



**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  
2019-2020**

- **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 "Guidance Office Secretary" 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 2019-2020 school year during the following registration windows:

- June 6<sup>th</sup> is the deadline for applications for students wanting to enter PHC at the beginning of the 2019-2020 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 13.
- Students considered drop outs from the previous school year must apply by September 13.
- September 13 is the deadline for applications for students wanting to enter PHC at the beginning of the 2nd six weeks.
- December 6<sup>th</sup> is the deadline for applications for students wanting to enter PHC at the beginning of the 4<sup>th</sup> six weeks.
- February 7<sup>th</sup> is the deadline for applications for students wanting to enter PHC at the beginning of the 5<sup>th</sup> six weeks.

Applications for entering Peter E. Hyland Center for the 2020-2021 school year will be accepted between February 10, 2020 and May 27, 2020.

**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*

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**Student Name**

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**Grade**

---

**Cohort**

---

**Graduation Plan and Endorsement**

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

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**Check below all that apply to student:**

**YES**   or   **NO**  
           

9th or 10th grader

          

Assigned to POINT in current or previous school year

          

Hospitalized for mental issues, emotional issues, or controlled substance abuse

          

15.5 or less credits

          

Currently or previously expelled, on parole, probation, or incarcerated

          

Retained 2 or more times

          

Previously dropped out

          

Pregnant or parent

          

11th or 12th grader who will not graduate with current class

          

Currently or previously on the Student Support Team Roster

# Peter E. Hyland Center Student Profile

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and attached to application*

## 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.**

<b>STARR-EOC</b>		
	<b>Highest Score</b>	<b>Passed or Exempt (✓)</b>
<b>ENGLISH I</b>	_____	_____
<b>ENGLISH II</b>	_____	_____
<b>ALGEBRA I</b>	_____	_____
<b>BIOLOGY</b>	_____	_____
<b>US HISTORY</b>	_____	_____

\_\_\_\_\_  
Counselor / Administrator's Printed Name

\_\_\_\_\_  
Counselor / Administrator's Signature

# 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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Teacher's Printed Name

Updated 6/17/2019

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Updated 6/17/2019

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