

HIGHLAND TECH HIGH

Educating for Leadership, Educating for Life

STUDENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
MAILING ADDRESS		
Current School	Current Grade	Neighborhood School
ASD Student ID#	Male/Female	Date of Birth

PRIMARY PARENT/GUARDIAN INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
Home Phone Number	Cell Phone Number	Work Phone Number
E-Mail Address	Does the child currently live with this parent? (Y/N)	

SECONDARY PARENT/GUARDIAN INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
Home Phone Number	Cell Phone Number	Work Phone Number
E-Mail Address		Does the child currently live with this parent? (Y/N)

Signature of Student and Parent / Guardian

I certify that all the information provided in this application is accurate. I understand that if no space is currently available for placement of the applicant, this application will be held for inclusion in the next lottery process for the program/school requested. I have been given a copy of the Open Enrollment-Lottery Procedure and a description of the program for which this application is being submitted. I realize, too, that this application does not guarantee admission to the program/school and that the lottery procedure will place the applicant's name on a wait list for the program/school. I understand that if I wish to enter any other school or program, under the open enrollment policy it is my responsibility to file additional applications at those schools. **Any false statement is cause for nullification of this application.**

Student Signature	Date
Parent Signature	Date

STUDENT REFLECTIONS

Please answer these questions briefly and in handwriting. If you need more room, please feel free to attach extra sheets.

Why do you want to attend Highland Tech? (2-3 reasons)

Do you consider yourself an independent worker, a lecture-based student or a group worker? (Please give 1-2 examples)

How did you hear about Highland Tech High?

- | | |
|-----------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Friend |
| <input type="checkbox"/> School Presentation | <input type="checkbox"/> Radio |
| <input type="checkbox"/> ASD Alternative Fair | <input type="checkbox"/> Television |
| <input type="checkbox"/> Postcard | |
| <input type="checkbox"/> Open House | |
| <input type="checkbox"/> HTH Website | |
| <input type="checkbox"/> Other _____ | |

Please check if
ZONE EXCEPTION ONLY

Anchorage School District
5530 E Northern Lights Blvd, Anchorage, AK 99504-3135

OFFICE USE ONLY
School Year Requested _____
Grade Level Requested _____

ZONE EXCEPTION/LOTTERY APPLICATION FORM

(Use One Form Per Student Applicant)

1. Applicant Information

Program and/or School Requested:

Student Name: _____ Student number _____

Student's Birthdate: ____/____/____ Student home school _____
Mo Day Yr

Student Gender: _____ Current Grade _____

2. Parent/Guardian Information (*may be released for "Waiting List Directory")

* Parent/Guardian Name: _____
Last First Middle

* Mailing Address: _____

Residence Address: (If different than mailing address) _____

* Telephone: *Home _____ Work _____ Emergency _____

* Parent/Guardian signature for release _____

3. Sibling Information

Does the above applicant have a brother or sister currently in this school? Yes _____ No _____

If yes, provide sibling name: _____
Last First Middle

Is there a sibling also applying on a separate application? Yes _____ No _____

What is the name? _____ Grade Level _____

4. Zone exception only

- I. Open enrollment (subject to space available).
- II. Medical/extenuating circumstances—written justification to be attached to this form.
- III. Continuation of current zone exception.
- IV. Grandfather due to boundary change.

If zone exception approved, the following conditions must apply:

- 1. Appropriate ASAA eligibility rules must be followed.
- 2. Parents are responsible for student transportation.
- 3. Students must arrive and depart at times designated by the principal.
- 4. Disciplinary concerns can cause revocation of zone exception.

ADMIN. USE ONLY

Allowed Denied _____
Home School

Allowed Denied _____
Requested School

Allowed Denied _____
Division Administrator

5. Parent/Guardian Statement

I understand that if no space is currently available for placement of the applicant, this application will be held for inclusion in the next lottery process for the program/school requested. I have been given a copy of the Open Enrollment-Lottery Procedure and a description of the program for which this application is being submitted. I realize, too, that this application does not guarantee admission to the program/school and that the lottery procedure will place the applicant's name on a wait list for the program/school. I understand that if I wish to enter any other school or program, under the open enrollment policy it is my responsibility to file additional applications at those schools. **Any false statement is cause for nullification of the zone exception/lottery selection.**

Parent/Guardian Signature: _____ Date: _____

6. School Use Only

Date this application received: ____/____/____ Administrative Signature: _____