



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

Sara A. Mynarcik, Director

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STUDENT APPLICATION - *CONNECT*

To be completed by high school principal or designee and faxed to Sara Mynarcik, *Connect* Director

Connect Enrollment Date: _____ Student: _____ SS#: _____

Date of Birth: _____ Age: _____ Present Grade Level: _____ Number of HS Credits: _____

Referring Campus: _____ Referring Principal or Designee: _____

TAKS STATUS: (Please Indicate Pass or Fail)

TAKS Status				
	Eng/LA	Math	Science	Soc. St.
10th				
Exit				

SPECIAL EDUCATION: Yes / No **ARD Date for Placement @ CONNECT:** _____

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: () _____

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

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

