

**Peter E. Hyland Center  
Application for  
Admission 2024-2025**

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.*