

**Peter E. Hyland Center
Application for Admission
2023-2024**

Students are admitted to Peter E. Hyland Center through an application and interview process. This application is for students who are seeking admission to the PEH day program.

Date _____ RSS / REL / GCM / IMPACT/SCTH _____ ID# _____ Grade _____
(circle one)

Name _____

Counselor Name _____ Assistant Principal Name _____

Special Services: Special Education ____ Yes ____ No Section 504 Services: ____ Yes ____ No LEP: ____ Yes ____ No

CCMR Point ____ Yes ____ No if yes how? _____

If your address has changed, please fill out the street address information below:

Street Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Student Email _____

Student Cell Phone No. _____

Parent's Name _____

Spouse/Guardian Name _____

Home Phone No. _____ Cell Phone No. _____

Father's Work No. _____ Mother's Work No. _____

Parent Email Address _____

Do you have transportation? ____ Yes ____ No

Do you presently have a job? ____ Yes ____ No

If yes, where? _____

Hours worked per week _____ Work Phone No. _____

Are you pregnant? ____ Yes ____ No If yes, due date? _____

Do you have any children? ____ Yes ____ No If yes, age(s)? _____

Do or will you need childcare services? ____ Yes ____ No

Is the father/mother of your child currently a student at PHC or applying for admission? ____ Yes ____ No

If yes, who? _____

STUDENT STATEMENT OF NEED: Why do you feel this school would benefit you? Explain. *(This statement is very important. If additional space is needed, you may write on the back of this sheet.)*

I understand that enrollment in the Peter E. Hyland Center is by an application and interview process and admission is not guaranteed. The program is intended for students who are "at-risk" of dropping out of school or who have already dropped out of school. If selected, I will follow the rules and regulations pertaining to the school.

Student Signature _____ **Date** _____

PARENT/GUARDIAN STATEMENT: Why do you feel this school would benefit your student? Please explain.

I understand that enrollment in the Peter E. Hyland Center is by an application and interview process and admission is not guaranteed. I am in support of my student attending this alternative school.

Parent/Guardian Signature _____ **Date** _____

It is the policy of GCCISD not to discriminate on the basis of race, color, national origin, sex or handicap in its programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended. GCCISD will take steps to assure that lack of English language skills will not be a barrier to admission and participation in all educational and vocational programs.