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High School Student Application

Student MUST complete application in OWN handwriting.

Student Name _____ Student Cell Phone Number _____
Date of Birth _____ Age _____ Current Grade _____ Current School _____
Parent Name _____ Home Phone Number _____
Guardian Name _____ Cell Phone Number _____
Address _____ Work Phone Number _____

How did you find out about Star of the North Secondary School? _____

What do you know about Star of the North? _____

Is your goal to graduate with a diploma? _____ Have you considered the GED? _____

CCRA Status ACT _____ Have you taken any Pre-tests? _____

SAT _____ When? _____

WorkKeys _____ Where? _____

Planned Graduation Date _____ Does your transcript look accurate? _____

Do you attend school regularly? _____ Have you quit going to school? _____

How many days per week? _____ When did you stop? _____

Why did you leave school? _____

What have you been doing with your time since you left school? _____

List all the high schools you have attended or programs in which you have earned high school credit:

High Schools: _____

Correspondence: _____

Rehab Centers: _____

Youth Facility: _____

Have you ever been in a Resource, ELL or Special Needs class or received extra help? _____

If yes, for what and when? _____ Which school(s)? _____

Have you ever received free or reduced hot lunches at school? _____

Do you have health insurance? _____ With whom? _____

What are your favorite classes? _____

Why? _____

What are your most difficult classes? _____

Why? _____

Name at least two factors that interfered with your success in the traditional school:

1) _____ 2) _____

What do you read for leisure? _____

Is reading difficult for you? _____

Rank your skills from 1 – 10: Writing Composition _____ Math _____

What leisure/recreational activities do you enjoy? _____

Your important relationships: (circle) family friends boyfriend girlfriend child

Do you or have you ever had a problem controlling your anger? _____

Has alcohol, tobacco or other drug interfered with your progress in school? _____

Do you have a history of substance abuse? _____ Do you participate in AA or NA? _____

Are you currently in a rehab. or after-care program? _____

Are you on probation? _____ Conditions of probation? _____

Do you have any particular medical problems or conditions (physical, mental, chronic) that affect your attendance or ability to complete work? _____ Explain _____

Do you have a job? _____ What? _____

Where? _____ Do you like it? _____

How many hours do you work each week? _____ Contact phone number at work: _____

Work schedule: Monday _____ Friday _____
Tuesday _____ Saturday _____
Wednesday _____ Sunday _____
Thursday _____

Do you have transportation to/from work/school? _____

If you do not have a job, are you interested in finding one? _____

What type of employment? _____ Can you attend both work and school? _____

What career/vocational training would you like? _____

What are your future career choices? _____

What would you like Star of the North to do for you? _____

Name an ideal teacher you have had and what that teacher did to help you succeed: _____

Is there anything blocking your success at Star of the North that we should know about? _____

Has there been an adult in your life, other than your parents or guardians, who has helped guide and advise you? _____ If so, who was it? _____

Would you be willing to work with an adult mentor? _____

Who is someone who always knows where to contact you in a reasonable amount of time?

Name _____ Phone _____

Are you committed to attending Star of the North right now? _____

Do you have any questions? _____

Concerns? _____
