

## South Texas ISD Half Day Programs Student Application

Date: \_\_\_\_\_ Year of enrollment: (ex. 2023-2024) \_\_\_\_\_

Check the program you wish to enter (choose only one program). Applicant must tour the facility of his/her choice to complete the application process.

<input type="checkbox"/> Culinary Arts at World Scholars	<input type="checkbox"/> Exercise Science at Medical Professions
<input type="checkbox"/> Exercise Science at Health Professions	<input type="checkbox"/> Healthcare Diagnostics at Medical Professions
<input type="checkbox"/> Healthcare Diagnostics at Health Professions	<input type="checkbox"/> Healthcare Therapeutics at Medical Professions
<input type="checkbox"/> Healthcare Therapeutics at Health Professions	<input type="checkbox"/> Automotive Technology at Science Academy
<input type="checkbox"/> Culinary Arts at Medical Professions	<input type="checkbox"/> Welding at Science Academy

Please print legibly.

### Student Information:

<b>Student's Name:</b>	<b>Social Security #:</b>	<b>Date of Birth:</b>
<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>		

### Contact Information

<b>Complete Mailing Address:</b>	<b>Physical Address: (if different from mailing address)</b>
<b>Home Phone #</b>	<b>Mobile Phone#:</b>
<b>Other Phone #</b>	<b>Email Address:</b>

### Parent / Guardian Information:

<b>Father/Guardian's Name</b>	<b>Work Phone:</b>	<b>Mobile Phone:</b>
<b>Mother / Guardian's Name</b>	<b>Work Phone:</b>	<b>Mobile Phone:</b>
<b>Parent's Email Address</b>		

### Emergency Contact Information

<b>Emergency Contact</b>	<b>Phone Number</b>	<b>Relation to Student</b>

### School Information:

<b>Current School:</b>	<b>Current School District:</b>	<b>Current Grade Level:</b>

Student's Name: \_\_\_\_\_

## Career Interest Essay

What are your career goals? Why are you interested in this Half-Day Program?

**Important Note:** Application will not be processed without this essay. Please make sure that this is included with your application. Essay evaluated on content, not on spelling or grammar.

Please focus your essay on one vocational program because if you write about two or more careers, your application will not be processed *until* a clear indication from you has been given to which program interests you the most.

**Please print your essay below or attach a typed page to this form.**


\_\_\_\_\_  
 Student's Signature: \_\_\_\_\_

\_\_\_\_\_  
 Date: \_\_\_\_\_

### Marketing Survey

How did you hear about STISD Half-Day Programs? Check all that apply.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Friend or relative | <input type="checkbox"/> Current or former student        | <input type="checkbox"/> Counselor or Teacher  |
| <input type="checkbox"/> STISD presentation | <input type="checkbox"/> Home High School Transition Fair | <input type="checkbox"/> Transition Specialist |
| <input type="checkbox"/> STISD tour         | <input type="checkbox"/> ARD Meeting                      | <input type="checkbox"/> Other _____           |

Student's Name: \_\_\_\_\_

## Home Language Survey

*To be completed by parent or guardian:*

*Debe ser contestado por uno de los padres/tutores:*

1) What language is spoken in your home most of the time? \_\_\_\_\_  
*¿Qué idioma se habla en su hogar la mayor parte del tiempo?*

2) What language does your child speak most of the time? \_\_\_\_\_  
*¿Que idioma habla su hijo(a) la mayor parte del tiempo?*

## Media Permission

\_\_\_\_\_ I hereby grant permission to use my child's name, picture and comments in materials (television, video, world-wide web, audio and printed media) used to promote the Career & Technology Half-Day Program, recruit new students and/or dispense public information. This information will mention that the Half-Day Program is for students with special needs.  
*Doy permiso para utilizar el nombre de mi hijo, imagen y comentarios en materiales (para televisión, vídeo, Internet e impreso) para promover el programa de medio día de STISD, reclutar nuevos alumnos y/o distribuir información pública. Esta información se menciona que el programa de medio día es para estudiantes con necesidades especiales.*

\_\_\_\_\_ I do not give such permission.  
*No doy tal permiso.*

## Permission for Release of School Records

By signing below, I hereby give my written consent allowing South Texas ISD to obtain copies of my child's school records.

*Al firmar abajo, yo doy mi consentimiento escrito permitiendo South Texas ISD para obtener copias de registros escolares de mi hijo(a).*

\_\_\_\_\_  
Parent/Guardian Signature  
*Firma del Padre o tutor*

\_\_\_\_\_  
Date  
*Fecha*

**The signature above authorizes Home Language Survey, Media Permission, and Consent for Release of School Records. If students compete and win awards at competitions, we need permission from parents to have photos for newspaper and other publications.**

*La firma encima autoriza Revisión de la Lengua de Casa, Permiso de Medios y Permiso para la Liberación de Los Registros Escolares. Si los estudiantes compiten y ganan premios en concursos, necesitamos el permiso de padres de tener fotos para el periódico y otras publicaciones.*

## Student Profile and Rules

Any student who is applying to participate in the STISD Half-Day Program must meet the following student profile requirements for his/her application to be considered for placement in any of the STISD Half-Day Programs:

*Cualquier estudiante que esté solicitando participar en el Programa de medio día de STISD debe cumplir con los siguientes requisitos de perfil de estudiante para que su solicitud sea considerada para la colocación en cualquiera de los programas de medio día de STISD:*

**1) Good Grades/ Buenas Calificaciones**

Student must have passed all classes at his/her home district school during the prior school year that they are applying for.

