



GOOSE CREEK CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

1906 Decker Dr. • Baytown, Texas 77520 • (281) 420-4555 Fax (281) 420-4558

PETER E. HYLAND CENTER

**Application for Admission
2018-2019**

- **Admission is by application only. Submitting an application does not guarantee admission.**
- **Incomplete applications will not be considered.**
- **Applications will be held for the school year that it is received.**
- **It is essential that all parts of this application be filled out completely.**
- **Incomplete applications will not be considered.**

Return completed application to Pam Chapa at Peter Hyland Center. All items listed below must be completed and turned in before the application goes to the review committee. The committee will evaluate the application to determine if it meets entry requirements and will also evaluate the likely success of the applicant as a student at PHC.

- ___ 1. Student Name: _____ RSS / REL / GCM / IMPACT/SCTHS ID# _____ Grade _____
(circle one)
- ___ 2. Name of School Counselor: _____
- ___ 3. Name of Assistant Principal: _____
- ___ 4. Completed application
- ___ 5. Copy of transcript with STAAR EOC scores - Registrar's Office or Counselor
- ___ 6. Copy of present year schedule
- ___ 7. Copy of current year's attendance
- ___ 8. Copy of current year's discipline record from Review 360.
- ___ 9. Doctor's statement for pregnant students
- ___ 10. Student Profile
- ___ 11. Copy of current 4-yr plan
- ___ 12. Copy of Credit Evaluation
- ___ 13. Date of Counselor conference with parent regarding Peter Hyland application _____
- ___ 14. Student Behavioral Checklist

Have each teacher complete behavioral checklist & return to campus school counselor and attach to application.

ADMISSION AND TIMELINES

Admission

Students are admitted to Peter E. Hyland Center through an application and interview process. This process is used to determine a student's motivation for catching up and earning a diploma.

Enrollment in the Peter E. Hyland Center program is limited in the number of students accepted during set windows of time during the school year:

- Applicants must be currently enrolled in GCCISD.
- Admission is by application and interview only; there are no automatic admissions.
- Incomplete applications will not be considered for enrollment.
- Students with disabilities must be placed at Peter E. Hyland Center by their Admissions, Review and Dismissal committee.

All students entering Peter E. Hyland Center are required to attend orientation with their parent or legal guardian.

Applications for Peter E. Hyland Center may be obtained from the High School Counselors.

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.

Timelines for Application and Admission

Goose Creek CISD high school students can apply for entry into PHC for the 2018-2019 school year during the following registration windows:

- June 8th is the deadline for applications for students wanting to enter PHC at the beginning of the 2018-2019 school year. This window includes current year seniors who are credit deficient.
- Current year seniors that fail the STAAR EOC exams during the summer can enter PHC in August with a deadline of entering on September 21st.
- Students considered drop outs from the previous school year must apply by September 21st.
- September 21st is the deadline for applications for students wanting to enter PHC at the beginning of the 2nd six weeks.
- December 7th is the deadline for applications for students wanting to enter PHC at the beginning of the 4th six weeks.
- February 8th is the deadline for applications for students wanting to enter PHC at the beginning of the 5th six weeks.

Applications for entering Peter E. Hyland Center for the 2019-2020 school year will be accepted between February 11, 2019 and June 6, 2019.

PETER E. HYLAND CENTER

Application for Admission

All sections must be completed. Incomplete applications will not be considered.

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

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

Date of Birth _____ Age _____ Sex: M / F
(circle one)

Street Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Parent's Name _____

Spouse/Guardian Name _____

Home Phone No. _____ Cell Phone No. _____

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

Student Cell Phone No. _____

Are you applying for day or night school? ____ Day ____ Night

Do you receive free or reduced cost lunches? ____ Yes ____ No

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 a child? ____ Yes ____ No If yes, age? _____ M / F
(circle one)

Do or will you need child care services? ____ Yes ____ No

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

If yes, who? _____

ANSWER THE FOLLOWING QUESTIONS COMPLETELY AS THEY PERTAIN TO YOU

Are you currently taking any medication on a regular basis? Yes / No

List all medications _____

Are you under a doctor's care? Yes / No

Please list in detail illnesses and health related problems you are currently experiencing.

Have you been hospitalized for depression (Yes / No) or drug/alcohol rehabilitation (Yes / No)?

If yes: Name of Facility _____

Date of Admission _____ Date of Release _____

Are you currently on probation? Yes / No If yes: Name of Probation Officer _____

Phone Number _____ Reason _____

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 selection only. 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 the selection process and I am in support of my student attending this alternative school.

Parent/Guardian Signature _____ **Date** _____

Peter E. Hyland Center Student Profile

**To be completed by counselor from home campus
and attached to application**

Student Name

Grade

Cohort

Graduation Plan and Endorsement

If student is graduating on minimum or foundation plan, please attach a copy of the letter signed by the parent.

