

STARS ACCELERATED HIGH SCHOOL

APPLICATION FOR ENROLLMENT

STARS Accelerated High School might be a good fit for you if:

- You are wanting to **Graduate Early** for whatever reason
- You need to **Recover Credits**
- You prefer smaller class sizes
- You are not experiencing success in school
- You need to balance your family and education and/or work
- You want to prepare for Higher Education and earn college credits while in High School

Students who are self-motivated and disciplined to work at their own pace on computer based programs, and choose to take advantage of this school in a positive and productive manner are very successful.

FACTORS CONSIDERED ON APPLICATIONS:

- Total number of credits earned
- Age—preferably, **at least 16 years of age, but not over 21**
- Attendance— **Attendance is key to success at STARS**

The following must be included with your application:

- Transcript (a current copy that includes STAAR scores)
- Copy of Report Card
- Attendance Record
- Discipline Record
- **Recommendation Forms—one is required. Two or more is optional, but recommended.**

Upon acceptance, the following items will be requested:

- Proof of residency (i.e. lease agreement or utility bill)
- Immunization records
- Social Security card (copy)
- Documentation of legal guardianship (if applicable)

If you are enrolled at GHS, you will complete your application with your counselor. If not enrolled at GHS, please print this application or come by for a copy. Application and required documents may be faxed by counselor or turned directly into Stars Accelerated High School. Applications will be reviewed and applicants will be notified by phone and/or a letter will be mailed indicating time and date of interview

Do not withdraw from your home school. STARS will contact your home campus to initiate a withdrawal.

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PLEASE PRINT					Section 1: STUDENT INFORMATION				
Date of Application:					[STARS office use – Date Received:]				
ID#		Last Name			First Name				
Male ___ Female ___		Birthdate			Grade		Credits Earned		
Address									
Student Phone#					Check one: ___home ___cell ___work			Personal Email:	
Cohort year (4yrs from 1st time in 9th grade?)									
Presently enrolled in school? Yes ___ No ___					If no, what is the name of the last school you attended?				
Date Withdrawn					Reason for Withdrawal				
Repeated a Grade? Yes ___ No ___ If yes, which one? _____									
Have you received any of the following services: Special ED ___ ESL/BIL ___ 504 ___ Other ___ <i>If any of these are marked, follow procedures on page 5. Page 6 must be completed</i>									
Will you need to ride the bus? Yes ___ No ___ (Transportation is provided)									
What are your plans after graduating from high school (i.e. community college, 4-year college, trade school, military or job)?									
Section 2: PARENT/GUARDIAN INFORMATION									
Primary Guardian with whom the student lives					Relationship to student				
Primary phone			Check one: ___home ___cell ___work			Email:			
Father/Step-Father/Guardian (If different from above)					Employment				
Primary phone			Check one: ___home ___cell ___work			Email:			
Mother/Step-Mother/Guardian (If different from above)					Employment				
Primary phone			Check one: ___home ___cell ___work			Email:			

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PERSONAL HISTORY STUDENT INFORMATION

Are you employed? Yes ___ No ___	Employer	Hours per week
Do you have a child? Yes ___ No ___	Age(s) of child(ren)	Does your child have reliable childcare? Yes ___ No ___
Are you pregnant? Yes ___ No ___	If yes, what is your due date?	

STUDENT – Please explain your reasons for applying to STARS High School. Please include information relating to reasons that caused you to fail courses or lose credit in classes at the regular campus, as well as **WHY** you think you will be more successful at STARS (attach additional pages if needed).

PARENT/GUARDIAN – Please explain **WHY** you think your child needs STARS High School. If it applies, include information about when your child’s difficulties became apparent, and if there was an event or experience directly related to those (attach additional pages if needed).

Student/Parent Agreement

I understand that enrollment in STARS Accelerated High School is by admission only. If I am admitted, I will follow the rules and expectations pertaining to STARS High School. I understand that if I am withdrawn from STARS High School due to behavioral issues, attendance problems or by my own choice, I will need to enroll in another institution to continue my education. I understand STARS Administration can withdraw me at any time for behavioral issues. In order to provide support for the student, STARS requests permission to provide an intake, counseling, mentoring and/or support group for students. (Services are voluntary).

“I certify that the information contained in this Application is true and correct.”

Student’s Signature _____ Date _____

Parent’s Signature _____ Date _____

Once the application is complete with all supporting documents, a screening committee at STARS Accelerated High School will review and decide if the program is appropriate placement for the student.

- ***Students will be notified by letter if admittance will be denied without an interview.***
- ***Student/parent will be notified by phone to schedule an interview if their application will be considered for admittance. Parent must attend the interview.***

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COUNSELOR RECOMMENDATION

This recommendation will be reviewed by a committee at STARS Accelerated High School to decide if this program is appropriate placement for the student named below. Counselor recommendation should accompany the application.

Student Name	ID #	Date
Grade	Cohort	
Is the student currently receiving any of the following service? Special Ed _____ 504 _____ ESL _____ Other _____		
<i>If any of these are marked, follow procedures on page 7. Page 8 must be completed.</i>		
Student's most recent STAAR Scores: Eng I _____ Eng II _____ Alg I _____ Bio _____ US Hist _____		

Note: **Students should NOT be** withdrawn from their home campus to attend STARS Accelerated High School until notification is given to the home campus via STARS secretary.

