

Fayette LIFE Academy Application for Admission

Thank you for your interest in attending Fayette LIFE Academy. Fayette LIFE Academy is designed for students who are seeking an educational experience outside of the traditional school setting or those students wishing to accelerate their learning and graduate early. All applicants must currently reside in Fayette County.

Please complete all information and meet with your current counselor at your base middle or high school. The counselor will complete page 3 and forward the completed application to Fayette LIFE Academy administration. After the completed application has been reviewed, the student and parents will be notified regarding the program interview and an orientation session prior to beginning classes in your selected program at the Fayette LIFE Academy.

Select Program (circle one): Horizon Academy Open Campus Academy

Are you a potential college scholarship athlete needing NCAA accredited courses? (*circle one*) YES NO

	<u>Student Inf</u>	<u>formation</u>	
	(Please)	print)	
		Date	
(last)	(first)	(middle)	
Current School		Grade Level:Original Grad	duation Year
Date of Birth	Age	Student Number	
Address		City Zip	
Cell Phone()		Transportation: Student Drives	Parent
Email Address	@mail.fcboe.org	Email Address	
	<u> Parent / Guardia</u>		
Parent/Guardian Name(s)			
Address if different from student		City	Zip
Cell Phone _()		Cell Phone()	
Email Address	@	Email Address	
Principal's signature requi	ired for all applications:	Date:	1 of 3



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Student's Statement of Interest

Have you previously app				-	-	-	irtual Academy?
	Yes	No	If yes,	what yea	r		
		Previous sc	chools attended:				
6th			chools attended.				
7th				10th			
8th				11th			
				12th			
	Middle S	School Applicants:	-	H	igh Schoo	l Applicants	<u>3:</u>
Absences:	5th 7t	h 8th		9 th	10 th	11 th	12 th
Discipline Incidents:	5th 71	th 8th		9 th	10^{-10}	11 11 th	12 th
I I I I I I I I I I I I I I I I I I I	· · · · · ·						
Previous Edgenuity, or an were taken:		ne classes: No					
Extracurricular activities	at your curre	nt school: No	Yes, I	Please list	:		
Why do you want to atten		at the Fayette LIF					
If you are not accepted in program? NoYes	ito your Faye						
program? No Yes Horizon Acade		Open Campus	s Academy	Fa	ayette Vir	•tual Acad	emy
To the best of my knowled							
any part of this application approval is required for a form does not imply acce	on. Failure to all application	o disclose accurate ns made to Fayette	e information m e LIFE Academ	ay result y. Comple	in denial o etion of th	of acceptant e Applicatio	ce. Principal's on for Admission
Student Name			Student Sigr	nature			
Parent Name			Parent Signa	ature			
							2 of 3

Principal's signature required for all applications: _____ Date: _____



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Date		Counselor Recomm	nendation- (Confid	lential)			
Student Name			School	School			
Counselor Name			Date				
Date of meeting with student and parent		Applyi					
Services received through:	504:	Reason:					
	ESOL:	Last ACCESS Scor	'e:	Date:			
		mmodations for any serv					
Please indicate what Tier the Please list interventions used	l for this stud	lent.					
Is this student currently enro	olled in a dual	l enrollment class? No	Yes, Class		Location		
Requesting Concurrent Enro							
ALL CONCURRENT C		UST BE PREAPPROVE					
Do you have additional cond		would like to discuss ov					
Counselor Name			Date				
Counselor's Signature							
					3		