Horizon Academy Application

LEARNER AND PARENT/GUARDIAN- COMPLETE AND RETURN TO YOUR COUNSELOR

Office Use Only
Date Received: _____

Date/Time of INTERVIEW

_____

Decision: _____ Entry Date: _____ Other _____

Applicant Notified: _____ BHS Notified: _____

Change of Placement ARD / 504 / ESL Meeting: _____

At-Risk Code:_____ Free/Reduced:_____ Bus Needed:_____

(Must be filled out completely or an interview will not be scheduled)

Learner Begin Completing Here
***I am applying for next semester/school year_____ OR I am applying for the soonest availability_____**

Name: _____ Grade: _____ID#: _____Credits Earned: ____

Date of Birth_____ Age: _____ Home Telephone #: _____
Address:_____
Street City State Zip

Living With:
_____ Both parents
_____ One parent
_____ Alone
_____ Relative other than parent
_____ Other-specify relationship and name _____

Parents at Home
_____ Father
_____ Mother
_____ Stepfather
_____ Stepmother

STUDENT'S Cell #: _____

Father/Stepfather _____ Cell#: _____

Company Name:_____Work#_____Home E-Mail _____

Mother/Stepmother_____ _____Cell#: _____

Company Name:_____Work#_____HomeE-Mail_____

Guardian/Spouse/Other_____ Cell#: _____

Company Name:_____Work#_____HomeE-Mail _____

Siblings?-
Names/Ages_____

Have you repeated a grade or grades? _____ If yes, which grade(s) have you repeated? _____
Are you currently attending school? _____ Where? _____

Do you plan to continue your education after high school? _____What are your plans? _____

Do you have transportation? _____ Explain? _____
(Do you need bus transportation?) YES_____ / NO____

Do you currently have a job? _____If yes, place of employment: _____Hours/week _____

Medications that you take regularly and why:
_____

Have you ever been in drug/alcohol rehab? _____ if yes, where and please explain: _____

Do you regularly see a counselor/psychiatrist/psychologist?_____ if yes, please explain:_____

Doctor / Counselor Release completed (page 4)? _____

_____

LEARNER STATEMENTS:
What is one thing that caused you to feel unsuccessful at your current school? Why do you feel Horizon Academy will be right for you?

_____
_

_____
_

_____
_

How did you hear about Horizon Academy and/or who do you someone who has (or is attending) attended Horizon Academy?
_____

_____

LEARNER SIGNATURE: _____DATE: _____

PARENT/GUARDIAN STATEMENTS:

Why do you feel that your child is not successful at their current school?

_____
_

_____
_

_____
_

What do you feel your child needs to be more successful?

_____
_

_____
_

PARENT/GUARDIAN SIGNATURE: _____DATE: _____

Referred by:

_____Counselor Date_____
Signature

_____Principal/AP Date_____
Signature

_____Student Support Service Date_____
Signature

Horizon Academy @ BISD
Horizon Academy/Compass
14151 Bear Circle
Brownsboro, TX 75756
Phone: 903.852.8021 FAX: 903.852.6389

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Name of Facility/Professional to Release Information:

Provider's Name: _____
Provider's Address: _____

Provider's Phone #_____ Provider's Fax # _____

Purpose of Request- Assisting with Educational Success for:

- **PATIENT: _____ DOB:_____**

Names of Professionals to Receive Information:

- Laura Ballard, Horizon Academy Principal

I request that the following information be released:

__X___Entire Record (includes any/all of the following and any other relevant information)

_____Progress Notes _____Psychological Reports _____Discharge Summary

I, the undersigned, understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent shall expire ninety (90) days after the date of patient discharge unless another date is specified.

To The Party Receiving This Information: This information has been disclosed to you from records whose confidentiality may be protected by federal law. If so, federal regulations (42 CFR Part2) prohibit you from making any further disclosure of it without specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose. For the patient's records applicable under Federal Law 42 CFP part 2.

