

The District provides all applicants equal opportunities without regard to sex, ethnic group identification, race, color, national origin, ancestry, religious creed, age, marital status, physical or mental disability, medical condition or pregnancy, veteran status, gender or actual or perceived sexual orientation

FOR PANEL USE ONLY: Date of Panel Review: \_\_\_\_\_

Accepted:  Start Date: \_\_\_\_\_  Denied Placement

## Gilroy Unified School District ENVISION ACADEMY APPLICATION

### TO BE COMPLETED BY PARENT OR GUARDIAN:

#### EDUCATIONAL BACKGROUND INFORMATION

STUDENT

Date of Application: \_\_\_\_\_

ID #: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Male  Female Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Current School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Which language is spoken at home?  
\_\_\_\_\_

Student lives with: \_\_\_\_\_ Relationship: \_\_\_\_\_

If not a current GUSD student - Current or last school/program attended: \_\_\_\_\_

Former School/District: \_\_\_\_\_ Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

PARENT: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

PARENT: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

PARENT: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Does student have an active:  IEP or  504

Current Case  
Manager: \_\_\_\_\_

### TURN IN THE FOLLOWING PAPERWORK TO YOUR ACADEMIC COORDINATOR/COUNSELOR

- Application (two pages)
- Student Statement
- Two Character References

# ENVISION ACADEMY APPLICATION POLICIES

## TRANSFER POLICIES AND CONDITIONS – ENVISION ACADEMY

Student attendance at current school is a factor that will be considered in evaluating transfer requests to attend ENVISION ACADEMY. Students with excessive unexcused absences and/or tardies may not be approved for transfer to ENVISION ACADEMY.

An ENVISION ACADEMY Student may not be on any Gilroy Unified School District (GUSD) campus at any time during the instructional day without the express permission of the principal of the school site the student is visiting. A NEW SCHOOL NAME that is on a GUSD campus during the instructional day without permission of the principal for the site the student is visiting will receive consequences which may include, but are not limited to, GPD citation, community service, in-house suspension or suspension.

If your student has an active IEP or 504 Plan, a transition meeting will need to occur with the current school team prior to the student's acceptance to ENVISION ACADEMY to ensure that ENVISION ACADEMY can offer the appropriate services.

Not all students have a right to transfer to or from ENVISION ACADEMY. All transfer **requests** to attend ENVISION ACADEMY are evaluated and approved or denied by the District consistent with applicable state and federal laws.

### Academic Coordinator/Counselor Signature Required for Submission

I understand that this is only an application to transfer to NEW SCHOOL NAME, an Alternative Education Placement, and does not constitute a commitment on the part of NEW SCHOOL NAME to complete the transfer. I give my child permission to participate in the Alternative Education Placement if he/she qualifies. The application will be reviewed and you will be notified if the application is accepted.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Coordinator/Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

School Psychologist (if IEP): \_\_\_\_\_ Date: \_\_\_\_\_

### Please attach the following documentation to the application:

- Application (two pages) with all required signatures
- Student Statement
- Two Sealed Character References
- Individualized Education Plan/504 Plan (If Applicable)



**CONFIDENTIAL - TO BE COMPLETED BY ACADEMIC COORDINATOR/COUNSELOR**

Please forward to Academic Coordinator at ENVISION ACADEMY

<b>Student Name:</b> _____	<b>Grade:</b> _____	
<b>Current School:</b> _____	<b>Eligibility Criteria:</b>	
<b>Programs:</b>	<input type="checkbox"/> Motivated	<input type="checkbox"/> Online Learner
<input type="checkbox"/> 504 Plan	<input type="checkbox"/> Independent Learner	<input type="checkbox"/> Attends appointments
<input type="checkbox"/> Dual Immersion	<input type="checkbox"/> Initiative	<input type="checkbox"/> Leadership
<input type="checkbox"/> ELD Program	<input type="checkbox"/> Peer relationships	<input type="checkbox"/> Keeps commitments
<input type="checkbox"/> GATE Program	<b>Additional Information:</b>	
<input type="checkbox"/> Individualized Education Plan	<input type="checkbox"/> Academic Progress	
	<input type="checkbox"/> Behavior Contract	
	<input type="checkbox"/> Expulsion <input type="checkbox"/> Suspended Expulsion	
	If yes, date of Expulsion/Contract: _____	
	<input type="checkbox"/> Probation	
	Probation Officer: _____	
	Phone: _____	

**Academic Coordinator/Counselor:**

Do you consider the student a viable candidate for a blended learning program? Yes  No   
Why, or why not? Please give examples:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**Student with Special Education Services**

RSP: Yes  No  Hours per week? \_\_\_\_\_  
Other services: Yes  No  Please list: \_\_\_\_\_  
IEP & Psych Report Attached: Yes  No

Students receiving Special Education services must have the next section filled out by their Case Manager. An IEP transition meeting must be held **prior** to placement determination to ensure their current special education services may be met at ENVISION ACADEMY.

**Special Education Case Manager:**

Please give an overview of the Special Education needs and the student's skill levels:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_

# ENVISION ACADEMY

## STUDENT ACADEMIC/CHARACTER REFERENCE

**Parents/Guardians:** As part of the application process at ENVISION ACADEMY, we require two character references. Please complete your child's name and give this form to two adults (**one must a current teacher**) who know your child well.

Name of Student: \_\_\_\_\_

**To the adult completing the character reference:**

Thank you very much for your assistance. Your comments will be held in the utmost confidence and will be most appreciated as we begin our review of the applicant for admission to ENVISION ACADEMY. This information will help us determine whether ENVISION ACADEMY is the best fit for the student, which is our ultimate goal. Please add any attach an additional sheet with comments if you would like. Thank you for your time! **Please seal in an envelope and sign across the seal.**

ACADEMIC ASSESSMENT	EXCELLENT	GOOD	BELOW AVERAGE	COMMENT
Independent Learning				
Self-Motivation				
Creativity				
Self-Discipline				
Completion of Homework				
Online Learning Ability				
Achievement				
Attendance				
CHARACTER ASSESSMENT				
Leadership				
Self-Confidence				
Sense of Humor				
Emotional Maturity				
Initiative				
Respectful to Adults				
Ability to Work with Others				
General Conduct				
Relationships with Peers				
School Engagement				

Please briefly describe how you know the student: \_\_\_\_\_

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Please list any extraordinary health or behavioral problems that you are aware of: \_\_\_\_\_

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Please list any conditions that could affect the student's performance in a blended learning environment (online learning and direct instruction model): \_\_\_\_\_

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Please inform us of anything else which might be relevant as we consider this student for acceptance to ENVISION ACADEMY: \_\_\_\_\_

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Form completed by: \_\_\_\_\_ Date : \_\_\_\_\_  
Name (Please Print)

Signature: \_\_\_\_\_ Title: \_\_\_\_\_