



Wisconsin Department of Public Instruction
YOUTH OPTIONS PROGRAM PLAN AND REPORT
 PI-8700-A (Rev. 08-07)

INSTRUCTIONS: Complete a separate form for each semester of instruction.

STUDENT: Complete Section I and left three columns (1-3) of Section II and submit to school board of district of enrollment. List alternative courses on reverse.

SCHOOL BOARD: Review left three columns (1-3) of Section II.

Complete columns 4-6 of Section II and Section III, sign and return to student.

STUDENT: Submit to college.

COLLEGE: Review columns 7-9 of Section II and approve in Section IV. Return form to the student.

STUDENT: Submit a copy of completed form to the school board of district of enrollment and register at college.

TYPE OR PRINT Refer to Conditions/Assurances on reverse side.

Semester Applying For
 Check one
 1st Semester 2nd Semester

I. STUDENT INFORMATION			
Name Last, First, Middle Initial	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	High School Attending Home Telephone Area/No.
Address Street, City, State, Zip		Current Grade in School <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Parent/Guardian Name	Address if different than above		No. of YO Credits Taken
Name of College You Plan to Attend for Youth Options	Address	Do you plan to request transportation reimbursement? <input type="checkbox"/> Yes See reverse for criteria <input type="checkbox"/> No	
Signature of Student (Required) My signature authorizes the high school and college to release course and grade information to each other.		Signature of Parent/Guardian Required if student under age 18.	Date Signed

II. PROGRAM INFORMATION								
(1) Course(s) Intending to Take <input type="checkbox"/> Check here and attach another page if more than four courses.	(2) Course No.	(3) No. of College Credits	(4) College Course is Comparable to HS Course Yes No	(5) Check if Approved for HS Credit	(6) No. of HS Credits to be Granted	To be completed and signed below by college representative.		
						(7) Course(s) Student Registered to Attend	(8) Course No.	(9) No. of College Credits
TOTAL						TOTAL		

III. SCHOOL BOARD APPROVAL	IV. POSTSECONDARY APPROVAL
Name of School Board Contact Person	Telephone Area/No.
Name of College Contact Person	Telephone Area/No.
Above-named student is approved to enroll. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason for denial: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No I CERTIFY that the above-named student is eligible to attend the courses listed above and that all courses indicated are nonsectarian in content. The student will be notified of college admission policies/criteria, and record disclosure provisions. The college agrees to provide the school board with grade and attendance information upon request.
<input type="checkbox"/> Check if student has a record of disciplinary problems (applies only to technical college courses). Return form to student by May 15 if the pupil enrolls in the fall semester; Nov. 15 for spring semester.	
Signature of School Board Contact Person	Date Signed
Signature of College Representative	Date Signed

