

Hammons Off-Campus School Application

159 N. Second Street
Martinsville, IN 46151
(765) 342-1020

Student Name: _____ Age: _____ DOB: _____

Address: _____ Phone #: (____) _____

Parent/Guardian: _____ Relation to Student: _____

Work Phone: _____ At what times? _____

Other Phone Numbers? _____

Please answer these 8 questions (required)

Are you pregnant or do you have children? Yes/No

Have you ever dropped out of high school? Yes/No

Have you ever been held back in a grade? Yes/No

a) Have you passed the math section of the ISTEP test? Yes/No

b) Have you passed the English section of the ISTEP test? Yes/No

What is your current high school GPA (Grade Point Average)? _____

Have you ever had to repeat an English or math course? Yes/No

Have you ever been on probation? Yes/No

Have you felt threatened or uncomfortable at high school? Yes/No

I attest that this information is accurate and true to the best of my knowledge. I understand that this information will be kept confidential and used only by those who have a direct involvement with Hammons and the application process. I understand that turning in this application does not mean I am accepted to Hammons Off-Campus School.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please include a letter regarding why you want to be a student here at *Hammons Off-Campus School*, a copy of your transcript, and a copy of your ISTEP scores if available. The letter and the transcript should be attached to this application. The letter should be written and signed by the student.

Hammons Use Only: _____ Transcript _____ Letter _____ Credits _____	Accept: YES-----NO
_____ Interview _____ Wait _____ Orient.	Full Dual