



OPTIONS FOR COLLEGE SUCCESS

Application for Admission

Please type or print legibly.

PERSONAL INFORMATION

General

Name: _____
Last/Family *First/Given* *Middle (complete)* *Jr., etc.*

Preferred name, if not first name (choose only one): _____ Former last name(s) if any: _____

Name(s) which may appear on student records, (if different from above): _____

Marital Status: Single Married

Birth date: _____ Female Male
mm/dd/yyyy

Social Security Number: _____ - _____ - _____

Citizenship (check appropriate box)

- US citizen
 Dual US citizen
 US permanent resident visa Alien registration number: _____
 Other citizenship Visa Type _____

Please list any non-US countries of citizenship: _____

If you are not a US citizen and live in the United States, how long have you been in the country? _____

Do you regularly speak a language other than English at home? Yes No If yes, what language _____

Race (optional)

- African American Asian American Latin American Native American
 Pacific Islander Caucasian American Multiracial Other _____
please specify

Religious affiliation (optional) _____

ADDRESS

E-mail address _____ IM address _____

Permanent home address: _____
Number and Street *Apartment #*

City or Town *State/Province* *Country*
ZIP/Postal Code

Permanent home phone (_____) _____ Cell phone (_____) _____
Area Code *Area Code*

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If different from above, please give your mailing address for all admission correspondence.

Mailing address (from _____ to _____)
(mm/dd/yyyy) (mm/dd/yyyy)

Number and Street

Apartment #

City or Town
ZIP/Postal Code

State/Province

Country

If your mailing address is a boarding school, include name of school here: _____

Phone at mailing address (____) _____
Area Code

FAMILY INFORMATION

Please list the adults who have legal rights and responsibilities toward you. If a minor, this is usually one or both biological parents when living. If you wish, you may list on an attached sheet step-parents and/or other adults with whom you reside, or who otherwise help care for you.

Parents' Marital Status (relative to each other): Never married Married Widowed Separated Divorced (date _____)
mm/dd/yyyy

With whom do you make your permanent home: Parent/Guardian 1: Parent/Guardian 2: Both Other _____

Parent/Guardian 1: Mother Father Legal Guardian

Parent/Guardian 2: Mother Father Legal Guardian

Last/Family First/Given Middle Title (Mr., Ms., Dr., etc.)

Last/Family First/Given Middle Title (Mr., Ms., Dr., etc.)

Home address **if different** from yours:

Home address **if different** from yours:

Home phone (____) _____
Area Code

Home phone (____) _____
Area Code

Cell phone (____) _____
Area Code

Cell phone (____) _____
Area Code

E-mail _____

E-mail _____

Occupation _____

Occupation _____

Name and address of employer _____

Name and address of employer _____

Business phone (____) _____
Area Code

Business phone (____) _____
Area Code

College (if any) _____

College (if any) _____

Degree _____ Year _____

Degree _____ Year _____

Graduate school (if any) _____

Graduate school (if any) _____

Degree _____ Year _____

Degree _____ Year _____

Cell phone (____) _____
Area Code

Cell phone (____) _____
Area Code

Business phone (____) _____
Area Code

Business phone (____) _____
Area Code

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Please give names and ages of your brothers or sisters. If they have attended college, give the names of the institution, degree earned, and approximate dates of attendance. If more than three siblings, please list them on an attached sheet.

Siblings

Name _____ Age _____ Relationship _____

School/College Attended _____

Degree Earned or Expected _____ Dates _____
yyyy-yyyy

Name _____ Age _____ Relationship _____

School/College Attended _____

Degree Earned or Expected _____ Dates _____
yyyy-yyyy

Name _____ Age _____ Relationship _____

School/College Attended _____

Degree Earned or Expected _____ Dates _____
yyyy-yyyy

FUTURE PLANS

I am applying for the term beginning: _____
Semester and year

Possible area(s) of academic concentration/major(s): _____

Possible career or professional plans: _____

Do you intend to apply for financial aid? Yes No If yes, be sure to carefully review all financial aid instructions and deadlines for each institution to which you are applying.

EDUCATIONAL INFORMATION

Secondary school you now attend (or from which you graduated): _____ Date of entry: _____
mm/dd/yyyy

Date of secondary school graduation _____ Type of school : public independent religious home school
mm/dd/yyyy

Address _____
Number and Street

City or Town _____ State/Province _____ Country _____ ZIP/Postal Code _____

Counselor's name (Mr./Ms./Dr., etc.) _____ Counselor's e-mail _____

Title _____ Phone (_____) _____ Fax (_____) _____
Area Code Number Ext. Area Code Number

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List all other secondary schools, including summer schools as well as other programs, you have attended, beginning with 9th grade.

