



**STUDENT APPLICATION**  
**Mt. Scott Learning Center**  
6148 SE Holgate  
Portland, OR 97206  
503-771-8880  
Fax: 503-771-4750

**Please complete this application and return it to Mt. Scott Learning Center**  
**Note that a completed application does not guarantee admission.**

**1. Please submit the following documents to the Mt. Scott front office:**

- **Completed application for admission**
- **Most recent High School transcript**
- **All Special Education documentation (if applicable)**

**2. Interview:**

- **Student and parent/guardian will be contacted if a slot becomes available. A tour and meeting will be scheduled to discuss next steps.**

**3. Two-Week Trial Period:**

- **If the student and program staff feel the school is a good fit, the student is invited for a two-week trial, where the student attends all classes, is expected to participate fully, and meet program expectations. After this period, staff will meet to make a final determination on the student's enrollment at MSLC.**

**\*Residency requirements:**

- **Before submitting an application, families should confirm that they are currently within Portland Public School District boundaries. Go to the PPS website under the "School and Learning" tab and confirm that your current address is within the district boundaries. This will be verified by our front office with a proof of residency form.**

**Student**

<b>First Name:</b>	<b>Last Name:</b>
<b>Current Grade and # of Credits:</b>	<b>Date of Birth and Age:</b>
<b>Address:</b>	
<b>City:</b>	<b>Zip:</b>
<b>Student cell #:</b>	<b>Home Language:</b>

**Parent/Guardian**

<b>First Name:</b>	<b>Last Name:</b>
<b>Cell #:</b>	<b>Work #:</b>
<b>Email:</b>	<b>Best way to contact:</b>

**Parent/Guardian**

<b>First Name:</b>	<b>Last Name:</b>
<b>Cell #:</b>	<b>Work #:</b>
<b>Email:</b>	<b>Best way to contact:</b>

**When would you like to begin at Mt. Scott Learning Center?**

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## School History

Name of school where you are enrolled now or last attended:

Are you currently attending? If not, why and date you last attended:

Current # of high school credits completed:

\*Please attach a current transcript.

## Special Programs

I do not have any special education/program needs (skip section below):

IEP

504 Plan

English Language Learner

I have attached a copy of my plan with the application, if applicable

## Attendance and Other Barriers

Was attendance an issue at your previous school?  Yes  No

Skipping?  All day absences?  Both?

If yes, what got in the way of you attending regularly?

Please check applicable issues:

Alcohol

Fighting with Peers

Expulsion Reason: \_\_\_\_\_

Drugs

Conflict with Teachers

Court involvement/Probation

Academics

Bullying

ADHD/ADD

School Anxiety

Depression

Other:

## **Personal Circumstances**

What is your living situation and who is legally responsible for you?

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Describe any circumstances that have impacted your ability to be successful in the traditional school setting. How can Mt. Scott assist in helping you reach your academic/personal goals? Please write on back page if extra space is needed:

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Do you have a caseworker or mentor? What is their contact information?

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## **Planning and Goals**

What are your plans after high school? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Two Year College       | <input type="checkbox"/> Four Year College |
| <input type="checkbox"/> Trade/Technical School | <input type="checkbox"/> Military          |
| <input type="checkbox"/> Employment             | <input type="checkbox"/> Undecided         |
| <input type="checkbox"/> Other:                 |  |

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**Reflections:**

**What are your strengths in school?**

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**What are your struggles in school?**

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**Do you know anyone currently attending? \_\_\_\_\_ If so, who? \_\_\_\_\_**

**Signatures**

I agree that I have provided all of the information requested in this application packet, and the information I provided is complete and correct to the best of my knowledge.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_