



**PIEDMONT ALTERNATIVE LEARNING EXPERIENCE (PALE)  
APPLICATION FORM**

**MISSION STATEMENT**

The Piedmont Alternative Learning Experience has been developed to provide support to students between the ages of 12 and 20 (7<sup>th</sup> – 12<sup>th</sup> grade) who have been unsuccessful in traditional school settings or who are at risk of dropping out of school and have a sincere desire to complete their high school education. The primary function of the program is to provide an alternative method for students to earn the necessary credits to receive a high school diploma.

**PERSONAL INFORMATION:**

**DATE:** \_\_\_\_\_

Student Name \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Race \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Student Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell \_\_\_\_\_

Parent Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/ Guardian Employment \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**STUDENT DATA:**

Student Referred by:            1 Self   1 Parent   1 School   1 Court   1 Other

**REASON FOR REFERRAL: (check all that apply)**

- |   |                             |   |                               |
|---|-----------------------------|---|-------------------------------|
| 1 | Excessive Absences          | 1 | Credit Recovery               |
| 1 | Academic Deficiencies       | 1 | Chemical Dependency           |
| 1 | Behavioral Difficulties     | 1 | Displaced from Home           |
| 1 | Pregnant/Parenting Teen     | 1 | Expelled (reason) _____       |
| 1 | Emotional/School Adjustment | 1 | Military (Depart. Date) _____ |
| 1 | Recovered Dropout           | 1 | Other _____                   |
| 1 | Juvenile Justice Referral   |   |                               |

Is student presently attending school?            1 Yes            1 No

If no, list the last school attended and date: \_\_\_\_\_

Is the student currently employed?            1 Yes 1 No

If yes, where \_\_\_\_\_ Hours \_\_\_\_\_

Additional comments: (Specify reasons for his/her consideration) Attach to back of application.

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**This section must be filled out by the principal and/or the counselor.**

Does student currently have an IEP?            1 Yes            1 No    If yes, please list the special education teacher who has this student: \_\_\_\_\_



Principal \_\_\_\_\_

Date \_\_\_\_\_

Counselor \_\_\_\_\_

Date \_\_\_\_\_

*\* It is important that a current copy of the student's transcript and attendance record be attached. The application must include this information to be accepted.*

### **Piedmont Alternative Learning Experience Student Expectations**

*Attending the alternative program is an educational opportunity and a privilege. The following standards of behavior have been established and as a student in the Piedmont Alternative Learning Experience Program, I agree to:*

1. Come to class each day on time, with all necessary learning materials, and be prepared to learn and follow classroom guidelines.
2. **Schedule all doctor and personal appointments for myself before or after school.**
3. Conduct myself in a manner that is courteous and respectful of school personnel, other students and visitors to our program.
4. Come to class without any weapons or objects that could harm others or myself.
5. Come to class free of the influence of drugs and/or alcohol. This includes possession, use, sale or distribution of drugs or alcohol while in class or on school property.
6. Understand that tobacco/Vape use and/or possession in the classroom and/or on school property is prohibited.
7. Park my car in the assigned parking lot (north of the tennis courts in front of the annex).
8. Set and document daily and weekly goals for myself.
9. Treat all materials, furniture and equipment with reasonable care.
10. Complete all assignments in a timely manner.
11. Successfully complete the requirements leading to a high school diploma.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



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Parent/Guardian Signature

Date

**Piedmont Alternative Learning Experience  
Parent/Guardian Expectations**

*As a parent of a student attending the Piedmont Alternative Learning Experience Program, I realize my student has been given a second opportunity to obtain his/her high school diploma. I understand and I agree to:*

- 1. Enable my student in becoming more responsible for his/her own attendance. I will not cover for my student's lack of attendance.*
- 2. Schedule all doctor and personal appointments for my student before or after school.*
- 3. Contact the school if it is necessary for my student to be absent.*
- 4. Have my student at school on time, rested, ready and prepared to learn.*
- 5. Cooperate and collaborate with the alternative program staff members.*
- 6. Help my student abide by classroom guidelines, attendance and zero tolerance policies.*
- 7. Attend all meetings and conferences scheduled by school and program staff.*

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Parent/Guardian Signature

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Date



## Piedmont Alternative Learning Experience

### ZERO TOLERANCE BEHAVIORS

By choosing to enroll in Piedmont Alternative Learning Experience Program, I agree to comply with all rules and policies regarding attendance, behavior and performance. I also agree that my conduct is my responsibility and that participating in any **ZERO TOLERANCE BEHAVIORS** will result in my removal from the program for the remainder of the school year.

*Initial*

\_\_\_\_\_ *Possession of a weapon, or the use of any object as a weapon, while in class, or school-related activity.*

\_\_\_\_\_ *Verbal abuse, physical abuse, threatening, intimidating or harassment of an alternative program staff member.*

\_\_\_\_\_ *Verbal abuse, physical abuse, threatening, intimidating or harassment of an alternative program student.*

\_\_\_\_\_ *Vandalism, destruction or defacing school property or the property of other students. This includes unauthorized use of computer passwords, computer software or in anyway tampering with computers and/or system.*

\_\_\_\_\_ *Failure to meet and complete all assignments and goals on a timely basis.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## **Piedmont Alternative School Schedule/Attendance Policy**

Schedule:  
Monday – Friday  
8:30a.m. – 12:45p.m.

### **ATTENDANCE POLICY (REGULATION)**

The Piedmont board of education believes that attendance in regularly scheduled classes is a key factor in student achievement. Thus, any absence from those classes represents an educational loss to the student. The board recognizes, however, that the co-curricular program of the school also has educational benefit. Therefore, it shall be the policy of this board to minimize absenteeism from regular classes while providing students the opportunity to participate in co-curricular activities.

In accordance with the policy of the board of education, each student in grades 9-12 (See FDC-R2 for PK-4) is required to attend each class a minimum of 90 % of the time in order to receive credit for that class. A maximum of nine days a semester may be missed for excused absences or unexcused absences in any one class. After the ninth absence in a class, students will receive No Credit for the class.

The school will provide notification to the parent/guardian on the fourth and seventh excused or unexcused absence via phone call, e-mail or letter. Additional notification will be made any time a student is to receive No Credit due to attendance. No Credit notices may be appealed in writing, within five days, to the Executive Director of Administrative Services.

It is the responsibility of the parent to notify the school by 9:00 AM if a child is to be absent. The school will contact, via automated call, those students' parents who do not call.

Documented Absence shall include, but not be limited to:

1. Medical illness/appointment, with documentation, including date by health care provider
2. Dental/orthodontia appointment with documentation, including date by dental care provider
3. Mental health appointment with documentation including date by mental health provider
4. Other health related appointments with documentation, including date by provider (i.e. physical therapy, occupational therapy)

This schedule was designed to offer students the opportunity to decrease attendance issues for unavoidable absences and to increase measures used for students that abuse the attendance policy of Piedmont Alternative School.

I agree to abide by this schedule/attendance policy in order to attend Piedmont Alternative School.:



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Student Signature

Date

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Parent Signature

Date