

WILLIAMSBURG COUNTY SCHOOL DISTRICT FLEX ACADEMY APPLICATION

BLUE OR BLACK INK ONLY

Section I: Student Identification	Student Name _____	Last	First	MI							
	Student ID# _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Ethnic Code</td> <td style="width: 25%;">Gender</td> <td style="width: 50%;">School Data</td> </tr> <tr> <td> <input type="checkbox"/> Native Am <input type="checkbox"/> Black <input type="checkbox"/> Asian </td> <td> <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> 2 or more races </td> <td> <input type="checkbox"/> Male <input type="checkbox"/> Female Grade _____ Credits _____ </td> </tr> </table>				Ethnic Code	Gender	School Data	<input type="checkbox"/> Native Am <input type="checkbox"/> Black <input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> 2 or more races	<input type="checkbox"/> Male <input type="checkbox"/> Female Grade _____ Credits _____
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DOB _____	Month Day Year										

Section II: Contact Information	Circle One:	Mother/Father	Guardian	
	Name _____	Home Telephone _____		
	Street _____	Work Telephone _____		
	City _____ State _____ Zip _____	Other Telephone _____		

Section III: Requested By	I hereby apply for enrollment in the Williamsburg County School District FLEX Academy and authorize the committee to review student data, including but not limited to attendance, discipline, grades, intervention programs, and other programs. Permission is also granted for the Committee to confer with the school guidance counselor and classroom teachers.			
	Student Signature _____		Date _____	
	Parent/Guardian Signature _____		Date _____	

Section IV: Grades 6-12 At-Risk Verification	This student is at-risk because he or she is two (2) or more of the following:			
	<input type="checkbox"/> one or more years behind their age group			
	<input type="checkbox"/> two or more years behind their age group in basic skill (reading or math) levels			
	<input type="checkbox"/> a habitual truant (missed 6+ days unexcused OR excused)			
	<input type="checkbox"/> a parent/pregnant			
	<input type="checkbox"/> has 5 or more discipline infractions in the <u>current</u> school year			
	<input type="checkbox"/> involved in the court system or CDW/DJJ			
	<input type="checkbox"/> student is at-risk because he/she is/was a drop out			
	<input type="checkbox"/> is two (2) years older or younger than same-age peers			
	<input type="checkbox"/> other: _____			

Section V: Parental Input	<p style="text-align: center; color: red;">Please explain/answer the following questions using the back of this page or attach a separate sheet of paper.</p> <ol style="list-style-type: none"> 1. What academic needs do you think the student needs to address during the placement at the FLEX Academy? 2. Identify specific goals (academic, behavior, social, etc.) you want your student to accomplish during his/her time at the FLEX Academy? 	<p>Special Education Needs: <input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify: _____</p>
		<p style="text-align: center;">DISTRICT OFFICE USE:</p> PtG Level of Risk: _____ A%: _____ DI: _____ SRI: _____ M: _____ R: _____ SS: _____ S: _____ KPP: _____

Accept/Enroll
 No Vacancy/Put on Waiting List
 Inappropriate Referral
 Lack of Evidence

Committee Representative _____ Date _____