Check below all that apply to student:

| YES | or | NO | |
|--------------------------|----|--------------------------|---|
| <input type="checkbox"/> | | <input type="checkbox"/> | 9th or 10th grader |
| <input type="checkbox"/> | | <input type="checkbox"/> | Assigned to POINT in current or previous school year |
| <input type="checkbox"/> | | <input type="checkbox"/> | Hospitalized for mental issues, emotional issues, or controlled substance abuse |
| <input type="checkbox"/> | | <input type="checkbox"/> | 15.5 or less credits |
| <input type="checkbox"/> | | <input type="checkbox"/> | Currently or previously expelled, on parole, probation, or incarcerated |
| <input type="checkbox"/> | | <input type="checkbox"/> | Retained 2 or more times |
| <input type="checkbox"/> | | <input type="checkbox"/> | Previously dropped out |
| <input type="checkbox"/> | | <input type="checkbox"/> | Pregnant or parent |
| <input type="checkbox"/> | | <input type="checkbox"/> | 11th or 12th grader who will not graduate with current class |
| <input type="checkbox"/> | | <input type="checkbox"/> | Currently or previously on the Student Support Team Roster |

Peter E. Hyland Center Student Profile

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CHECK TO INDICATE PARTICIPATION IN SPECIAL PROGRAMS

Special Ed. ____ LEP ____ 504 ____ Dyslexia ____ Migrant ____ ESL ____ Free/Reduced Lunch ____

If Special Ed., 504, or Dyslexic, please attach IEP and/or instructional modifications.

Please check all areas that apply to this student.

Personal

- ___ Rehabilitating drug user
- ___ Disruptive home/family
- ___ History of abuse in family
- ___ Other _____

- ___ Totally self-supporting
- ___ Supporting spouse and/or child
- ___ Supporting parent and/or family
- ___ Other economic hardships
- _____

Academic

- ___ Underachiever
- ___ Overage student
- Grade ____ Age ____
- ___ Retained more than one time
- Grades ____, ____, ____

Attitude

- ___ Adjudicated
- ___ Unmotivated / low self esteem
- ___ Antisocial behavior
- ___ Non participant in school activities
- ___ Persistent misbehavior in class/on campus
- ___ Other _____

Economic

Why do you recommend this student to the Peter Hyland Center?

Please explain. Your recommendations are an essential part of our decision making process.

Counselor / Administrator's Printed Name

Counselor / Administrator's Signature

List course(s) that student is currently taking online for Credit Recovery.

Course

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

MOST RECENT STATE MANDATED TEST DATA

**Only complete if not listed on submitted transcript.
Documentation for exemptions must be attached.**

| STARR-EOC | | |
|-------------------|----------------------|-----------------------------|
| | Highest Score | Passed or Exempt (✓) |
| ENGLISH I | _____ | _____ |
| ENGLISH II | _____ | _____ |
| ALGEBRA I | _____ | _____ |
| BIOLOGY | _____ | _____ |
| US HISTORY | _____ | _____ |

Counselor / Administrator's Printed Name

Counselor / Administrator's Signature

Peter E. Hyland Center Student Behavioral Checklist

To be completed by teacher from home campus
Please send to home campus school counselor and attach to application.

Student Name _____ Date _____

Subject _____

(Please check all areas that apply to this student)

Class Attendance

- Frequently absent
- Frequently tardy
- Frequently asks to be excused
(restroom, nurse, office, etc.)

Class Performance

- Lack of motivation
- Not staying on task
- Grades failing markedly
- Missing or incomplete assignments
- Unprepared (pencil, books, etc.)

Extra-Curricular Activities

- Loss of eligibility
- Increasing non-involvement

Physical Concerns

- Slurred speech
- Frequent injuries
- Obvious weight change
- Frequent physical complaints
- Neglect of personal appearance
- Other _____

Behavioral Concerns

- Fighting
- Cheating
- Hyperactive
- Erratic behavior
- Defiance of rules
- Sleeping in class
- Disruptive behavior
- Suddenly withdrawn
- Suicidal statements
- Avoids communication
- Scratches/marks on arms
- Defensive/Denying/Blaming
- Obscene/abusive language
- Mood/personality changes
- Disorientation/memory loss
- Other _____

Social Behavior

- Often borrows money
- Giving away possessions
- Change of friends (negative)
- Sudden rejection/popularity
- Talk of chemical use/partying
- Dissatisfaction with school
- Other _____

Additional Comments / Observations / *Your recommendations are very helpful in our decision process.*

Teacher's Printed Name

Teacher's Signature

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Updated 4/26/2018

Teacher's Signature

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