



Application for Admission to Franklin Capstone Program (2023-2024)

Student's Full Name: _____

Student's Preferred Nickname: _____ Student's Pronouns: _____

DOB: _____ Age: _____

Gender Identity: _____

Address: _____

City: _____ State: _____ Zip: _____

High School Attended: _____ Graduated? Yes No If yes, what year? _____

Previous Adult Education, Vocational Tech or Transition Program attended: _____

Race/Origin: Caucasian African American Hispanic American Indian Asian Pacific Islander

Other _____

Guardianship/Conservatorship: Student is 18+ and is their own legal guardian

Guardianship has been established over student. If so, state legal guardian: _____

Legal protection over the child is established, but not guardianship. If so, state in what form: _____

Parent/Guardian Information

Parent/Guardian Name: _____ Check if deceased

Address, (if different from student): _____

City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____

Occupation: _____ Cell Phone: _____

Business Name: _____ Work Phone: _____

Employer Address: _____

Parent/Guardian Name: _____ Check if deceased

Address, (if different from student): _____

City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____

Occupation: _____ Cell Phone: _____

Business Name: _____ Work Phone: _____

Employer Address: _____

Parental Status: Married Separated Divorced Not Married

Student lives with: _____

Sole Custody (please provide legal documentation)

Send financial correspondence to (if different from parent or guardian): _____

Approx. Gross Household Income: \$ _____

Parent Questionnaire

Siblings:

Name	Relationship	Age	Lives With?

To help us know you and your child better, please complete the following:

What is your primary reason for seeking enrollment for your child in the Franklin Capstone Program?

Does your child have an IEP (Individual Education Plan)? Yes No

Has your child ever been expelled from a school/program? Yes No If yes, please describe the circumstances:

Describe your child's strengths. (academic, social, independence, emotional, interests)

In what areas do you think your child needs the most help? (academic, social, independence, emotional, interests)

Describe your child's social/emotional development and behavior at home and in the community

Describe your student's level of academic knowledge.

Describe how to best motivate your child.

Describe your student's feelings about attending an adult education program.

What special considerations should we be aware of? (medical, physical, emotional)

Is your child currently taking any medications? Yes No If yes, list name, dosage and purpose:

Is your child currently seeing a related services professional outside the school setting?

Occupational Therapist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____
Physical Therapist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____
Speech Therapist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____
Psychologist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____
Neurologist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____
Nutritionist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____
Tutor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____

Please list your insurance provider info: Company: _____ ID# _____ Group # _____

Family Statement: Franklin Center relies on the strengths and talents of our Franklin Capstone families and larger community to support the school, its mission, student programs, and model of learning/growth. If you child was to join the Franklin Capstone Program, in what ways will you help?

How did you learn about the Franklin Capstone program?

- Friend
- Family Member
- Current or Past Franklin Center (formerly AOWL) Family
- Professional Referral
- Online Search Engine- if so, which? _____
- Advertisement – if so, which? _____

Which Adult Education Option are you interested in for your child?

Full-day (37 hours of programming per week)

Flexible-day (20-25 hours of programming per week)

A la carte (per class option)

Equal Opportunity

Academy of Whole Learning values each student's gifts as an individual, regardless of age, color, creed, national or ethnic origin, race, religion, sex, sexual orientation, or genetic information. Academy of Whole Learning is unable to meet the needs of students with emotional or behavioral issues that may negatively impact the learning environment. This policy applies to all areas of student concerns; including admissions, athletics, educational policies, tuition assistance, and other school-administered programs.

I authorize information in this application to be shared with Franklin Therapy

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

A non-refundable application fee of \$150.00 must accompany this form. (Does not apply to current Franklin Academy Families) Checks can be made payable to Franklin Center. Please enclose the application, application fee and all supporting documents to:

Franklin Capstone Program
Admissions Office
1001 Boone Ave. N.
Minneapolis, MN 55427