



1350 N Parker Drive
Janesville, Wisconsin 53545
608-290-0468

The TAGOS Leadership Academy provides innovative educational programming to meet the needs of students.

*Openings will be filled by lottery drawing and not on a first come/first served basis.

Required Attachments:

1. Application
2. Academic History
3. Academic Recommendation
4. Student Essay
5. Student Project

Enrollment Procedures:

1. Application forms can be obtained from TAGOS Leadership Academy, the Educational Services Center Enrollment Office, or Craig/Parker High School Guidance Offices and return to TAGOS Leadership Academy, Attention: Al Lindau, Dean of Students.
2. Attendance at an informational meeting with the Dean of Students is required to activate a student's application. Upon receipt of an application, TAGOS staff will contact parents to arrange a meeting.
3. Families interested in TAGOS who live outside of the School District of Janesville will also need to file the necessary paperwork for open enrollment. Procedures for doing this can be found on the State of Wisconsin Department of Public Instruction Website (see link) <http://dpi.wi.gov/forms/doc/f9410.doc>
4. Once students are notified of their acceptance, they will be scheduled for a screener and initial interview to discuss their learning style and academic goals.

TAGOS values diversity within the student body and does not discriminate in admission or retention of students on the grounds of sex, creed, age, race, disability, marital status, sexual orientation, color, national origin, religion, status with regard to public assistance or any other protected class defined by local, state or federal law. Students with special needs will be accommodated with a Personal Learning Plan incorporating the goals of their IEP.

APPLICATION – Confidential

It would be to your advantage to get assistance as you complete this form. In addition to your parents or guardians, we strongly suggest you get help from a professional, such as a principal, assistant principal, teacher, school social worker, or school counselor.

STUDENT

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Cell Phone: _____

School: _____ Grade: _____ Graduation Year: _____

Special Education or 504 Plan: _____ Special Education Program Area: _____

IEP or 504 Date: _____ Case Manager: _____

PARENTS

Father: _____ Address: _____

Place of Employment: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Willing to volunteer at school: _____ yes _____ No

Mother: _____ Address: _____

Place of Employment: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Willing to volunteer at school: _____ yes _____ No

GUARDIAN (If different from Parents)

Name: _____ Address: _____

Place of Employment: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Student lives with: _____

ACADEMIC HISTORY

PREVIOUS SCHOOL

Please list schools attended.

CURRENT SCHOOL

Please list current school placement, daily schedule, support services, subjects or levels.

ACADEMIC HISTORY

Please check all that may apply.

_____ Gifted/Talented

_____ Parochial School

_____ Currently home schooled

_____ Not enrolled in a school program

_____ Enrolled but not attending

_____ Underachiever

_____ Currently on homebound

_____ Special Education

_____ *Include accommodation page of IEP

_____ 504 Plan

_____ *Include 504 plan

_____ Out of district applicant

Comments:

ADDITIONAL INFORMATION

Please list any community services the student is receiving (ie, Probation, medical intervention, counseling, social work) and who the student is receiving those services with.

Are you willing to participate in individual, group or family counseling if offered?
_____ yes _____ no

Please describe any current concerns (school, home or community).

Please describe any hobbies or interests of the student.

Why do you feel this student would benefit from acceptance at TAGOS?

Please attach a copy of network team forms (if appropriate), transcript and attendance.

Signature of school staff (if applicable)

Date

Signature of person completing this form

Date

ACADEMIC HISTORY
 Required for admission to TAGOS Leadership Academy
 Current Counselor or Teacher

Name of Student: _____

Name of Person Making Recommendation: _____

Title of Person Making Recommendation: _____

Address: _____

Phone: _____ Cell Phone: _____

E-Mail Address: _____

How long have you known this student and in what context?

What are the first words that come to your mind to describe this student?

Please feel free to write whatever you think is important about this student, including a description of academic and personal characteristics. We welcome information that will help us to differentiate this student from others. (Please use a separate sheet of paper if necessary.)

How do you rate this student in terms of:

No Basis	Description	Below Average	Average	Good	Above Average
	Creative, original thought				
	Motivation				
	Self-Confidence				
	Independence, Initiative				
	Intellectual ability				
	Academic achievement				
	Written expression of ideas				
	Effective class discussion				
	Disciplined work habits				
	Potential for growth				

Thank you for taking the time to provide this recommendation.
 Please mail to: TAGOS Leadership Academy, Attn: Al Lindau, Dean of Students
 1350 N. Parker Drive, Janesville, WI 53545
 Phone: 608-290-0468
 Fax: 608-743-5095

STUDENT ESSAY

The following questions are to be completed by the student. (If you need more space, please feel free to use the back of this page or an additional piece of paper.)

Please provide an essay that answers the following questions:

What do you hope to accomplish by attending this program?

What would getting a high school diploma mean to you?

Student Signature

Date