

Alternative Learning Program (ALP) Application

Complete all information and return the completed application to your counselor.

Name _____
Last First Middle

ID# _____ Date of Birth _____ Age ____ Sex: M ___ F ___

Residence Address _____
Street City Zip

Mailing Address _____
Street City Zip

Student Email address _____

Home Phone _____ Student Cell Phone _____

Parent/Guardian(s) _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Email address _____ Email address _____

Applicant Resides With _____ Relationship _____

Emergency Contact _____ Relationship _____

Home # _____ Work # _____ Cell # _____

Number of years in High School _____ Current enrolled grade _____

Number months/years out of school _____

Do you have a job? _____ Work Hours _____ to _____

When do you want to graduate? _____ What career do you plan to pursue? _____

___2 year College ___Tech/Trade School ___4 year University ___Military ___Direct Employment

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ANSWER THE FOLLOWING QUESTIONS. DON'T LEAVE ANYTHING BLANK.

1. Refer to page 4 in the ALP Handbook for Admissions Criteria.
If you meet qualifications continue with application.

Are you age 16 as of September 1 this school year? Yes No

Have you Passed Algebra I EOC? Yes No

Have you Passed English I EOC? Yes No

Which EOC's have you prior taken?

English II Yes No

Biology Yes No

US History Yes No

2. What Credit Restoration have you attempted at high school?

_____ Before School _____ After School _____ During School

Courses Attempted/Completed

3. List all medications you take on a regular basis.

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4. Are you presently on probation through the courts? Y/N

If yes, briefly describe the stipulations and conditions of your probation.

Probation Officer: _____

Location (County): _____ Phone Number _____

Alternative Learning Program (ALP) Application (Essay Instructions)

Application Essay: Required to complete application for ALP to be considered.

The essay must be hand-written on the next page.

The student must complete a one-page essay explaining why he/she should be accepted into the Alternative Learning Program. In this essay, discuss any information included in Part I of the application, as well as any other relevant information addressing unusual life circumstances.

If a student has had excessive absences, course failures, and/or discipline problems in the past, he/she must address these issues in the essay and explain what changes he/she has made.

Attached essay page must be submitted with the application.

Alternative Learning Program (ALP)

Student – Parent Contract

Please read the statements below and initial.

Initial

STUDENT

- _____ I understand this is a voluntary application to the Alternative Learning Program and **DOES NOT** guarantee my acceptance.
- _____ I agree to help maintain the workplace atmosphere at the Alternative Learning Campus by coming to school each day with a positive workplace attitude.
- _____ I understand that curriculum at the Alternative Learning Program is self-paced, requiring the academic ability to work independently with self-discipline. **I am aware that all courses are computer based.**
- _____ I agree to abide by all the codes, rules and regulations of ECISD. Violations will cause me to lose the privilege of attending the Alternative Learning Program.
- _____ I understand that I am not allowed to sleep in class.
- _____ I am aware that attendance is vital to my success and I must comply with all state attendance rules. I must maintain 90% attendance at all times.
- _____ I agree to attend any and all EOC classes and tutorial sessions until I pass all EOC exams.

Student Signature _____ Date _____

Initial

PARENT

- _____ I have read the information provided in this application and confirm it is true and accurate.
- _____ I understand the terms of my student's potential placement in the Alternative Learning Program. I will partner with the High School/Alternative Learning Program in seeing that my student abide by the terms if selected for the program.
- _____ I understand that all ECISD codes, rules and regulations apply to the Alternative Learning Program Campus and violations will be grounds for removal from the program.
- _____ I am aware that attendance at school is vital to the success of my student and will take the necessary steps for my student to have good attendance.
- _____ I will ensure that my student attends all EOC classes and tutorials to help my child pass the EOC exams.
- _____ I understand that my student must have completed all courses on their graduation plan and pass all EOC exams to participate in graduation.

Parent Signature _____ Date _____

TITLE IX STATEMENT: El Campo Independent School District does not discriminate on the basis of race, sex, age, religion, color, national origin, or disability in providing education services, activities or programs. It is the intent and policy of this District to conduct its activities in compliance with all Federal and State laws prohibiting discrimination on the basis of race, sex, age, religion, color, national origin, or disability.

Declaracion de TITULO IX: El Distrito Independiente Escolar de el Campo no discrimina a base de raza, sexo, edad, religion, color, origen nacional, o incapacidad en proveer servicios educacionales, actividades, or programas. Es la intencion y norma del Distrito do conducir sus actividades de acuerdo con todas las leyes Federales y Estatales prohibiendo discriminacion a base de raza, sexo, edad, religion, color, origen nacional or incapacidad.