkbox"/> Need to make up credits to graduate this year <input type="checkbox"/> Running Start Schedule <input type="checkbox"/> Required by court to attend School <input type="checkbox"/> New to Bellingham School District <input type="checkbox"/> Behind in credits and attending Full-time at _____ <input type="checkbox"/> I currently attend Options HS during the school day.	<input type="checkbox"/> Currently enrolled part-time at _____ <input type="checkbox"/> Withdrawn from previous school for lack of attendance or academic progress <input type="checkbox"/> Suspended or expelled from previous school <input type="checkbox"/> I want to attend Lab class during the school day. <input type="checkbox"/> Other: _____
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- **STUDENTS ARE TO BE PASSING ALL THEIR CURRENT CLASSES AT THEIR HOME HIGH SCHOOL.**
- **STUDENTS ARE EXPECTED TO ATTEND ACCORDING TO CONTRACT ARRANGEMENTS. TWO UNEXCUSED ABSENCES MAY RESULT IN REMOVAL FROM THE PROGRAM. PARENTS/GUARDIANS WILL BE CALLED TO VERIFY ALL ABSENCES.**
- **BEHAVIOR PROBLEMS WILL RESULT IN REMOVAL FROM THE PROGRAM.**
- **STUDENT'S PROGRESS WILL BE REPORTED TO THEIR HOME SCHOOL UPON COMPLETION OF THEIR COURSES.**
- **STUDENTS ARE EXPECTED TO COMPLETE A COURSE WITHIN SIX TO EIGHT WEEKS. STUDENTS NOT MAKING ACADEMIC PROGRESS MAY BE WITHDRAWN FROM THE PROGRAM.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### To Be Completed by High School Counselor: CREDIT ACHIEVEMENT COURSES

English	Math	Science/Miscellaneous		Social Studies
<input type="checkbox"/> LAB101 9 <sup>TH</sup> English <input type="checkbox"/> LAB102 9 <sup>TH</sup> English <input type="checkbox"/> LAB201 10 <sup>TH</sup> English <input type="checkbox"/> LAB202 10 <sup>TH</sup> English <input type="checkbox"/> LAB301 11 <sup>TH</sup> English <input type="checkbox"/> LAB302 11 <sup>TH</sup> English <input type="checkbox"/> LAB401 12 <sup>TH</sup> English <input type="checkbox"/> LAB405 English Elective	<input type="checkbox"/> LAB143 Pre Algebra 1 <input type="checkbox"/> LAB144 Pre Algebra 2 <input type="checkbox"/> LAB131 Alg 1 (1 <sup>st</sup> Sem) <input type="checkbox"/> LAB132 Alg 1 (2 <sup>nd</sup> Sem) <input type="checkbox"/> LAB133 Geom (1 <sup>st</sup> Sem) <input type="checkbox"/> LAB134 Geom (2 <sup>nd</sup> Sem) <input type="checkbox"/> LAB135 Alg 2 <sup>nd</sup> Year <input type="checkbox"/> LAB136 Alg 2 <sup>nd</sup> Year	<input type="checkbox"/> LAB170 Gen Science 1 <input type="checkbox"/> LAB175 Biology 1 Lab	<input type="checkbox"/> LAB171 Gen Science 2 <input type="checkbox"/> LAB176 Biology 2 Lab  <input type="checkbox"/> LAB130 Misc. Elective <input type="checkbox"/> LAB160 Health <input type="checkbox"/> PED999 Independent PE	<input type="checkbox"/> LAB183 World Geography <input type="checkbox"/> LAB185 World History 1 <input type="checkbox"/> LAB186 World History 2 <input type="checkbox"/> LAB181 US 1 <input type="checkbox"/> LAB182 US 2 <input type="checkbox"/> LAB180 Civics <input type="checkbox"/> LAB184 Wa & the World
Counselor Signature: _____		<input type="checkbox"/> OTHER LAB CLASS: _____		
Student is Enrolled in Running Start: <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>A COPY OF YOUR TRANSCRIPT MUST BE RETURNED WITH THIS APPLICATION</i>		

**RETURN APPLICATIONS TO:** Options High School, 2015 Franklin, Bellingham, Washington, 98225 (360) 647-6871.  
 You will be contacted regarding this application. Students are enrolled on a space available basis.

Application Reviewed By Lab Teacher:

Suggested Start Date:

Date Application Received