Baldwin Union Free School District

Baldwin High School@Shubert
835 DeMott Avenue
Baldwin, New York 11510

www.baldwinschools.org/bhsshubert • Office: 516-434-6991 • Fax: 516-544-8303

APPLICATION (full day)

TO BE COMPLETED BY SCHOOL COUNSELOR

Student's Name _____
Current Grade _____
Cohort _____
Credits _____
Application date _____

The attached application allows BHS@Shubert staff to review the student's background and educational history and gives us some insight into why the student is not finding success currently. We appreciate you taking the time to complete this!

____ Academic Transcript

____ Current Report Card (if application is mid-year)

____ Disciplinary Record

____ Attendance Report

____ IEP/Psychological (if applicable)

* * *

We are best able to serve our students by receiving applications before the start of the school year. We have a limited number of total enrollment seats, and our academic and Career and Technical Education (CTE) classes fill quickly (enrollment for CTE courses must be completed before the end of first quarter). Our goal is to ensure enough time before the year begins for an intake meeting with the student and parent to discuss programming and educational needs. Although we offer rolling admission, please submit applications early!

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Student's Name _____

School Counselor _____

Student Classification (please check all that are applicable to student):

___ELL ___IEP ___504 ___15:1 ___Co-teach ___Life Skills

Graduation Cohort _____ Current Grade _____ Credits _____

Parent/Guardian Name(s) _____

Parent/Guardian Contact # _____

Parent/Guardian E-Mail _____

Career & Technical Education (CTE) – Course Preference

Shubert students take CTE courses as part of their regular school day. Courses offered currently are: ***Criminal Justice***, ***Medical Administrative Assisting***, ***Future Jewelers Academy***, and ***Studio Recording***. Please indicate your order of preference below:*

1st choice _____

2nd choice _____

* Please note that courses offered are based on enrollment and are subject to change.

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Reason for Application
TO BE COMPLETED BY SCHOOL COUNSELOR

Please summarize why the application is being made at this time. A summary of your history of contact with the student and the student's parent(s)/guardian(s), the student's familial status, the student's peer interactions at school, any pertinent interactions with school staff, and/or any other extenuating circumstances that may be helpful in determining the student's best educational fit.

Is the student receiving mandated counseling? ☐ *No* ☐ *Yes*

Is the student receiving ELL services? ☐ *No* ☐ *Yes (please indicate type/purpose)*

Please provide any details about the types of social, emotional, and academic support that was attempted, including the service type, person(s) involved, frequency, and dates.

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Reason for Application (continued)
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If the student has any Child Protective Services or has been assigned a PINS diversion case, please indicate and provide the pertinent contact information of the CPS and/or PINS caseworker and the legal guardian assigned.

CPS: ☐ *No* ☐ *Yes* If yes, name of contact person: _____
Telephone # of contact person: _____

PINS: ☐ *No* ☐ *Yes* If yes, name of contact person: _____
Telephone # of contact person: _____

Is the student receiving outside counseling? ☐ *No* ☐ *Yes*
If yes, name of agency: _____
Name of counselor: _____
Telephone # counselor: _____

Are there presently or have there ever been concerns about the student being:

Chemically dependent: ☐ *No* ☐ *Yes*
Hospitalized for mental illness: ☐ *No* ☐ *Yes*
Hospitalized for physical illness: ☐ *No* ☐ *Yes*

If yes, please list the appropriate support personnel, whether in-school or through an outside agency to which the student has been referred. Please attach any medical documentation related to this concern.

If yes, list the concern:_____
_____
_____
Name of agency: _____
Name of contact person:_____
Telephone # of contact person:_____

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Relevant Family/Social History
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The information below may help Shubert staff to monitor the student's progress and development. This information will remain confidential and will be viewed only by the school personnel who require this information in order to address the student's needs.

Mother/Guardian's name: _____

Address: _____

Home #_____ Cell #_____ E-Mail _____

Father/Guardian's name: _____

Address: _____

Home #_____ Cell #_____ E-Mail_____

Student lives with:
- ☐ Father
- ☐ Mother
- ☐ Stepfather
- ☐ Stepmother
- ☐ Guardian*
- ☐ Other _____

*Name of guardian(s) and relationship to family: _____

Guardian's phone # _____

Does the student reside with the guardian at all times? ☐ *No* ☐ *Yes* *If No, please explain*

_____

_____

_____

If there is a custody arrangement, please explain:

_____

_____

_____

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APPLICATION (full day)

Student Background Information
TO BE COMPLETED BY STUDENT

Why do you want to attend Shubert? How may this school be a better fit for you?

What do you like best about school (classes; activities)? What do you like least about school?

What are some challenges that have prevented you from doing your best in school (think about attendance, completing assignments, passing classes, behavior)?

Do you feel your class or examination grades reflect your actual understanding of the material learned in class? Please explain.

What would you like Shubert teachers and staff to know about you?

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Student Background Information (continued)
TO BE COMPLETED BY STUDENT

Describe a challenge you had. How did you try to overcome it, and what were the results?

_____

_____

_____

_____

What are your future goals and aspirations (college, career, trade school, etc.)?

_____

_____

_____

_____

Three adjectives my friends might use to describe me are…

_____ _____ _____

Three adjectives my teachers might use to describe me are…

_____ _____ _____

List three questions you have about Shubert:

_____

_____

_____

_____

_____

_____

_____

_____

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Social History - TO BE COMPLETED BY PARENT/GUARDIAN

What does your child do well, and what is important for Shubert staff to know about your child?

Is there any medical history that would be pertinent to your child's education (recent hospitalization, injury, mental health issue, etc)? ☐ *No* ☐ *Yes* If *Yes*, please explain

What things currently present the greatest difficulty for your child? Have there been noticeable changes in your child's academic/school performance and/or social habits?

Why do you believe your child will benefit from attending Shubert, as opposed to your child staying at his/her current school?

Signature

_____ _____
*Signature of person/s who completed this form** *Please print your name*

_____ _____
Relationship to Child *Date*

**Note: I have completed and signed this questionnaire in the belief that all answers are as accurate as possible.*