



Fayette Academy Complex

Application for Admission

Thank you for your interest in attending the Fayette Academy Complex. Fayette 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 the Fayette Academy Complex administration. After the completed application has been reviewed, the student and parents will be notified regarding program interview and an orientation session prior to beginning classes in your selected program at the Fayette Academy Complex.

Select Program: **Horizon Academy** **Open Campus Academy** **Fayette Virtual Academy**

Student Information

(Please print)

Student Name _____ Date _____
(last) (first) (middle)

Current School _____ Grade Level: _____ Original Graduation Year _____

Date of Birth _____ Age _____ Student Number _____

Address _____ City _____ State _____ Zip _____

Cell Phone __ (____) _____ Transportation: Student Drives _____ Parent _____

Email Address _____@mail.fcboe.org Email Address _____@_____

Parent / Guardian Information

Parent/Guardian Name(s) _____

Address if different from student _____ City _____ State _____ Zip _____

Cell Phone __ (____) _____ Cell Phone __ (____) _____

Email Address _____@_____ Email Address _____@_____

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



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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 _____

9th _____ 10th _____ 11th _____ 12th _____
9th _____ 10th _____ 11th _____ 12th _____

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 Academy Complex? _____

If you are not accepted into your Fayette Academy Complex 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 Academy Complex 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 Academy Complex. Completion of the Application for Admission form does not imply acceptance into a program at Fayette Academy Complex or permission for concurrent enrollment.

Student Name _____ Student Signature _____

Parent Name _____ Parent Signature _____

Date _____

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



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Application for Admission

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 ACCES Score: _____ Date: _____

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

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 Academy Complex

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

Counselor Name _____ Date _____

Counselor's Signature _____

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