Signature of Patient: _____ Date_____

Signature of Parent: _____ Date_____
(If patient is a minor)

Horizon Academy will make sure your doctor receives a copy of the completed release*

Horizon Academy
Learner Self-Evaluation
(To be completed by the LEARNER)

Name: _____

PERSONAL (Please check all that apply)

_____ Rehabilitating drug / alcohol user after care program?_____
_____ Drug / alcohol use
_____ Pregnant (must have doctor's statement confirming pregnancy and due date)
_____ Single teen parent (the student)
_____ Married
_____ Married with child
_____ Disruptive home / family situation
_____ History of abuse in family
_____ Do you SI (self-injure)?
_____ Health problems / handicapping condition- Specify _____
_____ Nervous disorders- Specify _____
_____ Conduct problems at school
_____ Non-attendance history
_____ English spoken/understood in the home
_____ Other- Specify _____

ACADEMIC

_____ Slow-learner
_____ Retained more than one time
_____ Over-age student
_____ Underachiever

_____ Reading ability?_____ Above Average _____Average _____ Below Average

ECONOMIC

_____ Employed – supporting spouse and/or children
_____ Employed – supporting handicapped or unemployed parent
_____ Employed – totally self-supporting
_____ Economic hardships- Specify_____

ATTITUDE

_____ General overall good attitude
_____ Non-participant in school activities / organizations
_____ Anti-social behavior
_____ Unmotivated
_____ Low self-esteem
_____ Other

_____

WHY SHOULD YOU BE ACCEPTED TO Horizon Academy ?

_____

_____

_____

Learner Profile (to be completed by learner only in INK - no pencil)

Name: _____

Why do you want to attend Horizon Academy?

_____

_____
_

If you were to attend Horizon Academy, explain one thing you would do differently than you did at your previous school to make sure you are successful at Horizon? _____

_____
_

Describe family members and current living situation: _____

_____
_

What are your favorite subject areas? Why? _____

_____
_

What are your hobbies and interests? _____

_____
_

What are your strengths?_____

_____

_

What are your weaknesses? _____

_____
_

Employment History:

_____

_____
_

Plans after high school graduation:

_____

_____
_

Horizon Academy
REFERRAL / EVALUATION
To be completed by Counselor/Student Support Services

IF THIS REFERRAL IS NOT COMPLETE, THIS APPLICATION WILL NOT BE CONSIDERED

Name of Learner:
_____

Learner ID # _____Grade:_____ Number of credits completed: ____

PLEASE ENCLOSE: Deficiency plan for graduation and a copy of ALL available testing from middle school and high school in the learner's cumulative folder

- **RTI: Yes ____ No _____ Level:_____ RtI Interventions enclosed: Yes ____ No _____**
- **Learner qualifies for (please circle): N/A Special Ed. 504 ESL GT Free/Reduced**
- **IEP/BIP/Modifications/Accommodations enclosed: Yes _____ No _____**

Why do you feel this learner is / is not a qualified candidate for Horizon Academy?

_____

_____

_____

_____

On a scale of 1 – 5, please rank this learner's urgency for placement in Horizon Academy.

1 2 3 4 5

LOW **HIGH**

Counselor/Student Support Signature_____

Phone #_____

Print Name _____ Date _____

Horizon Academy
CAMPUS REFERRAL / EVALUATION
(To be completed by Principal or AP)

Learner's Name: _____

Length of time you have known this learner: _____

This referral / evaluation will be viewed by a screening committee at Horizon Academy to determine if the school is an appropriate placement for this learner. Please be candid as to the limitations and strengths of this candidate.

_____

_____

_____

_____

What interventions have you implemented to help this learner be successful at BHS?

_____

_____

_____

Does the learner have attendance concerns? Yes ____ No____

On a scale of 1 – 5, please rank this learner's urgency for placement in Horizon Academy.

1 2 3 4 5

LOW **HIGH**

Assistant Principal Signature_____ Phone #_____

Print Name _____ Date _____