Name of School	Location (City, State/Province, ZIP/Postal Code, Country)	Dates Attended (mm/yyyy)
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all colleges/universities at which you have taken courses for credit; list names of courses taken and grades earned on a separate sheet. Please have an official transcript sent from each institution as soon as possible.

Name of College/University/Technical School	Location Attended (City, State/Province, ZIP/Postal Code, Country)	Dates (mm/yyyy)	Credits Earned
_____	_____	_____	Yes/ No
_____	_____	_____	Yes/ No

If any of the following apply to your secondary school education, please check the appropriate box and provide details on the lines below or on a separate sheet:

- graduated early
 graduated late
 graduated in four years
 will not graduate, will receive GED
 will not graduate, will not receive GED
 completed graduations, not accept diploma at this time

If you received a GED, list date: _____ (Official scores must be sent from the testing agency.)
mm/yyyy

Honors/Special Recognition

Briefly list or describe any special recognition or honors you have won since the 9th grade.

Grade level or post-graduate (PG)					Honor
9	10	11	12	PG	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Academic Accommodations

- What accommodations have you had in the classroom in the past?
 Extended Time (circle one: time and a half or untimed, or other)
 Calculator
 Computer
 Assistance with note taking
 Preferred seating
 Books on tape
 Tape recorder
 Adaptive classes (describe) _____
 Assistive technology. If yes, describe _____
 Other, please describe _____

NOTE: IF STUDENT HAS USED ANY TYPE OF ASSISTIVE TECHNOLOGY AND/OR OWNS THIS EQUIPMENT, PLEASE REMEMBER TO BRING TO THE PROGRAM AS WELL AS CAMPUS. ARE THERE ANY NEEDS TO MAKING THIS EQUIPMENT COMPATIBLE WITH OUR PROGRAM?

Please include a copy of the most recent Individualized Education Plan, educational and/or neurological testing with this application. This material must be provided for the Student to be considered for admission.

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STANDARDIZED TEST INFORMATION

Be sure to note the tests required for each institution to which you are applying. The official scores from the appropriate testing agency must be submitted to each institution as soon as possible. Please self-report your test scores below. If you have not taken these standardized tests, you may need to take placement tests at your institution.

Did not take ACT _____

<i>Date taken/ to be taken</i>	English	Math	Reading	Science	Composite	Writing
<i>Date taken/ to be taken</i>	English	Math	Reading	Science	Composite	Writing
<i>Date taken/ to be taken</i>	English	Math	Reading	Science	Composite	Writing

Did not take SAT _____

**SAT I or
SAT Reasoning Tests**

<i>Date taken/ to be taken</i>	Verbal/ Critical Reading	Math	Writing	<i>Date taken/ to be taken</i>	Verbal/ Critical Reading	Math	Writing
Date taken/ to be taken	Verbal/ Critical Reading	Math	Writing	Date taken/ to be taken	Verbal/ Critical Reading	Math	Writing

**SAT II or
Subject Tests**

<i>Date taken/ to be taken</i>	Verbal/ Critical Reading	Score	<i>Date taken/ to be taken</i>	Verbal/ Critical Reading	Score

**Test of English as a
Foreign Language (TOEFL)
or Other Exam**

Test	Date taken/	Score	Test	Date taken/	Score

EXTRACURRICULAR, PERSONAL AND VOLUNTEER ACTIVITIES

Please list your **principal** extracurricular, community, and family activities and hobbies **in the order of their interest to you**. (Please include **summer activities**)

Activity	Grade level or post-graduate (PG)					Approximate Time Spent	Positions held, honors won or letters earned
	9	10	11	12	PG		

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Do you plan to continue participation in extracurricular, community or volunteer while enrolled in the Options Program: Yes ___ No ___

If yes, what activities? _____

Work Experience

Please list principal jobs or volunteer opportunities you have held during the past four years (including summer employment).

Specific Nature of Work	Employer	Approximate Dates (mm/yyyy - mm/yyyy)	Approximate # of Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GETTING TO KNOW YOU

What are your strengths? _____

What are your weaknesses? _____

What goals have you set for yourself? _____

Have you ever lived with a roommate? Yes No

Describe the ideal roommate you would like to have: _____

What is at least one habit/characteristic you would not like in a roommate? _____

Have you ever had a credit card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had your own checking account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever paid your own bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a computer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you planning on bringing a car to the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have car insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used public transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever lost your license due to violations? If so, please explain: _____

What sports activities and/or hobbies do you enjoy? _____

What clubs/organizations interest you the most? _____

Do you belong to any social organizations or groups? _____

What types of activities do you like to do when you are by yourself? _____

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Have you ever smoked? Yes No Do you currently smoke? Yes No

Do you drink alcohol? Yes No If yes, which of the following describes your drinking of alcoholic beverages?
 Monthly Weekends Only Usually when I am alone Weekly
 Daily Usually with friends Celebrations/Special occasions

Have you ever experimented with any illegal drugs? Yes No

If yes, please explain: _____

Do you have a diagnosed disability? Yes No If yes, please describe (include copies of any recent evaluations or reports): _____

What challenges (if any) do you have in the classroom?

