

SECONDARY ACADEMY FOR SUCCESS
SENIOR HIGH SCHOOL
APPLICATION

Name: _____

Graduation Year: _____

Date _____

Welcome to SAS

- Where your #1 job is learning
- Where you are defined by your possibilities
- Where you become your best self
- Where you get a fresh start
- Where you have a personalized learning experience
- Where difference in talent, skill and ability are celebrated
- Where you have the sole responsibility for your learning

Job Qualifications: What is required to succeed at SAS

- Attendance: Show up every day on time
- Production: Complete your learning requirements (earn credit)
- Teamwork: Get along – support each other
- Service: Give back – 15 hours of service learning
- Responsibility: Tell the truth, no excuses, own your own behavior
- Your application assures you a place on the SAS waiting list. We will call you for an interview when we have an opening.
- We expect you will continue to attend and earn credit at your current school until you're accepted at SAS.

Directions

1. Fill out the Student Section of the SAS application

2. Have your parent complete the Parent Section

THEN:

3. Take the completed application to review with your Counselor

4. If you have an IEP, ask the Counselor to give to the School Psychologist

Student First Name _____ Student Last Name _____

Student Home Address _____ Apt # _____

City, State, Zip _____

Birth Date _____ Current Grade _____ Current School _____

Home Phone: _____ Student Cell Phone: _____

Parent Work Phone: _____ Parent Cell Phone: _____

Parent Email: _____ Student Email: _____

Student is on an IEP ☐ Yes ☐ No **If, yes, please ask School Psychologist to complete section on page five**

Student has been expelled / suspended from school ☐ Yes ☐ No

Student Name _____

Section I - Student Section:

Please answer the following questions:

1. Why are you applying to SAS?

2. What are your strengths?

3. What are your challenges? What issues, if any, have interfered with your learning?

4. What will you contribute to SAS?

5. Please rate your learning skills and motivational qualities in these categories:

	Below Average	Average	Good	Exceptional
Creative, original thought				
Excitement and enthusiasm for learning				
Trying to do your best				
Attendance				
Acceptance of challenge				
Time management skills - On time to class				
Outside of class reading				
Reading ability				
Written expression of ideas				
Spoken expression of ideas				
Effective in class discussion				
Complete assignments on time				
Reaction to setbacks				
Sense of humor				
Math ability				
Willingness to ask for help				

Student Signature

Date

*SAS is a choice school. Being accepted to SAS means you accept,
understand, and will follow the SAS Contract*

Student Name _____

Section II - Parent or Guardian to fill out:

1. Explain why you think SAS is a good option for your student.

2. How will you support your student's success at SAS?

3. Has your student attended a recovery or treatment program within the last two years? If so, please provide details and exiting reports with recommendations.

Parent Signature

Date

Section III – Counselor: (If student has an IEP, please give to School Psychologist to complete section below)

1. What interventions have been attempted to help the student be successful?

2. Explain any pertinent information that may be helpful:

Counselor Signature

Date



I agree with this placement

Section IV – Administrator:

1. Explain any discipline that is not recorded in Synergy that could affect student placement at SAS:

Administrator Signature

Date

Student Name _____

Section V – Psychologist:

Please complete if the student has an IEP

1. Academics –

*SBA scores _____

*Standard scores

2. Adaptive –

* No adaptive concerns _____

* If there are adaptive measures, what are age-appropriate teacher ratings? _____

*Can the student navigate the campus without supervision? _____

3. Social/Emotional –

*Can the student navigate the campus without safety concerns? _____

*Is the student self-aware enough to self-advocate when approaching a crisis state? _____

*Does the student display chronic opposition behaviors that prevent them from receiving assistance? _____

*Is there an indication of a need for DBT or other intensive counseling support? _____

*If student takes prescribed medication, are there concerns about compliance? _____

4. Executive Function/Learning Behaviors –

*Can the student complete tasks with prompts to support their attention, or do they need a higher level of instructional clarification? _____

*Can the student inhibit impulses long enough to complete a task for an entire class period? _____

Psychologist Signature

Date



I agree with this application

Please provide a copy of the following if they apply:

- ☐ IEP and Current Evaluation (if applicable)
- ☐ 504 Plan (if applicable)
- ☐ Suspension or Expulsion (if applicable)
- ☐ Becca Bill (if applicable)
- ☐ Juvenile Court reports (in/out of state)

Student Name _____