

*Sullivan High School*  
**Sullivan Optional Success School**  
**Enrollment Packet**

*Please complete this packet and return at the initial parent/student interview.*

Student's Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Student's Current Grade Level: \_\_\_\_\_

Custodial Parent or Guardian (1): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Custodial Parent or Guardian (2): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (If Any): \_\_\_\_\_

Logon Name (Teacher will assign): \_\_\_\_\_

Computer Password: \_\_\_\_\_

*(Choose a password with at least 6 letters and/or numbers that the student will be able to remember)*

Initial date of meeting with parents & Team \_\_\_\_\_

**Emergency Contact Information**

1.

Name of Contact: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2.

Name of Contact: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# Sullivan Optional Success School

## Goal Setting Worksheet

*This page to be completed by the student.*

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

What 3 goals would you most like to accomplish during your time in the Sullivan Optional Success School?

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

What are you going to do to accomplish these goals? \_\_\_\_\_  
\_\_\_\_\_

What do you think is the biggest problem that you have in school? \_\_\_\_\_  
\_\_\_\_\_

Why has this caused you a problem? \_\_\_\_\_  
\_\_\_\_\_

What can we do as your teachers to help you succeed? What do you need us to do? \_\_\_\_\_  
\_\_\_\_\_