



COSTA ACADEMY

1580 Orchard Dr, Chambersburg, PA 17201~ 717.264.4711

APPLICANT SECTION

Date: _____

Applicant Name: Last: _____ First: _____ Middle: _____

Home Address: Street and Number: _____

City/Town: _____ State: _____ Zip Code: _____

Home Phone Number: _____

Current School: _____ Current Grade Level: _____ Current GPA: _____

How do you see Costa Academy supporting your life objectives?

DISCLAIMER

☐ Student initials of agreement

☐ Parent initials of agreement

I (We) understand that the Costa Academy is a unique learning environment that consist of non-traditional learning environment located at the Orchards Restaurant. The completion of this application does not guarantee a seat at the Costa Academy, nor does this application apply to the Franklin County Career and Technology Center. The FCCTC has their application and will need to be completed separately.

PARENT/GUARDIAN SECTION

Parent/Guardian Name: Last: _____ First: _____ MI: _____

Home Address: Street and Number: _____

City/Town: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Work Phone Number: _____ Cell Phone Number: _____

Home Email: _____

Work Email: _____

Parent/Guardian Signature: _____ Date: _____



GUIDANCE COUNSELOR SECTION

Name: _____ Number: _____

Reviewed Student Request: YES or No

Recommend Student: YES or No

Academic Learning Comments: _____

Guidance Counselor Signature: _____ Date: _____

ADMINISTRATOR SECTION

Name: _____ Number: _____

Reviewed Student Request: YES or No

Recommend Student: YES or No

Attendance: _____

Discipline: _____

Comments: _____

Administrator Signature: _____ Date: _____

SPECIAL EDUCATION SECTION

Supervisor: _____ Teacher of Record: _____

Reviewed Student Request: YES or No

Recommend Student: YES or No

Comments: _____

FOR ADMINISTRATION USE ONLY

Interview (Y or N) By Whom: _____ Date: _____ Time: _____

Interview notes:

Attendance Time: Morning/ Afternoon/ Evening (Circle One)

Applicant approved for Costa Academy: _____ (Signature of Academy Rep)