JOHN C. SCHIFFER COLLABORATIVE SCHOOL
PO Box 919, 850 Dome Loop Rd
Sheridan, WY 82801
Phone 307.673.8730 Fax 307.464.3014

APPLICATION PACKET

ALL ITEMS IN YELLOW MUST BE COMPLETED

Thank you for your interest in the John C. Schiffer Collaborative School. Our school is part of SCSD2; our mission is to educate each student based on his or her needs and abilities. Please complete and return this application packet. An interview appointment will be set up after the application packet has been reviewed.

Student Name:_____

Applying for the School year of : 20____/20____ Semester 1/Semester 2 (circle one)

Current Grade:_____Current School Name: _____

Current School Address ***(if not in Sheridan, Wy)***:_____

This Section is for Staff Only. ***Please continue the application on the next page.***

***Staff Application Overview**

Staff	Checklist	Comments	Staff Initials
JW	☐ Packet Complete ☐ Missing Items	☐ Attached: Grades Attendance Behavior	
LH	☐ Packet Reviewed		
RW	☐ Reviewed	☐ IEP ☐ 504	
MS	☐ Reviewed		

*** Interview Summary**

Interviewer Names	Comments/Overview	Recommendation	Initials
		☐ Recommended for enrollment. ☐ Not recommended or enrollment.	

JOHN C. SCHIFFER COLLABORATIVE SCHOOL
STUDENT INFORMATION/REGISTRATION FORM (for SCSD#2)

Student Name _____Student Phone #_____

Physical Address_____City, State, Zip _____

Mailing Address_____City, State, Zip _____

Parent/Guardian: Name _____ Phone #_____

Address _____

School Enrollment Information

____YES ____NO Has this student received any special program services such as IEP or 504.

- If YES, please mark one of the following: ☐ IEP or ☐ 504

Assistance is available for students who have trouble understanding the English language. Please complete the following if a language besides English applies:

First language spoken by the student:

_____

Language spoken in the home:

_____

Language(s) spoken or understood by the student:

_____

STUDENT QUESTIONNAIRE **Please complete the entire form*

DIRECTIONS: Complete each item to the best of your ability.

List two "short term" goals for yourself in regard to your education.

1)_____

2)_____

How do you learn best? For example: through reading, listening to lectures and taking notes, seeing a demonstration, writing about what you've seen or learned, etc.

_____

_____

_____

Explain any current difficulties in school.

_____

_____

Describe your interpersonal relationship style (how you interact with others).

_____

_____

Whom do you admire most and why?

_____

_____

_____

Please explain briefly why you wish to attend the John C. Schiffer Collaborative School.

_____

_____

_____

_____

_____

_____

Is there anything else you'd like to share with the interview committee (e.g., concerns, comments, questions).

_____

_____

_____

PARENT/GUARDIAN QUESTIONNAIRE*Please complete the entire form*

Directions: Please complete each question below to the best of your knowledge.

Why do you want your child to attend the John C. Schiffer Collaborative School?

_____
_____
_____
_____

What is your role in your child's education?

_____
_____
_____
_____

Do you **AND** your student have buy-in and ownership in their education and how do you exhibit this? If not currently, why and what changes can be made to ensure their academic success?

_____
_____

Is there anything else you would like to share with the interview committee? Please list any of your concerns, comments, questions or more information you'd like.

_____
_____
_____
_____

PARENT/GUARDIAN OBSERVATIONS *Please complete the entire form*

Please check those areas that would explain any strengths or weaknesses of the student.
Please list any additional information that might provide additional insights regarding this student.