- Not enough time Difficulty writing Sequencing/ prioritizing Losing things Lack of focus Forgetting
- Group instruction Paying attention Blurting out answers Difficulty with written material Getting organized
- Missng deadlines Misunderstanding assignments Not remembering due dates Other _____

Please list any current or previous health problems you have experienced: (seizures, head injuries, diabetes, sleep disturbance, allergies)

Are you currently taking any medication(s)? (include prescription medication) Yes No If Yes, Please list medication(s) and purpose:

Name of Medication	Dosage	Instructions	Prescribed by

NOTE: APPLICANT SHOULD BE INDEPENDENT IN ADMINISTERING MEDICATIONS. OPTIONS FOR COLLEGE SUCCESS DOES NOT HAVE THE PERSONNEL OR FACILITY TO ADMINISTER MEDICATIONS. THIS IS NOT INCLUDED IN ANY OF THE PROGRAM SERVICES. OPTIONS FOR COLLEGE SUCCESS CANNOT BE RESPONSIBLE TO ADMINISTER MEDICATIONS.

What would you like your teacher/ tutor to know about the way you learn? _____

Please describe your learning style, including how you approach tasks and compensate for learning difficulties: _____

Do you currently receive private therapy services, such as physical therapy, occupational therapy, psychiatry, speech therapy, behavioral therapy etc.? If so, please indicate which services: _____

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Are you independent of self-care such as basic hygiene? Are you independent in mobility (i.e., wheelchair, use of cane, walker, braces etc. with assistance)? _____

Additional Remarks: Please list/discuss any physical, intellectual, social, or emotional conditions that may need to be considered when planning a postsecondary experience for you. Please feel free to use the other side or another sheet of paper.

SELF-DISCLOSURE

If you answer yes to any of the following questions, please provide relevant information on a separate sheet of paper.

Is there a broader context in which we should consider your performance and involvement? Any external factors we should consider (e.g., family situation, work, sibling childcare responsibilities or other personal circumstances)? Yes No

Are there any other factors or circumstances that may affect your adjustment to college life (academic or do-curricular)? Yes No

Have you ever been found responsible for a disciplinary violation at an education institution you have attended from 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution? Yes No

Have you ever been convicted of a misdemeanor, felony, or other crime? Yes No

If you answered yes to either or both of the prior two questions, please attach a separate sheet of paper that gives the approximate date of each incident and explains the circumstances.

OTHER INFORMATION

How did you hear about OPTIONS FOR COLLEGE SUCCESS?

_____ teacher _____ school counselor other _____
_____ consultant _____ advertisement
_____ catalog or publication _____ conference
_____ friend _____ Internet

I was referred by: _____

APPLICATION FEE PAYMENT Bank Transfer Mailed Payment Bring with Application

ADDITIONAL INFORMATION: *If there is any additional information you'd like to provide regarding special circumstances, additional qualifications, etc., please attach a separate sheet with more details.*

I certify that all information submitted in the admission process—including the application, any supplements, and any other supporting materials—is my own work, factually true, and honestly presented. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation or expulsion, should the information I've certified be false.

Student Signature
Date _____

Parent Signature
Date _____

OPTIONS FOR COLLEGE SUCCESS is committed to fulfilling its mission without discrimination on the basis of race, color, national origin, religion, age, sex, gender, sexual orientation or veteran status.

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INFORMATION RELEASE

I am applying to the OPTIONS FOR COLLEGE SUCCESS. I grant my permission for OPTIONS FOR COLLEGE SUCCESS to contact any person, organization, or school (including, without limitation, any healthcare provider or educational provider) listed in this application. I consent to the release of any and all information about me by any person, organization, or school (including, without limitation, any healthcare provider or educational provider) listed in this application. I grant my permission for OPTIONS FOR COLLEGE SUCCESS and any person, organization, or school (including, without limitation, any healthcare provider or educational provider) listed in this application to discuss anything about me. This consent shall continue until withdrawn in writing by me.

In addition, I authorize the release of my admission decision to my secondary school and my postsecondary school.

Student Signature
Date _____

Parent Signature
Date _____