

**YUKON ALTERNATIVE LEARNING EXPERIENCE  
APPLICATION FORM  
MISSION STATEMENT**

The Yukon Alternative Learning Experience provides an opportunity to students between the 9<sup>th</sup>-12<sup>th</sup> grades who have a sincere desire to earn their high school diploma. Our mission is to create a supportive environment that provides the students with the skills, knowledge and values to become competent, productive citizens.

**PERSONAL INFORMATION:**

**DATE:** \_\_\_\_\_

Student Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(First, middle, last)

Age \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Race \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Student Address \_\_\_\_\_  
Street City State Zip

Parent/Guardian \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**STUDENT DATA:**

Student Referred by: ☐ Self ☐ Parent ☐ School ☐ Court ☐ Other

**REASON FOR REFERRAL: (check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Excessive Absences                      | <input type="checkbox"/> Credit Recovery               |
| <input type="checkbox"/> Academic Deficiencies                   | <input type="checkbox"/> Chemical Dependency           |
| <input type="checkbox"/> Behavioral Difficulties                 | <input type="checkbox"/> Displaced from Home           |
| <input type="checkbox"/> Pregnant/Parenting Teen Due Date: _____ | <input type="checkbox"/> Family Issues                 |
| <input type="checkbox"/> Physical/Mental health issues           | <input type="checkbox"/> Financial Issues              |
| <input type="checkbox"/> Recovered Dropout                       | <input type="checkbox"/> Military (Depart. Date) _____ |
| <input type="checkbox"/> Juvenile Justice Referral               | <input type="checkbox"/> Other _____                   |

Is your student participating in the OHLAP(Oklahoma Promise) program? ☐ Yes ☐ No

Is student presently attending school? ☐ Yes ☐ No

If no, list the last school attended and date: \_\_\_\_\_

Is the student currently employed? ☐ Yes ☐ No

If yes, where: \_\_\_\_\_ Hours: \_\_\_\_\_

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**This section must be completed in full.**

Is this student ELL? ☐ Yes ☐ No If yes, List Teacher : \_\_\_\_\_

Does student have an IEP? ☐ Yes ☐ No If yes, List Teacher and Category: \_\_\_\_\_

Sped. Dept. has reviewed this application and agrees Alt. Ed. is appropriate placement: ☐ Yes ☐ No

Signature Sped.Rep: \_\_\_\_\_ Date: \_\_\_\_\_

Is this student on OHLAP? ☐ Yes ☐ No If yes, please attach the Y.A.L.E. OHLAP checklist.

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

**Yukon Alternative Learning Experience  
Student Expectations**

*Attending the alternative program is a privilege. The following standards of behavior have been established and as a student in the Yukon Alternative Learning Experience Program, I agree to:*

1. Conduct myself in a manner that is courteous and respectful of school personnel, other students and visitors to our program.
2. Come to class free of the influence of drugs and/or alcohol. This includes possession, use, sale or distribution of drugs, alcohol or tobacco while in class or on school property.
3. **Schedule all doctor and personal appointments for myself before or after school.**
4. Come to class without any weapons or objects that could harm others or myself.
5. Park my car in the assigned parking lot (by water tower on Poplar St.).
6. Set and document daily goals for myself.
7. Complete all assignments in a timely manner.
8. Successfully complete the requirements leading to a high school diploma.
9. Follow the Yukon School Board Policies as outlined in the High School Student Handbook.

**Yukon Alternative Learning Experience  
Parent/Guardian Expectations**

*As a **parent** of a student attending the Yukon Alternative Learning Experience Program, I realize my student has been given a second opportunity to obtain his/her high school diploma. I understand that attendance is a privilege and I agree to:*

1. **Enable my student in becoming more responsible for his own attendance. I will not cover for my student's lack of attendance.**
2. **Schedule all doctor and personal appointments for my student before or after school.**
3. Contact the school if it is necessary for my student to be absent.
4. Have my student at school on time, rested, ready and prepared to learn.
5. Cooperate and collaborate with the alternative program staff members.
6. Help my student abide by classroom guidelines, attendance and student expectations.
7. Attend all meetings and conferences scheduled by school and program staff.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Yukon Alternative School  
Schedule/Attendance Policy  
946 Poplar-Mrs. Combs -265-4481/Mrs. Bishop/Mr.Sowards – 350-2650  
320 S. 9<sup>th</sup>-Mrs. Schoen/Mrs. Grachik – 354-6619

In order to better serve the students of Yukon Alternative School, the following schedule/attendance policy has been adopted:

**Schedule:**

Mrs. Bishop/ Mr. Sowards	Mrs. Combs	Mrs. Schoen/ Mrs. Grachik
Monday – Thursday	Monday - Thursday	Monday - Thursday
8:00 a.m. – 12:15 p.m.	12:00 p.m. – 4:15p.m	8:00 a.m. – 12:15 p.m.
11:00 a.m. - 3:15 p.m.		11:00a.m. – 3:15p.m.

**Friday Make-Up Day – 8:00 a.m. – 12:15 p.m Only!**

**Attendance Policy:**

Every student will be expected to attend school Monday thru Thursday. In the event of an absence, the student will be required to attend the Friday make-up session. The make-up session will be required for **ALL** absences, excused or unexcused. Make-up sessions may also be assigned for excessive tardies. If a student is absent on the make-up day without **prior** arrangements, a parent must call in before the end of the make-up day to excuse the absence **and** a doctor's note will be required. The student will then be required to attend the next scheduled make-up day. For students that work, please do not allow yourself to be scheduled for Friday mornings. Everyone will eventually have an absence and your work schedule will **not** be an excuse to miss Friday. If a student misses the make-up day and notification by the parent is not received **before the end of the day and a doctor's note presented the next day at school** the following action will be taken:

1<sup>st</sup> offense – meeting with Mrs. Pendleton to determine continuation in the program.

2<sup>nd</sup> offense – student may be dismissed from Alt. School.

This schedule/attendance policy was designed to offer students the opportunity to decrease attendance issues for unavoidable absences and to increase measures used for students that abuse the attendance policy of Yukon Alternative School.

I agree to abide by this schedule/attendance policy in order to attend Yukon Alternative School.:

_____ Student Signature	_____ Date	_____ Parent Signature	_____ Date
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Note: If a student is absent for 5 consecutive days without notification to their teacher, the student will be dismissed from Y.A.L.E.

**\*\*The regular school calendar will be followed except for Fridays.\*\***

Revised 8/2/21