



**Falls City Academy Application Packet**

**Completed packet may be submitted to counselors at  
Jerome High School:**

**Or e-mail: [sean.spagnolo@jeromeschools.org](mailto:sean.spagnolo@jeromeschools.org)**

# Falls City Academy Application

## General Information

(to be filled out legibly by student)

Student's name \_\_\_\_\_

Student's current grade in school \_\_\_\_ M/F \_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Student's Cell Phone \_\_\_\_\_

Lives with: Mother \_\_\_\_ Father \_\_\_\_ Other \_\_\_\_\_

Are there legal issues such as (guardianship/custody/foster care/court orders) affecting this student that we should be aware of? Yes \_\_\_\_ No \_\_\_\_

If yes, briefly explain \_\_\_\_\_

Parent or Guardian

Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

E-mail Address

\_\_\_\_\_

Employer: \_\_\_\_\_

Work phone \_\_\_\_\_

Ok to call at work for non-emergencies? \_\_\_\_

Parent or Guardian

Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

E-mail Address

\_\_\_\_\_

Employer: \_\_\_\_\_

Work phone \_\_\_\_\_

Ok to call at work for non-emergencies? \_\_\_\_

Previous School: \_\_\_\_\_ When were you last enrolled? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Are you a teen parent? \_\_\_\_ Due date: \_\_\_\_ Age of children at time of application: \_\_\_\_\_

Have you been expelled from school? \_\_\_\_ If yes, why? \_\_\_\_\_

Have you been charged with criminal charges, been on probation, or through diversion? \_\_\_\_

If yes, what charges? \_\_\_\_\_

If yes, P.O.'s name: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_

Does student have a current, or past, IEP? \_\_\_\_ Is the student on a 504? \_\_\_\_ Is student receiving LEP services? \_\_\_\_ Are you living with an adult that is not your parent or legal guardian, or alone without an adult \_\_\_\_ Are you and/or your family sharing the home of others due to hardship? \_\_\_\_

# Falls City Academy

## Referral

**To be filled out by school counselor or administrator**

Student name \_\_\_\_\_

Student's current grade level \_\_\_\_\_ Today's date \_\_\_\_\_

Name and title of the person making the referral

\_\_\_\_\_

Reason for referral \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What interventions have been done to help the student succeed?

\_\_\_\_\_

\_\_\_\_\_

Describe the success of these interventions?

\_\_\_\_\_

\_\_\_\_\_

Was this referral requested by the student? \_\_\_\_\_

Was this referral requested by parents/guardians? \_\_\_\_\_

Is this student currently pregnant or a parent? \_\_\_\_\_

Has the student lost any high school credits because of attendance? \_\_\_\_\_

Is lack of attendance a concern in whether or not he/she receives credits for classes in which he/she is currently enrolled? \_\_\_\_\_

Is the student currently on probation? If so, please indicate the name and phone number of his/her probation officer below.

\_\_\_\_\_

Are there any school/family/home situations of which we should be aware?  
(i.e. student lives with a brother rather than parents, etc.)

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Counselor/Administrator Signature \_\_\_\_\_

- Please attach a current transcript to this referral
- Student will need to submit this referral and application packet to Falls City Academy either in person or via email [sean.spagnolo@jeromeschools.org](mailto:sean.spagnolo@jeromeschools.org)
- **Please note that submission of application is not indicative of acceptance.** All students will be required to go through the complete application process outlined below:
  - Submission of referral and application
  - Falls City Academy will review the application and contact guardians to schedule an interview
  - Student and guardian(s) attend an interview at Falls City Academy
  - If the student has been accepted, guardian will be contacted and given an admission date as well as a registration packet
  - If the student is added to the waitlist, guardians will be notified when a position becomes available
    - Please note that Jerome School District students on the waitlist supercede out of district students on the waitlist

**Falls City Academy Application**  
Student Section

We are looking forward to a great year helping you to achieve your goals. Help us shape your learning to meet your goals.

Name that you prefer to be called \_\_\_\_\_

1. Primary Graduation Goal: When/why do you want to graduate?

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2. What are your goals for after high school? \_\_\_\_\_

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3. Have you chosen a college or other postsecondary education yet? If so, which one?

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4. When you go to college or postsecondary education, what are you looking forward to studying? \_\_\_\_\_

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5. What is your favorite thing about school?

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6. What is your biggest challenge (or struggle) in school?

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7. What fears or concerns do you have about school this year?

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8. What are you most looking forward to this school year?

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9. Are you an athlete? If so, which sports do you participate in?

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10. Do you have any other challenges in your life that I need to be aware of?

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**Falls City Academy Application**  
Parent Section

You know your kid best, help us get to know them.  
Your name and relationship to student

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1. What do you think is missing from your student's education in their prior schooling experience?

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2. What do you think Falls City Academy will provide for your student?

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3. Falls City Academy values and understands how parental involvement enhances a student's success. You will be asked to visit the school, participate in parent groups, and attend presentations. What level of involvement do you intend to have with your student at Falls City Academy? Why?

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4. What are three qualities your student has that make you proud?

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

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