

American Charter Academy Application 7362 W Parks Hwy #725, Wasilla, AK 99623

Phone: 907-352-0150 Fax: 907-352-0180 Email: amc@matsuk12.us

Patti Farren – Principal

STUDENT INFORMATION:

Student Name:		Date:
Birthdate:	Age:	Home Phone:
Name of Parent(s) / Gu	ardian(s)	
Email:		Add to Principal's email list Y or N
Are you a sibling of a cu	urrent student? Y or N	Are you related to a staff member? Y or N
Transportation: Parent	:/Family/Friends	Bus Y or N
Physical Address:		
Mailing Address:		
SCHOOL INFORMAT	ΓΙΟΝ:	
Last school attended: _		Currently Enrolled: Y or N
Dates Enrolled:		Current Grade Level
Why are you looking fo	r a new school?	
How did you hear abou	t American Charter Aca	demy?
What do you like about so	chool?	What do you dislike about school?
1.		1.
2.		2.
2		3

Describe two actions you can take to make your educati	ion more successful.
1	
Explain at least two positive attributes you can bring to	AMC
Have you ever received any of the following?	·
In-school suspension Out-of-sch	nool suspension
Expulsion (School:	Date: to)
EDUCATION INFORMATION:	
Please indicate if the following test results are attac	ched: MAP Yor N, AimsWeb Y or N, AKSTAR Y or N
Have you received services outside the general edu	ucation classroom? Y or N
If yes, please indicate when and what services were	
	·
Do you have educational concerns? Y or N If yes,	, please explain:
	··
GOALS:	
List two goals you have set for yourself:	
1	
2	
	·
TASK:	
	ir plans for the future. Include skills that you hope to learn
 -	s application. (Required for students entering grades 5 th
and up.) FOR OF	FFICE USE ONLY
Name of interviewing staff member(s):	Comments:
Agreement on AMC Charter Program: Y or N *See attached document	