*El estudiante debe haber aprobado todas las clases en la escuela de su distrito de origen durante el año escolar anterior para el que está solicitando.*

**2) Good Attendance/ Buena Asistencia**

Student must have no more than 15 absences during the prior school year to be considered for the current school year they are applying for.

*El estudiante no debe tener más de 15 ausencias durante el año escolar anterior, para ser considerado para el año escolar actual que está solicitando.*

**3) Good behavior/ Buen Comportamiento**

Student must have maintained good behavior and must have not participated in an alternative disciplinary placement during the prior school year of them chosen to apply for.

*El estudiante debe haber mantenido un buen comportamiento y no debe haber participado en una colocación disciplinaria alternativa durante el año escolar anterior de su elección para solicitar*

If student is accepted into the South Texas ISD Half-Day Programs the student will obey by the following program rules along with South Texas ISD and the student's home school districts Student Code of Conduct:

*Si el estudiante es aceptado en los programas de medio día del South Texas ISD, el estudiante obedecerá las siguientes reglas del programa junto con el South Texas ISD y los distritos escolares de origen del estudiante Código de conducta del estudiante:*

**1) Good Grades/ Buenas Calificaciones**

Student must be passing all classes at his/her home district high school and at STISD.

*El estudiante debe aprobar todas las clases en la escuela secundaria de su distrito local y en STISD.*

**2) Good Attendance/ Buena Asistencia**

Student must maintain good attendance per STISD Attendance Policy at their STISD campus and home campus. If student will be participating in any of STISD CTE Medical Programs, during senior year the student cannot be absent for more than 3 days. If the student is absent more than 3 days, they will not be allowed to participate in the medical certification examination.

*El estudiante debe mantener una buena asistencia de acuerdo con la Política de asistencia de STISD en su campus de STISD y en el campus de origen. Si el estudiante participará en cualquiera de los programas médicos de STISD CTE, durante el último año el estudiante no puede estar ausente por más de 3 días. Si el estudiante está ausente más de 3 días, no se le permitirá participar en el examen de certificación médica.*

**3) Good behavior/ Buen Comportamiento**

Student must maintain good behavior at STISD and their home district high school campus. If student has consistent misbehavior, student will be removed from the STISD Career and Technology Half Day Programs.

*El estudiante debe mantener un buen comportamiento en STISD y en el campus de la escuela secundaria de su distrito local. Si el estudiante tiene una mala conducta constante, el estudiante será retirado de los programas de medio día de carrera y tecnología de STISD.*

By signing this form, I acknowledge that my child and I understand and he/she will abide by the program rules of the STISD Half-Day Programs.

*Al firmar este formulario, reconozco que mi hijo y yo comprendemos y cumpliremos con las reglas del programa de los programas de medio día de STISD.*

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Parent/Guardian Signature  
*Firma del Padre o tutor*

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Date  
*Fecha*

**Administrator Acknowledgement**

By signing this form, I, \_\_\_\_\_, administrator at, \_\_\_\_\_ High School, am aware of the requirements of the South Texas ISD Student Profile and its Program Rules and acknowledge that the student meets the requirements to participate in the South Texas ISD Half-Day Programs.

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date

## School Information

To be completed by student's home school counselor and special services staff

Student's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

**Check all that apply to student:**

\_\_\_\_\_ Migrant If checked, enter last date migrated: \_\_\_\_\_

\_\_\_\_\_ Free or reduced lunch

\_\_\_\_\_ ESL/LEP/Bilingual

**Please submit a copy of the following documents with the application (pages 1-7):**

- Copy of student's social security card
- Copy of student's birth certificate
- Most current immunization records
- Most recent attendance records
- Most recent report card
- Most recent transcript
- Most recent STAAR Confidential Student Report
- Most current ARD and FIE
- Psychological information/Behavior Intervention Plan (if applicable).
- Medical information (if applicable)

*This data is needed to help our teachers write the IEP's for incoming students.*

**The next three items are to be sent to us before home high school staff leaves for the summer for Fall semester applicants for next school year.**

- Final report card of previous school year
- Final transcript (9<sup>th</sup> – 11<sup>th</sup> graders) at the end of the previous school year
- Latest copy of student's STAAR Confidential Student Report taken the previous school year.

\_\_\_\_\_  
Name of person submitting information

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Signature of person submitting information

\_\_\_\_\_  
Date

**Please call our office to request for the Supervisor to pick up completed applications at:**

STISD Half-Day Services

Phone: (956) 514-4259

**Thank you for applying. You will be contacted soon.**

**It is the policy of STISD to comply with all non-discrimination provisions of all federal and state laws. STISD admits students without regard to race, religion, color, sex, national origin, disability or limited English proficiency.**