



ACT & Connect - Alternative Learning Programs
Academic & Character Training - (Alternative School)
Connect - (Credit Recovery)

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STUDENT ADMISSION FORM - ACT

To be completed by campus administrator and faxed 3 days prior to first day's admission.

ACT Start Date: _____ Student: _____ SS#: _____

Date of Birth: _____ Age: _____ Present Grade Level: _____

Referring Campus: _____ Referring Principal or Designee: _____

Special Education: Yes / No **ARD Date for Placement @ ACT:** _____

Free or Reduced-Price Lunch Program? Yes / No

Residence Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____ Home Phone: () _____

Emergency Contact: _____ Relationship: _____ Phone: () _____

Father's name: _____ Mother's Name: _____

Father's employment: _____ Phone: () _____ Mobile: () _____

Mother's employment: _____ Phone: () _____ Mobile: () _____

On Probation? _____ Probation Officer's Name: _____ Phone: () _____

Please list important medical history (seizures, medications, etc....)

