





# Fayette LIFE Academy Application for Admission

## Student's Statement of Interest

Have you previously applied for admission to Horizon Academy, Open Campus Academy or Fayette Virtual Academy?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what year \_\_\_\_\_

Previous schools attended:

6th \_\_\_\_\_  
7th \_\_\_\_\_  
8th \_\_\_\_\_

9th \_\_\_\_\_  
10th \_\_\_\_\_  
11th \_\_\_\_\_  
12th \_\_\_\_\_

Middle School Applicants:

High School Applicants:

Absences: 6th \_\_\_\_\_ 7th \_\_\_\_\_ 8th \_\_\_\_\_  
Discipline Incidents: 6th \_\_\_\_\_ 7th \_\_\_\_\_ 8th \_\_\_\_\_

9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_ 12<sup>th</sup> \_\_\_\_\_  
9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_ 12<sup>th</sup> \_\_\_\_\_

Previous Edgenuity, or any other on-line classes: No \_\_\_\_\_ Yes \_\_\_\_\_, If yes, please list classes and where they were taken:

\_\_\_\_\_

Extracurricular activities at your current school: No \_\_\_\_\_ Yes \_\_\_\_\_, Please list: \_\_\_\_\_

Why do you want to attend a program at the Fayette LIFE Academy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are not accepted into your Fayette LIFE Academy program of choice, do you wish to be considered for another site program? No \_\_\_\_\_ Yes \_\_\_\_\_

**Horizon Academy** \_\_\_\_\_ **Open Campus Academy** \_\_\_\_\_ **Fayette Virtual Academy** \_\_\_\_\_

*To the best of my knowledge, the information above is true and accurate. Fayette LIFE Academy may verify accuracy on any part of this application. Failure to disclose accurate information may result in denial of acceptance. Principal's approval is required for all applications made to Fayette LIFE Academy. Completion of the Application for Admission form does not imply acceptance into a program at Fayette LIFE Academy or permission for concurrent enrollment.*

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

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

Principal's signature required for all applications: \_\_\_\_\_ Date: \_\_\_\_\_



# Fayette LIFE Academy

## Application for Admission

Date \_\_\_\_\_

### Counselor Recommendation- (Confidential)

Student Name \_\_\_\_\_ School \_\_\_\_\_

Counselor Name \_\_\_\_\_ Date \_\_\_\_\_

Date of meeting with student and parent \_\_\_\_\_ Applying for school year \_\_\_\_\_

Services received through: IEP: \_\_\_\_\_ Area of Disability: \_\_\_\_\_  
504: \_\_\_\_\_ Reason: \_\_\_\_\_  
ESOL: \_\_\_\_\_ Last ACCESS Score: \_\_\_\_\_ Date: \_\_\_\_\_

Does the student receive any testing accommodations for any services listed above? No \_\_\_\_\_ Yes \_\_\_\_\_, Please list:

\_\_\_\_\_  
\_\_\_\_\_

Please indicate what Tier the student is currently on. Tier 1 \_\_\_\_\_ Tier 2 \_\_\_\_\_ Tier 3 \_\_\_\_\_

Please list interventions used for this student. \_\_\_\_\_  
\_\_\_\_\_

Is this student currently enrolled in a dual enrollment class? No \_\_\_\_\_ Yes \_\_\_\_\_, Class \_\_\_\_\_ Location \_\_\_\_\_

Requesting Concurrent Enrollment at Base School: No \_\_\_\_\_ Yes \_\_\_\_\_, Class \_\_\_\_\_

***ALL CONCURRENT CLASSES MUST BE PREAPPROVED THROUGH THE BASE SCHOOL PRINCIPAL***

Any other information you feel would be beneficial in reviewing the student's application to Fayette LIFE Academy

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have additional concerns that you would like to discuss over the phone? No \_\_\_\_\_ Yes \_\_\_\_\_

Counselor Name \_\_\_\_\_ Date \_\_\_\_\_

Counselor's Signature \_\_\_\_\_