



Ignite Learning Center Student Application

Section 1: Ignite Learning Center Overview

Ignite Learning Center (ILC) is a high school for students, grades 9-12, which is a part of OnFire Youth Ministries, Inc. It offers an individualized education that is affordable for students and their families. ILC students engage in a self-paced Christian curriculum which is accessed online, but completed in a classroom environment. Each student is provided with tutoring, guidance and support in order to help them earn their high school diploma. The small classroom size promotes greater interaction among teachers and students. Students also have access to OnFire Youth Ministry resources such as the Teen Center and Verna's Family Counseling Center.

Section 2: Person Completing Application

Name of Person Completing Application: _____

Relationship to Student: _____

What is the best way to contact you about application status of application? Please list all that applies.

Section 3: Student Information

Student Full Legal Name: _____

Student Address: _____

Student Cell Phone Number: _____

Does student receive text messages? (circle) *Yes or No*

Student E-mail Address: _____

What is the age of student at time of application? _____ Date of Birth: _____

Gender: (circle) *Female* *Male* *Prefer Not to Answer*

What grade did student last complete? _____ Current Grade: _____

What grade student would like to enroll in? _____

When would student like to start school? (circle) *Current Academic Year* or *Next Academic Year*

School District in which Student Resides: _____

Does student require busing? (circle) *Yes or No*

Section 4: Family Information

Students Resides With:

_____ Both Parents

_____ Custodial Agreement

_____ Guardian

_____ Other

Name of Legal Parent(s) and/or Guardian(s) and Relationship to Student:

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List all name(s) of other household members, including their ages and relationship to student.

Please list all parent(s)/guardian(s) home and cell phone numbers.

Does cell phone receive text messages? (circle) Yes No N/A

Do you agree to have the above numbers contacted first in case of an emergency?

(circle) Yes No N/A

Parent(s)/Guardian(s) E-mail Address:

If custodial agreement, who has custody?

Both Parents

Only Mother

Only Father

Guardian

Other

Name and address of non-custodial parent (if non-applicable, write N/A):

Should non-custodial parent receive correspondence?

Yes (please provide legal documentation for our records)

No

N/A

Should non-custodial parent receive progress reports and report cards?

Yes (please provide legal documentation for our records)

No

N/A

Custodial Parent/Guardian 1 Employer and Employer Phone Number:

Custodial Parent/Guardian 2 Employer and Employer Phone Number:

Parents Marital Status:

Unmarried

Married

Separated

Divorced

Widowed

Section 5: Supportive Factors

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What is the student's Second Emergency Contact (this is a contact outside parents/guardians)? Please list name, phone number, and relationship to student.

Does student attend church (circle)? *Yes or No*

Name of Church and Pastor:

What does student enjoy doing for fun?

Is student involved with any extracurricular activities such as clubs, sports, youth group, hobbies, etc.? If yes, please explain.

Is your family interested in family counseling services through OnFire Youth Ministry? (circle) *Yes or No*

Section 6: Social Services

Check All That Apply:

- Student is ward of the State
- Student is/was in foster care
- Student was adopted
- N/A

If yes to any of the above, please provide the student's age at time of placement. If no, write N/A.

Does student have an open Children and Youth Services case? (circle) *Yes or No*

If yes, what county is the case open? Who is the caseworker? If no, write N/A.

Section 7: Scholastic Information

Name of Current School: _____

Please Check All That Apply:

- Student received remedial academic support such as tutoring, IU reading/math services, summer school, etc.? This does not include Special Education Services
- Student had an IEP or 504 Plan in previous school
- Student received Special Education Services
- Received or referred to Therapeutic Staff Support (TSS) or other behavioral health services
- N/A

Please Check All That Apply:

- Student has been suspended
- Student has failed a subject
- Student had to repeat grade level
- N/A

Please Check Level of Previous Academic Work:

- Excellent
- Good
- Average
- Poor

Has student ever had a history of being bullied or been the perpetrator of bullying? (circle) *Yes or No*

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Has student ever had challenges with behavior and emotional regulation which has resulted in behavior plan, team meetings and/or other targeted interventions? (circle) Yes or No

Does student have any legal involvement such as arrests or court record? (circle) Yes or No

Section 7: Health Information

Primary Care Physician Name: _____

Primary Care Physician Address and Phone Number: _____

Does the student have any allergies? (circle) Yes or No
List allergens and reactions. If none, write N/A.

How does student treat allergies or allergic reaction?

Has student ever been evaluated by a psychiatrist, received an emergency psychiatric evaluation, inpatient hospitalization and/or outpatient treatment for mental health concerns? (circle) Yes or No

Has student ever been in past or present professional licensed counseling and/or drug and alcohol treatment? (circle) Yes or No

If yes, please list counselor or service agency and explain what treatment is/was received? If No, write N/A.

Are there any special circumstances, behaviors and/or diagnoses that we should be aware of? (circle) Yes or No

If yes, please provide detailed information. If no, write N/A.

List current medications and prescription medications and their use. If none, write N/A.

Section 8: Student Responses (This section is for the student to complete)

How did you hear about Ignite Learning Center? Check all that apply.

- Friend/Family member
- Social media or website
- OnFire Staff or Volunteer
- Ad
- Ignite Learning Center Student

If you were referred by an Ignite Learning Center student, please list their name.

Why do you want to attend Ignite Learning Center?

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Thank you for completing the Ignite Learning Center Student Application. As a thank you, we have waived your application fee for you. We will reach out to you with next steps. All students must complete an interview with their parent/guardian before acceptance.

If you would like to apply for a student scholarship, please complete the Scholarship Application.

Please be aware if your previous school does not send us medical records, then you may be requested to forward us medical records from your doctor's office.

Parent Signature _____ Date _____

Student Signature _____ Date _____