Considering that Stars High School provides for small non-structured classroom setting, please give us feedback regarding the student's ability to work in a self-paced curriculum with limited direct instructions , attendance and discipline referrals (if applicable). The committee will utilize information in conjunction with the student's transcript and number of credits.			
Motivation	High _____	Average _____	Low _____
Ability to set goals	High _____	Average _____	Low _____
Good Attendance	High _____	Average _____	Low _____
Reading Ability	High _____	Average _____	Low _____
Additional Comments: _____ _____ _____			
Highly Recommended _____ Recommended _____ Not Recommended _____			

Counselor (Print) _____ Phone # _____

Counselor Signature _____ Date _____

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ASSISTANT PRINCIPAL RECOMMENDATION

This recommendation will be reviewed by a committee at STARS High School to decide if this program is appropriate placement for the student named below. Administrator recommendation should accompany the application.

Student Name	ID #	Date
Grade	Cohort	
Is the student currently receiving any of the following service? Special Ed _____ 504 _____ ESL _____ Other _____		
<i>If any of these are marked, follow procedures on page 7. Page 8 must be completed.</i>		

Note: **Students should NOT be** withdrawn from their home campus to attend STARS Accelerated High School until notification is given to the home campus via STARS secretary.

Considering that STARS High School provides for small non-structured classroom setting, please give us feedback regarding the student's ability to work in a self-paced curriculum with limited direct instructions , attendance and discipline referrals (if applicable). The committee will utilize information in conjunction with the student's transcript and number of credits.			
Motivation	High _____	Average _____	Low _____
Ability to set goals	High _____	Average _____	Low _____
Good Attendance	High _____	Average _____	Low _____
Reading Ability	High _____	Average _____	Low _____
Have discipline issues been a concern for this student?		Yes ____	No ____
Additional Comments: _____ _____ _____			
Highly Recommended _____ Recommended _____ Not Recommended _____			

Administrator Name (Print) _____ Phone # _____

Administrator Signature _____ Date _____

TEACHER RECOMMENDATION

This recommendation will be reviewed by a committee at STARS High School to decide if this program is appropriate placement for the student named below. Teacher recommendation should accompany application.

Student Name	ID #	Date
Grade	Cohort	
Is the student currently receiving any of the following service? Special Ed _____ 504 _____ ESL _____ Other _____		
<i>If any of these are marked, follow procedures on page 7. Page 8 must be completed.</i>		

Considering that STARS High School provides for small non-structured classroom setting, please give us feedback regarding the student's ability to work in a **self-paced curriculum** with **limited direct instructions**, attendance and discipline referrals (if applicable). The committee will utilize information in conjunction with the student's transcript and number of credits.

Motivation	High _____	Average _____	Low _____
Ability to set goals	High _____	Average _____	Low _____
Good Attendance	High _____	Average _____	Low _____
Reading Ability	High _____	Average _____	Low _____
Have discipline issues been a concern for this student?	Yes _____	No _____	
Additional Comments: _____ _____ _____			
Highly Recommended _____ Recommended _____ Not Recommended _____			

Teacher Name (Print) _____ Phone # _____

Teacher Signature _____ Date _____

Subject Taught _____

Note: This application will be considered incomplete and delayed if not fully completed with all required documents. Application can be sent faxed to 817-408 4164.

Procedures for Special Education, ESL or 504 Students

- The student and parent express and interest in STARS Accelerated High School.
- A student/parent/special education teacher staffing is held. Topics to be discussed include:
 - Why student wants to enroll at STARS
 - The program at STARS (other participants such as the student's building counselor, the special education counselor, student's assistant principal, a representative from STARS Accelerated High School and program coordinators may participate)
 - Special consideration must be given to whether or not the student's Individual Education Plan (IEP) can be delivered with success at STARS High School. The fact that there is **no modified content** should be a consideration.
- If the consensus of the conference is that the student's current educational needs may be met at STARS, the student applies to STARS using established procedures.
 - The special education counselor, building counselor, assistant principal or teacher may assist the student in completion of the Stars application. A summary of the staffing should be attached to the application. ***Applications will not be considered if not included.**
 - The student continues in the current placement until applications are reviewed.
- The committee must address and document the student's ability to be self-directed, his/her attendance record, the student's behavior socialization abilities and previous success in general education classes with minimal special support.
- Student applications to STARS must include a copy of the most recent ARD/LPAC/504 paperwork and a copy of the last comprehensive evaluation.
- If considered, student and parent will attend STARS interview.
 - STARS enrollment procedures are completed once application is approved.
 - The special education/ESL/classroom teacher provides a copy of the IEP/LPAC/504 RTI sheets and multiple copies of any accommodations required to STARS staff.
 - The STARS educational diagnostician is responsible for coordination the completion of paperwork and conducting the annual review for the student (ARD).
 - Annual LPACs and 504 committee meetings will be held for student annually.

Completed form must accompany application in order for consideration

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SPECIAL PROGRAMS STAFFING FORM

Student Name	Date
Regular Ed Teacher	
Special Ed Teacher (if applicable)	
Diagnostician (if applicable)	
ESL Teacher (if applicable)	
Counselor	

STUDENT INFORMATION

Approximate Reading level
Services Received: MAC ____ Speech ____ Pass ____ Resource ____ Bilingual/ESL ____ 504 ____

Student applications to STARS must include a copy of the most recent ARD paperwork/504/LPAC .

Please state whether you feel that this student would be successful in an unstructured, self-paced reading-intensive environment such as STARS Accelerated High School.

What concerns do you have about this student becoming a STARS Accelerated HS student?
Consider scholastic concerns, attendance, behavior, and time-management skills.
