

FRANKLIN DELANO ROOSEVELT
ACADEMY OF COLLEGIATE STUDIES

Dallas Independent School District

Admission Application

School Year 2016-2017



Mission Statement

To prepare scholars with the knowledge and skills to build community and positively impact the global economy.

In Partnership With
El Centro College

FRANKLIN DELANO ROOSEVELT ACADEMY OF COLLEGIATE STUDIES

Application Guidelines

Deadline: April 15, 2016

Apply on time to ensure opportunity for acceptance

Applications may be emailed or delivered to –

1. F.D. Roosevelt High School, via email attachment to, JUARBLES@dallasisd.org
2. O.W. Holmes Middle School Counselor's Office

Last Name _____ First Name _____

Please read and sign below.

- I understand that I am applying to participate in a college program.
- I understand my courses will begin with me taking Advance Placement courses.
- I am committed to participating in all programs that will ensure my success in the Collegiate Academy.

Student Signature _____

Parent Signature _____

Included the following with your application
(All items can be obtained at the current school)

- Report Card (1st semester grades of the current school year)
- Attendance Report (First day of School – present)
- Copy of 6th and 7th grade STAAR scores
- Two (2) Teacher Recommendations (including signatures; recommendations should be in a sealed envelope)

Office Use Only

Application Received by:

Date:

F.D. Roosevelt Academy of Collegiate Studies – El Centro College

Application for Admission

Section A: Applicant Information – (Please Print)

1. Name _____
Last First Middle
2. Date of Birth: _____ Gender: Female Male
Month Day Year
3. Address: _____
Street Number and Name (Apt #) City State Zip Code
4. Parent/Guardian Name(s) _____
5. Parent/Guardian's Cell Phone # () _____ May we text you at this #? Yes No
6. Home Phone # () _____ Parent/Guardian's Work Phone # () _____
7. Parent/Guardian's email address: _____
8. With whom do you reside? _____ Relationship to you: _____
Name (ex. Mother, Father, Aunt, Grandfather)
9. Are you currently a Dallas ISD Student? YES Student ID # _____ NO
10. Name of Current School: _____
11. Are you an AVID student? Yes No
12. What is your HOME high school? FD Roosevelt Other DISD High School Non-DISD High School
13. Has anyone in your immediate family received a college degree (i.e., brother, sister, mom or dad)
 No Yes Relationship: _____ Highest Degree: _____
14. What is the highest level of education achieved by your parents/guardians?
- | | | | |
|------------------------|--------------------------|------------------|----------------------|
| Mother/Guardian | Elementary/Middle School | Some High School | High School Graduate |
| | Some College | College Graduate | Master's Degree |
| Father/Guardian | Elementary/Middle School | Some High School | High School Graduate |
| | Some College | College Graduate | Master's Degree |
15. How do you plan to get to and from school if you attend F.D. Roosevelt Academy of Collegiate Studies?
 Parent Dallas County School Bus Other _____

Section D: Parent/Guardian – Compact Agreement of Support

Parent/guardian initial each of the following statements of support:

- _____ I understand my scholar is applying for an advance academic program and will enroll in courses that will ensure their success throughout.
- _____ I understand there are procedures and standards outlined in the ACS Code of Conduct that my scholar will be required to maintain and I will ensure they are able to meet these expectations.
- _____ I will ensure my child attend mandatory acceleration activities when scheduled by teachers and/or administrators.
- _____ I will participate in the education of my scholar and attend parent conferences when requested.
- _____ I will communicate with the school any problems that could affect my scholar’s performance or behavior.
- _____ I will ensure that my scholar comes prepared daily with school materials and necessities.
- _____ I understand that if my scholar does not meet all the requirements of the Academy of Collegiate Studies after being provided with interventions, he/she will be withdrawn and may need to return to a traditional high school program.
- _____ I understand that upon acceptance, my scholar and I both will attend a Parent/Scholar Orientation program together.
- _____ I will ensure my scholar attend a one-week Summer Bridge Program preparing them for the Texas Success Initiative (TSI) Assessment and the rigor of college-level work.

F.D. Roosevelt Academy of Collegiate Studies – El Centro College
Application for Admission Verification

I certify that the information provided is complete and understand that the submission of false information can cause denial of the application and/or withdrawal of admission. I grant and authorize DISD employees to verify, access, and utilize academic information such as attendance rate, grades and assessment data to support this application. I grant and authorize F.D. Roosevelt Academy of Collegiate Studies administrators, professionals, and/or office staff to contact the home school as needed to obtain necessary information as it relates to academic and social performance.

Student’s Signature: _____ Date: _____

Parent’s Signature: _____ Date: _____

Dallas ISD does not discriminate on the basis of race, religion, color, national origin, sex, or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; section 504 of the Rehabilitation Act of 1973, as amended.

Educational opportunities are offered by the Dallas County Community College District without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, genetic information, gender identity, or gender expression.

Questions or concerns:

Idol Mallard, Administrator

F.D. Roosevelt Academy of Collegiate Studies

Address: 525 Bonnie View Road, Dallas, Texas 75203

Phone: 214.925.6800

Email: imallard@dallasisd.org

Website: <http://www.dallasisd.org/roosevelt>

F.D. ROOSEVELT ACADEMY OF COLLEGIATE STUDIES

TEACHER RECOMMENDATION

I am requesting that you complete the following recommendation survey which is a part of the application process for acceptance into the F.D. Roosevelt Academy of Collegiate Studies.

Student Name (please print)

Student Signature

Date

The student above is applying for admission to the F.D. Roosevelt Academy of Collegiate Studies. Please evaluate the student applicant by checking the appropriate boxes.

Characteristics	Often	Occasionally	Rarely	Not Observed
Accepts responsibility for learning				
Works well with peers				
Communicates ideas effectively				
Completes tasks				
Works independently				
Accepts challenges				
Interests beyond the classroom				
Shows respect for authority				
Leadership				
Maturity				
Motivation				
Integrity/Honesty				

Additional Comments:

Teacher Name (Print please)

Teacher Signature

Date

School

Subject

An addition letter may be written with this form

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Student Name (please print)

Student Signature

Date

The student above is applying for admission to the F.D. Roosevelt Academy of Collegiate Studies. Please evaluate the student applicant by checking the appropriate boxes.

Characteristics	Often	Occasionally	Rarely	Cannot Evaluate
Accepts responsibility for learning				
Works well with peers				
Communicates ideas effectively				
Completes tasks				
Works independently				
Accepts challenges				
Interests beyond the classroom				
Shows respect for authority				
Leadership				
Maturity				
Motivation				
Integrity/Honesty				

Additional Comments:

Teacher Name (Print please)

Teacher Signature

Date

School

Subject

An addition letter may be written with this form