

PUTNAM COUNTY ALTERNATIVE OPPORTUNITY CENTER  
STUDENT APPLICATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_, Ohio Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Message Phone Number \_\_\_\_\_

Last School Attended \_\_\_\_\_

Current Grade Level \_\_\_\_\_ Age \_\_\_\_\_

Names of: Parents/Guardians \_\_\_\_\_  
Relationship \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

What subjects or classes have you enjoyed the most and why?  
\_\_\_\_\_  
\_\_\_\_\_

What subjects or classes have you disliked the most and why?  
\_\_\_\_\_  
\_\_\_\_\_

What jobs/occupation/careers are you considering for your future?  
\_\_\_\_\_  
\_\_\_\_\_

What do you enjoy doing in your spare time? (hobbies, special interests)  
\_\_\_\_\_  
\_\_\_\_\_

Approximately how many days of school have you missed so far?

This year?      Excused \_\_\_\_\_      Unexcused \_\_\_\_\_  
Last year?      Excused \_\_\_\_\_      Unexcused \_\_\_\_\_

List 3 positive things about yourself:

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How do you get along with the following people?

Other students	Very well	OK	Not at all
Teachers	Very well	OK	Not at all
Guidance Counselors	Very well	OK	Not at all
Administrators	Very well	OK	Not at all
Other School Staff	Very well	OK	Not at all

How do you feel the Alternative Opportunity Center should be different from your school?

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Why do you feel you were recommended for this program?

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Why do you feel you should be given the chance to attend this program?

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I understand that this is only an application. My acceptance into the Alternative Opportunity Center is to be decided upon at a later date by the Center Screening Committee.

Signature \_\_\_\_\_ Date \_\_\_\_\_