



Adventurous Alternatives Application Request

Child's Name: _____ Date: _____

Parent/Guardian Name: _____

Primary Contact Phone: _____ Best e-mail: _____

Relationship to child: Mother Father Foster Parent Guardian Other _____

Child's Date of Birth: _____ Grade in School: _____

School Attended (most recent): _____

Special Programming: Special Education Resource G.A.T.E. Alternative Learning Env.

Home Schooled Other: _____

Gender of Child: _____

Any juvenile/legal charges ever filed for this child? Yes _____ No _____

References who know this child well and can attest that this child would be appropriate:

Ref. 1; Name: _____ E-mail: _____

Ref. 2; Name: _____ E-mail: _____

Ref. 3; Name: _____ E-Mail: _____

Any medical concerns/special conditions this child has encountered? Yes _____ No _____

Please explain why you believe this child would be an appropriate participant in "Adventurous Alternatives." Give as much detail as you desire. Please use the back side of this application or attach additional sheets as necessary.

I am requesting to have my child considered for participation in the "Adventurous Alternatives" program. I fully understand that completion of this application in no way establishes a commitment from Adventurous Alternatives staff, directors, or it's associated partners to accept or include my child into this program. I further understand that because Adventurous

Alternatives is a brand-new initiative, initial participation will be limited to a very small number of participants by necessity to ensure that available staff can adequately provide supervision appropriate supervision and direction. I am fully aware that this present application request will be used as an initial screening to determine general appropriateness and that should the above-mentioned child be selected, a more comprehensive application packet, with much greater detailed information will be provided to me, and initial acceptance into Adventurous Alternatives will be based upon that more comprehensive application packet review with verification of information provided. Finally, I understand that should my child not be among those initially accepted for participation, our application will be retained and reviewed for participation as staffing and other resources allow expansion of the program.

Signature of Parent/Legal Guardian

Date Signed

Please return this completed application request to:

Adventurous Alternatives
5111 Rogers Ave., STE 535
Fort Smith, AR 72903

It may also be faxed to:
Adventurous Alternatives
479-452-1418

Please direct any additional questions to:
Info@AdventurousAlternatives.org