

SAIL High School
Student Application Survey

(This form must be completed before the student candidate can be considered for SAIL.)

Student Name: _____ Previous School: _____ Grade: _____

Please answer the questions below to help us determine the best approach to your educational success. This is an important part SAIL's approach to individualized learning. All information is for the use of SAIL staff only.

What programs and activities are you interested in participating in at SAIL?

Electives:

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Fiber Arts | <input type="checkbox"/> Vocals | <input type="checkbox"/> Theater/Tech | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Art | <input type="checkbox"/> Music Appreciation | <input type="checkbox"/> Film Appreciation | <input type="checkbox"/> Juggling |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Guitar | <input type="checkbox"/> Journalism | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Digital Design | <input type="checkbox"/> Robotics | <input type="checkbox"/> Student Govt. | <input type="checkbox"/> Yoga |

Clubs:

- | | | | | | |
|---|--|--|--|---------------------------------|---|
| <input type="checkbox"/> Art | <input type="checkbox"/> NHS | <input type="checkbox"/> DJ | <input type="checkbox"/> Video | <input type="checkbox"/> Drama | <input type="checkbox"/> Disc Golf/Ultimate Frisbee |
| <input type="checkbox"/> Music Ensemble | <input type="checkbox"/> Robotics | <input type="checkbox"/> Board Games | <input type="checkbox"/> Brain Bowl | <input type="checkbox"/> A.S.L. | |
| <input type="checkbox"/> Girls on the Run | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Student Govt. | | |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Human Relations | <input type="checkbox"/> Rainbow Connection (LGBTQ+) | | | |

Intensives: a week in the spring where all students participate in experiential learning activities outside of the regular classroom structure.

- | | | | |
|---------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Sports | <input type="checkbox"/> Volunteering | <input type="checkbox"/> Film and Culture | <input type="checkbox"/> Science/Computers |
| <input type="checkbox"/> Games | <input type="checkbox"/> Travel | <input type="checkbox"/> Art/Writing | |

What is your favorite subject/classes?

- | | | | |
|--|---------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Math | <input type="checkbox"/> Science | <input type="checkbox"/> English | <input type="checkbox"/> History |
| <input type="checkbox"/> Foreign Language: _____ | <input type="checkbox"/> Other: _____ | | |

Would you be interested in tutoring? Subject: _____

- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Before School | <input type="checkbox"/> During Lunch | <input type="checkbox"/> After School |
|--|---------------------------------------|---------------------------------------|

What is your learning style? Check all that apply

- Visual – You prefer using pictures and images.
- Auditory – You prefer using sound and music.
- Verbal – You prefer using words, in speech or in writing.
- Physical – You prefer using your body, hands, and sense of touch.
- Logical – You prefer using logic, reasoning, and organized systems.
- Social – You prefer to learn in groups or with others.
- Solitary – You prefer to work alone and have self-study.

What are your after high school goals?

- | | | | |
|--|-----------------------------------|--|---|
| <input type="checkbox"/> Work | <input type="checkbox"/> Military | <input type="checkbox"/> 4 Year University | <input type="checkbox"/> 2 Year Community College |
| <input type="checkbox"/> Vocational/Technical School | <input type="checkbox"/> Unsure | <input type="checkbox"/> Other: _____ | |

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Please answer the following using complete sentences.

What extra-curricular activities do you currently participate in at school? Are you involved in any outside of school?

What subject would you like to get better at and why?

What do you enjoy most about school?

What is your least favorite thing about school?

What career(s) are you interested in pursuing?

How do you spend your free time? What hobbies do you enjoy?

What are your favorite movie(s), book(s), musician(s), and/or song(s)?

What are three words that best describe you?
