

**Walden Center Charter School
Student Application**

Name: _____ Date of Birth: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Target Date of Graduation: _____
Last School Attended: _____ Referred by: _____

Parent/Guardian/Mentor (this would be your contact person for staff at Walden Center)

Name #1: _____ Name #2: _____
Relationship: _____ Relationship: _____
Address: _____ Address: _____
City: _____ Zip: _____ City: _____ Zip: _____
Phone: _____ Cell: _____ Phone: _____ Cell: _____

What are your plans after you complete high school?

What expectations do you have of attending Walden Center Charter School?

Why do you want to attend the Walden Center?

What do you see as your role as a student at the Walden Center?

What changes do you need to make to be successful in school?

What will be your biggest obstacle to overcome to be a successful student?

The above information is true to the best of my knowledge.

Student Signature: _____ Parent/Guardian Signature: _____

**Walden Center Charter School
Parent/Guardian/Mentor Application**

Parent/Guardian Name: _____ Relationship: _____

Student's Name: _____ Address: _____

Home Phone: _____ City/Zip: _____

Employer: _____ Work Phone: _____

What number can you be best reached during the day? Cell? _____

Why do you want this student to attend the Walden Center Charter School?

What expectations do you have of the Walden Center Charter School?

What do you see as your role in this students success?

Would you be willing to meet with staff on a quarterly basis, be available to discuss how this student is progressing numerous times or be directly involved in this students educaiton in some way? Yes: _____ No: _____ If yes, what are your thoughts/ideas of how that will look?

The above information is true to the best of my knowledge.

Parent Signature: _____ Date: _____

Student Signature: _____

Return with the student application to the school counselor of the building your student currently attends or mail to: Becky Carter, Walden Center Charter School

123 North Oak
Pratt, Kansas, 67124
Fax: 620-672-4558