



EAST TROY

COMMUNITY SCHOOL DISTRICT

Committed to the Growth & Success of Each Student, Each Year

YOUTH OPTIONS APPLICATION PROCESS FORM

Student's Name: _____

Step 1: See the following individuals to ensure you meet the requirement of “good academic standing:”

- 90% attendance the semester prior to application
- Two conditions must be met for a student to be considered academically eligible:
 - The student must have a GPA of 1.65 or better in the semester prior to application.
 - The student has no more than 1 F in the semester prior to application.
- Student behavior supports their independent learning (approval by Principal)

Counselor Initial: _____ Principal Initial: _____

Step 2: Schedule an appointment with your counselor to pick up the Youth Options Application and discuss the following:

- The entire application process
- Areas of interest and how they relate to your post-secondary goals
- A particular college that would best meet your goals
- Must be a Junior (11th) or Senior (12th) Grade Status

Step 3: Review College Course Catalog to determine your course(s) of interest.

Step 4: Read through the entire YO packet with your parents/guardians. Complete the **Youth Options Responsibility Form, and the Youth Options Program Plan and Report Form, PI - 8700 - A**. Parent/Guardian signatures are required on these forms.

Step 5: Return all Youth Options paperwork to your Counselor by: **October 1 - Semester 2** enrollment (Spring Semester)
March 1 - Semester 1 enrollment (Fall Semester)

Step 6: Principal review and request for School Board Approval.

Step 7: Forms will be reviewed and returned to the Counselors, who will then meet with the student to finalize the entire process and enrollment. Counselors will review impact of the Youth Options on academic history.

Step 8: The process will conclude with the applicant meeting with the College Representative and setting up classes with that particular higher education institute.

Step 9: After registering, bring a copy of your schedule to your counselor.

Program Notes:

Students who fail or drop a Youth Option Course(s) are responsible for the cost of the course(s) and will not be allowed to enroll in Youth Options in the future.



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YOUTH OPTIONS RESPONSIBILITY FORM

STUDENT SECTION

Student's Name: _____

I am signing verifying I have received and understand the following information:

- I have met with my counselor to discuss the Youth Options Program.
- I have received the Youth Options Program Information for Students and Parents from the Wisconsin Department of Public Instruction.
- I have received the Youth Options Program Application Process Form.
- I have received the Youth Options Program Plan and Report Form PI - 8700 - A
- I have received a copy of Policy 343.3 - Youth Options/Other Extended Opportunities and understand Policy 343.3, which states I am responsible for the cost of the course(s) if I were to fail or drop the course(s).
- I understand I am responsible for meeting the deadline for returning all Youth Options paperwork to my Counselor by: **October 1** - Semester 2 enrollment or **March 1** - Semester 1 enrollment
- If I have any questions I will contact my counselor.

Student Signature: _____ Date: _____

PARENT SECTION

I have reviewed the information my son/daughter has received about the Youth Options Program and the application process. I understand I am responsible for the cost of the course(s) if my son/daughter fails or drops the course(s) per Policy 343.3 - Youth Options/Other Extended Opportunities.

Parent/Guardian Signature: _____ Date: _____





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YOUTH OPTIONS CONTRACTED CLASSES RESPONSIBILITY FORM

STUDENT SECTION

Student's Name: _____

I am signing verifying I have received and understand the following information:

- I have met with my counselor to discuss the Contracted Classes option available at East Troy High School.
- I have met and discussed the Contracted Classes with the Gateway Technical College representative.
- I have received the Contracted Classes Information packet.
- I understand the Contracted Classes process and application.
- I have received a copy of Policy 343.3 - Youth Options/Other Extended Opportunities and understand Policy 343.3, which states I am responsible for the cost of the course(s) if I were to fail or drop the course.
- I understand I am responsible for meeting the deadline for returning all contracted paperwork to my Counselor by the date that is listed on the application.
- If I have any questions I will contact my counselor.

Student Signature: _____ Date: _____

PARENT SECTION

I have reviewed the information my son/daughter has received about the contracted classes and the application process. I understand I am responsible for the cost of the course(s) if my son/daughter fails or drops the course(s) per Policy 343.3 - Youth Options/Other Extended Opportunities.

Parent/Guardian Signature: _____ Date: _____

