



SHERIDAN ACADEMY

INNOVATION IN EDUCATION, INTEGRITY IN LEARNING

Sheridan Academy

Application Packet

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APPLICATION PACKET



Sheridan Academy

Innovation in Education, Integrity in Learning

1056 Long Drive
 Sheridan WY 82801
 (307) 672.2495 fax (307) 939.7081

Thank you for your interest in Sheridan Academy. Our online school is affiliated with SCSD2; our mission is to provide a high-quality, comprehensive, and flexible online learning experience that empowers students to achieve academic excellence and succeed in a rapidly evolving society. 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____

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.

*Application Overview

Staff	Checklist	Comments	Staff Initials
Coordinator	<input type="checkbox"/> Packet Completed	<input type="checkbox"/> Grades Reviewed : _____ <input type="checkbox"/> Attendance Reviewed : _____ <input type="checkbox"/> Behavior Reviewed: _____	
Counselor	<input type="checkbox"/> Packet Reviewed	<input type="checkbox"/> Grades Reviewed : _____ <input type="checkbox"/> Attendance Reviewed : _____ <input type="checkbox"/> Behavior Reviewed: _____	
	<input type="checkbox"/> Reviewed	<input type="checkbox"/> IEP <input type="checkbox"/> 504	

* Interview Summary

Interviewer Name	Comments/Overview	Recommendation	Initials
		<input type="checkbox"/> I recommend enrollment <input type="checkbox"/> I do not recommend enrollment	
		<input type="checkbox"/> I recommend enrollment <input type="checkbox"/> I do not recommend enrollment	

SHERIDAN ACADEMY
STUDENT INFORMATION/REGISTRATION FORM (for SCSD#2)

Name _____ Student Phone # _____
Last First Middle

Physical Address _____ City, State, Zip _____

Mailing Address _____ City, State, Zip _____

Father: Name _____ Address _____

Email Address _____ Cell Phone # _____

Mother: Name _____ Address _____

Email Address _____ Cell Phone # _____

Guardian: Name(s) _____ Address _____

Phone # _____ Cell Phone # _____

School Enrollment Information

___YES ___NO Is this student currently enrolled in a SCSD2 School?

___YES ___NO If the above answer is NO, has this student attended Sheridan Public Schools before?

- If YES, what was their last grade at one of the schools? _____?

___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: Student Name: _____

DIRECTIONS: Complete each item to the best of your ability and be prepared to visit with the interview committee about your answers.

What are your academic goals, and how do you believe online learning will help you achieve them?

What does success look like for you online?

How do you plan to manage your time and stay organized in the online learning environment?

Explain any current difficulties and/or challenges in school. _____

Please provide examples of how you have demonstrated self-discipline and independence in your academic or personal life. _____

Please explain briefly why you wish to attend Sheridan Academy.

Do you have any questions or concerns about the online learning experience that you would like to discuss? _____

PARENT/GUARDIAN QUESTIONNAIRE

Student Name: _____ Parent/Guardian Name: _____

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

Why are you considering enrolling your student in Sheridan Academy, an online school?

What are your expectations for your student's academic experience in an online learning environment? _____

How do you envision supporting, staying involved, providing structure for your student's learning, and ensuring their success in an online school? _____

What concerns, if any, do you have about your student's transition to online learning, and how do you plan to address them? _____

What support do you expect to need from teachers, administrators, or support staff while your student is enrolled in an online school? _____

Parent/Guardian Guidance and Support

Active involvement and engagement from parents play a pivotal role in enhancing their child's online learning experience. Students who fall behind the designated pace must attend in-person guided study sessions until they regain momentum and reach designated requirements. By signing this document, I acknowledge and accept my duties.

Parent Signature _____

Date _____

PARENT/GUARDIAN OBSERVATIONS

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 changes of schools

_____ Fears/worries about school

_____ Physical handicap

_____ Vision

_____ Serious illness

_____ Frequent absences

_____ Retention (grade levels)

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 a suicide attempt

_____ Demonstrates difficulties getting along with people who represent authority

_____ Demonstrates difficulties with expressing feelings 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: _____

COUNSELOR'S QUESTIONNAIRE

CONFIDENTIAL INFORMATION REPORT

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

- | | |
|--|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Physical handicap |
| <input type="checkbox"/> Math | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Serious illness |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Frequent absences |
| <input type="checkbox"/> Frequent changes of schools | Medications _____ |
| <input type="checkbox"/> Fears/worries about school | _____ |
| <input type="checkbox"/> Retention (grade levels) | _____ |

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 a suicide attempt
- Demonstrates difficulties getting along with people who represent authority
- Demonstrates difficulties with expressing feelings or showing affection
- Demonstrates difficulty accepting responsibility for behavior
- Other concerns

FAMILY ISSUES

- | | |
|--|---|
| <input type="checkbox"/> Separation of parents | <input type="checkbox"/> Recent move |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Relationship problems |
| <input type="checkbox"/> Death of family member/close friend | <input type="checkbox"/> Step-family |
| <input type="checkbox"/> Serious illness in the family | <input type="checkbox"/> Guardianship/foster care |

AGENCY INVOLVEMENT

- | | |
|---|---|
| <input type="checkbox"/> Law enforcement | <input type="checkbox"/> School counselor/Social worker |
| <input type="checkbox"/> Probation | <input type="checkbox"/> Volunteers Of America |
| <input type="checkbox"/> Dept. of Family Services | <input type="checkbox"/> Other: _____ |

NAME OF SERVICES THAT WOULD BE BENEFICIAL TO THE STUDENT

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Counseling--individual and/or group | <input type="checkbox"/> Other |
| (explain) _____ | |
| <input type="checkbox"/> Academic tutoring | _____ |

Counselor Signature: _____

Date: _____

REQUEST FOR SCHOOL RECORDS

SCHOOL REQUESTING RECORDS: _____

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.**

_____ **This student has enrolled at the above marked school.**

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.