SCHOOL/MEDICAL DIFFICULTIES

_____ Reading
_____ Math
_____ Speech
_____ Writing
_____ Frequent change of schools
_____ Fears/worries about school
_____ Retention (grade levels)
_____ Physical handicap
_____ Vision
_____ Serious illness
_____ Frequent absences

Medications_____
_____
_____

SOCIAL/EMOTIONAL DIFFICULTIES

_____ Demonstrates poor self-worth, shows feelings of inferiority
_____ Demonstrates difficulty making friends or starting conversations with new people
_____ Demonstrates a fear of people or things
_____ Demonstrates anger, frequent outbursts of temper or loss of self-control
_____ Speaks about suicide or has made suicide attempt
_____ Demonstrates difficulties getting along with people who represent authority
_____ Demonstrates difficulties with expressing feeling or showing affection
_____ Demonstrates difficulty accepting responsibility for behavior
_____ Other concerns

FAMILY ISSUES

_____ Separation of parents
_____ Divorce
_____ Death of family member/close friend
_____ Serious illness in the family
_____ Recent move
_____ Relationship problems
_____ Step-family
_____ Guardianship/foster care

AGENCY INVOLVEMENT

_____ Law enforcement
_____ Probation
_____ Dept. of Family Services
_____ School/Community Counselor
_____ Social worker
_____ Volunteers Of America
_____ Other: _____

NAME OF SERVICES THAT WOULD BE BENEFICIAL TO THE STUDENT

_____ Counseling---individual and/or group
_____ Academic tutoring

COUNSELOR'S QUESTIONNAIRE *(School Counselor or Personal Counselor/Therapist)*
**Please complete the entire form*

Please check those areas that would explain any strengths or weaknesses of the student.
Please list any additional information that might provide additional insights regarding this particular student.

SCHOOL/MEDICAL DIFFICULTIES

_____ Reading
_____ Math
_____ Speech
_____ Writing
_____ Frequent change of schools
_____ Fears/worries about school
_____ Retention (grade levels)
_____ Physical handicap
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_____ Serious illness
_____ Frequent absences
Medications_____
_____
_____
_____
_____

SOCIAL/EMOTIONAL DIFFICULTIES

_____ Demonstrates poor self worth, shows feelings of inferiority
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AGENCY INVOLVEMENT

_____ Law enforcement
_____ Probation
_____ Dept. of Family Services
_____ School counselor/Social worker
_____ Volunteers Of America
_____ Other:
_____

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_____ Counseling---individual and/or group
_____ Academic tutoring

Misc. Notes:

_____

_____

Counselor Signature: _____

REQUEST FOR SCHOOL RECORDS

SCHOOL REQUESTING RECORDS **John C. Schiffer Collaborative School**
850 Dome Loop Rd Sheridan, Wy 82801
Sheridan, WY 82801
(307)673-8730
Fax (307) 464-3014

DATE REQUESTED: _____

CURRENT SCHOOL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX or EMAIL: _____

STUDENT'S NAME: _____

DOB: _____ GRADE: _____

PARENT SIGNATURE: _____ DATE: _____

_____ This student is applying to attend our school. We have an application and interview process, and are requesting the following records be faxed. **NOTE: This student has not yet been accepted to our schools. If a student is accepted, a call from our school secretary will follow shortly.**

Please send the following information (email for interview):
_____ Transcript and/or Withdrawal Grades
_____ Special Education information: Placement Recommendation and IEP
_____ Standardized Test Scores
_____ Immunizations
_____ Copy of Birth Certificate
_____ Discipline, Attendance, attached Counselor's Form (for interview)
_____ **If records cannot be sent, please indicate why: _____**

Thank you for your prompt assistance,

_____
Principal/Counselor/Secretary

FEDERAL LAW 99.31: Parent signature is not required for educational record requests made by other educational agencies.

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CURRENT SCHOOL NAME: _____

ADDRESS: _____

CITY: _____STATE: _____ZIP: _____

PHONE: _____ FAX or EMAIL: _____

STUDENT'S NAME: _____

DOB: _____ GRADE: _____

PARENT SIGNATURE:_____ DATE: _____

_____ This student has enrolled at the above marked school.

Please send the following information (email for interview):
_____ Transcript and/or Withdrawal Grades
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