

VISTAS HIGH SCHOOL KLEIN INDEPENDENT SCHOOL DISTRICT

"A HIGH SCHOOL PROGRAM OF CHOICE"

Application Procedures

Vistas is a "high school program of choice" in the Klein Independent School District.

Any high school student, who has been enrolled in high school for one calendar year, is fifteen years of age and a resident of Klein ISD may apply for admission. Parent(s)/guardian(s) are welcome to be a part of this process, but their participation is not required in order for the application to be considered. Admission to the program is limited and will be by selection only. The application process includes:

- 1. Student and parent must complete this written application.
- 2. School counselor completes counselor information and facilitates gathering information from school registrar and the student's administrator and teachers.
- 3. School counselor forwards completed application packet to Vistas.
- 4. Completed applications must be received at Vistas no later than **Thursday**, **December 4, 2014**.
- 5. A Vistas committee will review the written application, home school recommendations, discipline records and attendance records.
- 6. The committee will determine which students will be called in for a personal interview.
- 7. Students who are not selected for the interview process will be notified by mail and may reapply in February for **August 2015.**
- 8. Students who are interviewed will be notified by telephone and invited to Vistas for a personal interview with the committee and their parent(s).
- 9. When all interviews have been completed the Vistas committee will review all information and determine which students will be eligible to attend Vistas starting **January**, **2015**. Students will receive a letter in the mail that will notify them of their enrollment status.
- 10. Students who are interviewed but not selected may reapply in February for the August, 2015, year.

Students who are selected will be expected to attend a "new student orientation" at Vistas in **January**.

Student Oath: I understand that admissions to Vistas is by selection only and is intended to meet the educational needs of students who desire success in a different type of high school setting. I understand that I should not apply unless I have a strong desire to further my education and complete requirements for graduation. It is my choice to be considered for the Vistas High School Program, and if accepted, I will have a positive attitude, be a responsible student, and maintain excellent attendance, punctuality and production of work. I understand that I must follow the Klein ISD Student Code of Conduct rules and all other rules and guidelines pertaining to the Vistas High School Program.

(Student's Signature)	(Date)

STUDENT APPLICATION

(Please complete the requested information in legible handwritten print.)

Legal Name			
(Last)	(First)	(M.I.)	(Nickname)
Male Female Birth date			
With whom do you live?	Relations	ship	
Address			
(Street Address Must Be Providence Address Must	ded)	(City)	(Zip Code)
Home Telephone ()	Cell Pho	me ()	
If no home telephone is available, a number wher	e you can be reach	ed: ()	
This number belongs to	Relationship		
Email Address			
Mother		Father	
Home Campus	How many years	have you been i	n high school?
What is your current grade classification? Circle Senior	one: Freshman	Sophomore	Junior
Do you currently have a job? Yes		_No	
If yes, where? Work	x Phone Number		
How long have you worked there?	Hours worked	l per week	
What is your work schedule?			
Please respond to the following questions in comp	olete sentences: (mu	ıst be handwritte	en by student)
Why do you feel that Vistas would be a good scho	ool choice for you?		
	,		
			
		 	
			
		· · · · · · · · · · · · · · · · · · ·	

What personal strengths will you bring to Vistas?				
What experiences in your background have led you to apply to Vistas (can include, bu things like health concerns or setbacks, attendance concerns, frustrations in your curr issues, etc)?	t not limited to, ent setting, family			

(Please attach separate sheet, if necessary)

PARENT APPLICATION	(Please complete	the requested info	ormation in legi	ble print.)
Student's Legal Name		(First)	<u>(M.I.)</u>	(Nickname)
With whom does the student live?	` ,	. ,	, ,	
Parent(s)/Guardian(s) Names((Mother/Guardian))	(Father/C	Guardian)
Parents)/Guardian(s) Address				
Address(Street Addres	ss Must Da Dravida	<u></u>	(City)	(Zip Code)
				, -
Home Telephone ()				
Work Telephone ()(Mother/	Guardian)	work Tele	pnone ()(Father/Guardian)
For telephone communication par	ent requires Spanis	sh translator?	Yes No	
Has your student now or has he/sh	ie ever been served	in special educat	ion? Yes	No 🗔
Has your student ever been referr Yes No	ed to or placed in a	discipline alterna	ative education	program or expelled
Please respond to the following que	estions:			
Why do you think Vistas is an app	oropriate school cho	oice for your son/	daughter?	
What expectations do you have ab	out your son/daugl	hter's experience	at Vistas?	
If your son/daughter is accepted, v	what are you able to	o do to ensure his	/her success?	
hereby certify that my son/daugh ne/she has been accepted. I also ce				
Admission to Vistas HighIf my son/daughter is not diploma.				high school
I will support my child in understand that admission educational needs of stude understand that my studen his/her education and com accepted, he/she will be expandintain excellent attenda student must follow the Klaguidelines pertaining to the	s to Vistas is by sele ints who desire succ it should not apply u plete requirements j pected to have posit ince, punctuality an ein ISD Student Cod	ection only and is a ess in a different t unless he/she has a for graduation. I t ive attitude, be a r d production of wa de of Conduct rule	intended to meet type of high schoon a strong desire to understand if my esponsible stude ork. I understan	the pol setting. I p further p student is ent, and nd that my

