

Academy High School

Alternative Education Campus Hays CISD

To be completed by student and parent / guardian / spouse. Return completed form to your counselor. The counselor will send the application, current TAKS scores and transcript to Academy HS. Once AHS receives the application and transcript an interview will be scheduled for the student and parent / guardian/spouse.

Date: _____ Current Grade Level _____ Student ID Number: _____

Expected Graduation date _____ Number of Credits _____

Name: _____
(First) (Middle Initial) (Maiden) (Last)

Home Address: _____
(Street Address) No P.O. Box Numbers

City: _____ State: _____ Zip Code: _____

Mailing Address: _____
(If different from Home Address)

Home Phone: _____ If no home phone, a number where you can be contacted.
(Area Code) Phone Number

Date of Birth: _____ / _____ / _____ Age: _____ Sex: _____
(Month) (Day) (Year)

Social Security # _____ - _____ - _____ or Alternate State ID # _____

With whom do you live? _____

Parent / Guardian email address: _____

Father's Name: _____ Father's Work #: _____
Or Step-Father

Mother's Name: _____ Mother's Work #: _____
Or Step-Mother

Spouse's Name: _____ Spouse's Work #: _____

Guardian's Name: _____ Guardian's Work #: _____

SCHOOL INFORMATION

Hays Consolidated School District

Name of School: _____

Grades attended: _____

Counselor's Name: _____

Other Schools attended: _____

Please list school name, address, phone number, school district, and grades attended.

Date you were last enrolled in school: _____

Have you ever attended any type of Special Education Class? **YES** _____ **NO** _____

What school: _____ Type of Class: _____

Were you ever classified as a Limited English Proficient Student (ESL or ESOL)?

YES _____ **NO** _____ What school: _____

Were you ever enrolled in Special Education or 504 classes?

YES _____ **NO** _____ If yes, please give details.

Were you ever enrolled in a Gifted & Talented or Honors Program? **YES** _____ **NO** _____

Were you ever retained? **YES** _____ **NO** _____ Which grade(s): _____

How would you rate your reading ability? **Excellent** _____ **Fair** _____ **Poor** _____

Have you passed the Exit Level TAKS test?

ELA _____ **Math** _____ **Science** _____ **Social Studies** _____

Are you a school dropout? **YES** _____ **NO** _____ How long have you been out? _____

PERSONAL INFORMATION

Are you married? **YES** _____ **NO** _____ Spouse's name: _____

Do you have a child/children or are you expecting? **YES** _____ **NO** _____

Children's names and ages: _____

Who cares for them when you are at school? _____

Do you presently have a job? **YES**_____ **NO**_____

If yes, place of employment: _____

Supervisor's Name: _____ Work Hours: _____

Work Phone Number: _____

What is your career goal in life? _____

Do you plan to further your education after high school? **YES**_____ **NO**_____

College _____ **Trade School** _____ **Other** _____

If you do not attend college, what will you do after high school graduation?

TO BE COMPLETED BY THE STUDENT:

Who recommended you apply to the Academy High School?

Why do you want to attend school here? _____

I understand that the Academy High School is intended for students who are wanting to graduate at an accelerated pace, are at-risk of dropping out of school, or have already dropped out of school. I understand that this school is a school of choice for only those students having a strong desire to further their education and complete their requirements for graduation even if a change to the minimum plan is required.

I have carefully reviewed and understand AHS's application form. I want to be considered for enrollment at AHS and will perform with a positive attitude, be a responsible student, maintain good attendance, be punctual to school, and achieve to the best of my ability each day.

(Student's Signature)

(Date Signed)

ESSAY: Either on this sheet or on an attached sheet, write why you want to enroll at Academy High School and how you expect Academy High School (and possibly you) will be different.

TO BE COMPLETED BY PARENT / SPOUSE / GUARDIAN:

Do you support your child's/spouse's desire to attend the Academy High School?

YES _____ **NO** _____

Why do you want your child/spouse to attend the Academy High School?

I have carefully reviewed the Academy High School application form and understand the selection process of the Accelerated Center for Education. I will be attending the interview with my child/spouse when it is scheduled I will be prepared to ask any further questions regarding the school at the time of this interview.

(Parent's Signature)

(Date Signed)

STUDENT'S CURRENT PRINCIPAL & COUNSELOR

(Principal's Signature)

(Date Signed)

(Counselor's Signature)

(Date Signed)

***Mail or Deliver to: Academy High School, 4820 Jack C. Hays Trail, Buda TX 78610
Fax: 512-268-4142***

For A@H Use Only:

Student Accepted: _____ Student Denied: _____

Date Placed: _____ Placed on waiting list due to full enrollment: _____

Person Notified: _____

Date Notified by Phone: _____ by Letter: _____