



Start Date _____

Rebuilding young lives as we rebuild the community

YouthBuild Columbus Community School

Enrollment Application

Please note that the information obtained in this application is kept confidential and is shared only with YouthBuild Staff. Information is compiled for state reporting purposes.

You are to answer ALL questions on this application. **If is not fully complete the application it will result in a delay in the processing of your application. This will delay your enrollment into YouthBuild Columbus Community School.** If the question does not apply to you place N/A in the appropriate box.

NAME: _____

Last

First

Middle

ADDRESS: _____

House Number

Street

Apt.

City

State

Zip Code

HOME TELEPHONE: _____ CELL: _____ EMAIL: _____

If you have no telephone, please provide a number where we can reach you

Contact Number _____ Name of Person we are contacting _____

BIRTHDATE: ____ / ____ / ____ AGE ____ OVER 18: Yes/No IF YOU'RE OVER 18 HAVE YOU HAD AN IEP: Yes/No

SOCIAL SECURITY NUMBER _____

SEX: MALE _____ FEMALE _____ ETHNICITY: Native American _____ Caucasian American _____

Hispanic/Latin American _____ African American _____ Other _____

PRIMARY LANGUAGE: English _____ Spanish _____ Other _____

CONTACT INFORMATION

Please complete the following information in order that we may contact you. Contacts could include mother, father, sister, brother, grandmother, grandfather or other relatives.

Name:	Name:	Name:
Address	Address	Address
City, State, Zip:	City, State, Zip:	City, State, Zip:
Phone:	Phone:	Phone:
Relationship:	Relationship:	Relationship:

IS YOUR INTEREST IN THE: NURSING PROGRAM ____ CONSTRUCTION PROGRAM ____

TELL US HOW YOU HEARD ABOUT YOUTHBUILD, PLEASE CHECK AS MANY THAT APPLY:

Returning YB Student _____ Walk In _____ Radio _____ Newspaper _____ Friend _____ Website _____ Other _____

* YouthBuild submits to random Drug Testing

YouthBuild Columbus Community School does not discriminate on the basis of race, religion, gender, nationality, age disability or ethnic background.



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EDUCATION

Last High School Attended: _____ City, State _____

What year did you begin 9th grade? _____

Have you ever been suspended from a high school? Yes _____ No _____

Have you ever been expelled from a high school? Yes _____ No _____

If you answered yes, what is the name of the school you were removed from? _____

What were the circumstances why you were removed? _____

Have you passed any or all of the Ohio Graduation Tests? _____ When? _____

Which Test(s)? _____ Date(s) _____

If you dropped out, what grade? _____ What year did you drop out? _____

If you dropped out, why did you not complete high school? (Check all that apply)

Pregnancy _____ Attendance _____ Legal Problems _____ Discipline Problems _____

Family Problems _____ Lack of Interest _____ Other (explain) _____

MEDICAL HISTORY

Do you have any medical conditions that would prevent you from performing on the construction site? Yes _____ No _____

If you answered yes are you under a doctor's care? Yes _____ No _____

Doctor's name _____ Doctor's telephone number _____

List all medicines that you are currently taking, please include dosage and how often taken.

PERSONAL INTEREST

Name three goals you would like to accomplish while studying at YouthBuild Columbus Community School.

1. _____

2. _____

3. _____



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FAMILY INFORMATION

What is your marital status? Please check one

Single _____ Married _____ Divorced _____ Separated _____ Engaged _____ Never married _____

Do you have any children? Yes _____ No _____ How many children do you have? _____

Do you have a daycare provider? Yes ___ No ___ Do you have a backup daycare provider? Yes ___ No ___

Do you have Title XX? Yes _____ No _____ Are you enrolled in LEAP? Yes _____ No _____

Do you pay or receive child support? Yes ___ No ___ If yes, please check how often you receive/or send support?

Weekly _____ Biweekly _____ Once a month _____ has the court issued child support orders? Yes _____ No _____

Are you pregnant? _____ If yes, when are you due? _____

Name of Child	Child's Date of Birth	Do you have custody of the child? Yes or No	Does the child live with you? Yes or No

Including yourself, how many people live in your household? _____ What are their names, their ages and their relationship to you?

NAME	AGE	RELATIONSHIP TO YOU

Are you or anyone in your household currently receiving any of the following services?

SERVICE	MONTHLY AMOUNT	RELATIONSHIP TO YOU
AFDC/TANK		
General Assistance		
SSI		
Food Stamps		
WIC		
Public Housing/Section 8		
Other Public Assistance		
Unemployment Compensation		
Earnings from Work		



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CRIMINAL JUSTICE SYSTEM

*Have you ever been convicted of a crime? Yes ___ No ___ If yes, was the charge a misdemeanor ___ or a felony ___

*What was the charge? _____ Are you being court order to attend school? Yes ___ No ___

*Were you charged as a juvenile Yes ___ No ___ What Year was the charge? _____

*Were you charged as an adult? Yes ___ No ___ What Year was the charge? _____

*Do you have a case pending now? Yes ___ No ___ What is the court date? _____

*Are you on supervised probation or parole? Yes ___ No ___

*If you have answered yes to being on supervised probation or parole you are to provide the name of telephone number of your probation/parole officer.

* _____
Probation/Parole Officer

* _____
Telephone Number

* _____
Probation/Parole Officer

* _____
Telephone Number

* _____
Student Signature

* _____
Parent Signature (if under age 18)

For Office Use Only

Verification Forms

Birth Certificate

Social Security Card

Proof of Residency*

Application Complete

Interview

Date: _____

Time: _____

SSID

Comments

Application Taken By: _____

Date: _____

*Verify Proof of Residency matches application. If under 18, student must provide Proof of Residency for parent/guardian.





Rebuilding young lives as we rebuild the community

YOUTHBUILD COLUMBUS COMMUNITY SCHOOL

Anthony English, Director
YouthBuild Columbus

Derek L. Steward
Principal

Name of Student _____

Student's Date of Birth _____

Name of School Attended _____

School's Address _____

School's Fax Number _____

I give permission for you to forward all pupil records pertaining to the above named student to the YOUTHBUILD Columbus Community School. These records include, but are not limited to the following:

____ Transcripts/Grades

____ Attendance Records

____ Health Record

____ IEP and MFE, if applicable

____ **Ohio Proficiency Test Results (OGT, NGPT)**

Name _____

Signature _____

Date _____

Student's Enrollment Date _____

Please Fax Student Records to 614-291-0890.