(Date)

(Parent/Guardian Signature)

Student's Legal Name_____ (Last) (First) (M.I.) (Nickname) I.D.#: _____ **TOTAL CREDITS EARNED TO DATE:** LAST DATE OF ATTENDANCE: *** Attach a copy of student's most recent transcript including all grades and test scores.

Date: _____

Vistas Application (Registrar Information)

Campus: _____

Vistas Application (Assistant Principal Information)

Student's Legal Name						
(Las	it)		(First)		(M.I.)	(Nickname)
Has student ever been placed /referred	d to the DAE	P and/or J	JAEP?	Yes	No]
If so, date(s):						
Has student ever been expelled?	Yes	No				
If so, date(s)						
Reason for expulsion:						
Do you recommend this student to Vis] No			
Why?						
PLEASE CHECK ALL AREAS BELO	W THAT AP	PLY TO T	HE STUI	DENT:		
		Always	Often	Sometimes	Never	Not Known
Complies with classroom limits & rou	tines					
Age-appropriate activity level						
Age-appropriate maturity level						
Responds appropriately to praise and	correction					
Easily discouraged, gives up when cha	llenged					
Works cooperatively with others						
Accepts responsibility for own actions						
Additional Comments:						
Completed by:		P	osition:			
Campus:		_ D	ate:			

Vistas Application (Counselor Information) Student's Legal Name (First) $\overline{(M.I.)}$ (Last) (Nickname) I.D. #: Grade: Please check all areas that apply to the student: Always Often **Sometimes** Never Not Known Adapts to new situation Age-appropriate maturity level Responds appropriately to praise and correction Easily discouraged, gives up when challenged Accepts responsibility for own actions Concerns regarding other areas (please check those that apply) Drug/Alcohol Use ____Current drop out ____2 or more grade levels behind Pregnant or parenting Antisocial behavior Is this student currently being served in special education? Yes No (if yes, indicate special education classes the student is currently taking) Has the student previously been served in special education? Yes _____No ____ If yes, in what capacity? Is this student in the process of KSTAT? Yes _____No ____ Is this student currently being served in the ESL program? Yes _____No _____ (If yes, circle status: monitored, waivered, ESL sheltered classes.) Do you recommend this student to the Vistas program? Yes No Who initiated this referral to Vistas? Student Parent School Personnel Other *** Please attach most recent Confidential Student TAKS report. *** Please attach student's Personal Graduation plan.

*** Please attach any other comments that will help the Vistas Interview Committee make an appropriate determination for this student.

Completed by: _	Position:	
	 _	

Campus: _____

Date: _____

Vistas Application (TEACHER INFORMATION) (Please have two teachers complete this form)

Student's Legal Name:							
((Last Name)		(First I	(M.I.)			
Please check all areas that apply to the students:							
Complies with classroom limits & routines	Always	Often	Sometimes	Never	Not Known		
Stays on task & maintains attention							
Works in an organized manner							
Completes classroom/assignments							
Completes work in a reasonable time							
Good study habits							
Demonstrates initiative to work independently							
Demonstrates participation							
Works cooperatively with others							
Completed By:	 	Cou					
Campus:			Dat	e:			

Vistas Application (TEACHER INFORMATION) (Please have two teachers complete this form)

	nt's Legal Name: (Last Name)		(First I	(M.I.)			
Please check all areas that apply to the students:							
Complies with classroom limits & routines	Always	Often	Sometimes	Never	Not Known		
Stays on task & maintains attention							
Works in an organized manner							
Completes classroom/assignments							
Completes work in a reasonable time							
Good study habits Demonstrates initiative to work independently							
Demonstrates participation							
Works cooperatively with others							
Completed By:		_ Cour	se Taught:				
Campus:			Dat	e:			