

Warriors

Alger B. Wilkins High School Admission Packet

Dear Potential PLC Student:

Thank you for your interest in the Alger B. Wilkins High School the Performance Learning Center (PLC) of Cumberland County. Please complete and return the application packet to begin the application process. Once your application has been received, **please allow at least two weeks** for your application to be processed. You will be contacted regarding your testing session and interview with the PLC selection committee.

*** PLEASE RETURN YOUR ADMISSION PACKET IN ITS ENTIRETY.
We will not accept your packet until we receive all completed documents.**

Please follow the checklist below when turning in your admission packet:

- Student has completed the two page application
- Application: Has it been signed by both the student & parent
- Student has completed the Student Self-Referral Form
- The Guidance Counselor / Administrator recommendation form has been completed and sealed.
- Student has a copy of Transcript
- Student has a copy of Discipline Record

If you have any questions, please call our office at (910) 864-5438 (Monday - Friday, 9:00 am - 4:30 pm) or check out our website at abwhs.ccs.k12.nc.us

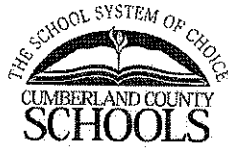
To return your application, please mail or drop-off at:

**Alger B. Wilkins High School
1429 Skibo Road
Fayetteville, NC 28303**

I give permission for my child to participate in the program. The services may include but are not limited to supportive guidance/counseling, educational support, tutoring, mentoring, enrichment activities, testing, and referrals to other agencies as needed. I understand that the data and information collected on my child is maintained in a secure computer database and a case file. This information is used by Alger B. Wilkins to access and document services provided to students and families for tracking and reporting purposes. I also understand that Alger B. Wilkins may use the information to update service information, provide closure and follow-up information, and evaluate and determine the effectiveness of the program. I authorize ABWHS to maintain the information provided for the purposes noted above in the ABWHS or CCS computer database and case file. As safety is a major concern, we may report any type of suspected abuse for the protection of students from potential dangers.

Parent signature _____

Student signature/ date _____



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ALGER B. WILKINS HIGH SCHOOL & PERFORMANCE LEARNING CENTER STUDENT APPLICATION

I. Personal Information

Applicant's (Legal) Name _____
Last First Middle Preferred Name

D.O.B. _____ Current/Previous School: _____ Student ID # _____

Ethnic Heritage: (Check One) White _____ Black _____ American Indian _____ Multi-Racial _____ Hispanic _____ Asian/Pacific Islander _____

<p>Student Information:</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Student Home Phone () _____</p> <p>Student Cell Phone () _____</p> <p>Student Email Address _____</p>	<p>Is this your mailing address?</p> <p>If no, please specify:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Additional Biographical Information

Does the student applying for admission have children? Yes No If yes, does the child live with the student? _____

Does the student work? Yes No Number of hours worked weekly _____

Is the student married? Yes No

Is the student currently enrolled in a high school? Yes No

II. Parent/Guardian Information

Parent/Guardian 1: _____

Employer: _____

Work Phone: _____ Cell Phone: _____

Parent Email Address: _____

Parent/Guardian 2: _____

Employer: _____

Work Phone: _____ Cell Phone: _____

Parent Email Address: _____

<p>The student resides with (Check one):</p> <p>____ Both Parents</p> <p>____ Mother Only</p> <p>____ Father Only</p> <p>____ Mother/Step-Father</p> <p>____ Father/Step-Mother</p> <p>____ Grandparents</p> <p>____ Legal Guardian</p> <p>____ Living on their own</p> <p>____ Spouse</p> <p>____ Other ()</p>

III. Emergency Contact Information

Contact 1 _____

Contact 2 _____

Relationship to Student _____

Relationship to Student _____

Address _____

Address _____

Phone #: _____

Phone #: _____

IV. Curricular & Extracurricular Activities

Is the student identified in the Academically Gifted education program? () Yes () No

Does this student have a 504 plan? () Yes () No If yes, please provide a copy

Is this student an ESL student (English as a second language)? () Yes () No

Has this student ever been identified in the exceptional children's/special education program? () Yes () No

* If yes, please provide a copy of IEP.

Is this student currently identified in the exceptional children's/special education program? () Yes () No

* If yes, please provide a copy of IEP.

What subject(s) does the student consider strengths? _____

In what subject(s) has the student had the most difficulty? _____

What colleges are the student interested in attending? _____

What profession(s) or vocation(s) are the student considering? _____

Check the activities have the student participated in:

_____ Chorus _____ Student Government _____ Honor Societies _____ Band

_____ Newspaper _____ Creative Arts _____ Service Organization _____ Yearbook

Other _____ Sports (Specify): _____

In compliance with federal law, Cumberland County Schools administers all educational programs, employment activities and admissions without discrimination against any person on the basis of sex, race, color, religion, national origin, age of disability.

In signing the parent and student believe that the information obtained in this application are accurate to the best of his/her ability and also validates that the parent gives consent and release of information.

X _____
Parent/Guardian Signature

Date X

_____ Date
Student Signature

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Alger B. Wilkins High School



Student Self-Referral Form

STUDENT NAME: _____ GRADE: _____ DATE: _____

ADDRESS: _____ CITY: _____ PHONE: _____

**** STUDENT'S TRANSCRIPT MUST ACCOMPANY THIS REFERRAL. ****

PLEASE INDICATE POSSIBLE REASONS FOR TRANSFERRING TO FULLER PLC:

- | | |
|--|---|
| <input type="checkbox"/> Been Retained (held back) one or more years | <input type="checkbox"/> Failed 2 or more subjects in recent semester |
| <input type="checkbox"/> Been Absent Frequently from School | <input type="checkbox"/> Had Difficulty Understanding Math |
| <input type="checkbox"/> Been Late to School Frequently | <input type="checkbox"/> Have Little/No Interest in School |
| <input type="checkbox"/> Feel Like You Do Not Fit in at School | <input type="checkbox"/> Do Not Get Along with Teachers at School |
| <input type="checkbox"/> Skipped Classes Frequently | <input type="checkbox"/> Excessive Work Schedule |

WHY DO YOU WISH TO ATTEND THE PERFORMANCE LEARNING CENTER? WHAT DO YOU HOPE TO GIVE TO AND GET OUT OF THE EXPERIENCE? (Please write your response in this space. You may continue your response on the back if needed)

DISCIPLINARY TRACKING RECORDS MUST ACCOMPANY THIS REFERRAL FORM.
PLEASE ATTACH TO THIS FORM.

PRIMARY REASON FOR REFERRAL TO ALGER B. WILKINS HIGH SCHOOL:

- Academic Failure - not enough credits
 - Excessive Absenteeism - absences impeding the student's education
 - Excessive Tardiness - late to class
 - Apathy/Indifference to Education - no interest in school
 - Social Issues - student exhibits poor self-esteem/does not interact well with peers.
 - Other (please specify): _____
-

PLEASE CHECK ANY FACTORS OR CHARACTERISTICS LISTED BELOW WHICH APPLY TO STUDENT

1. POOR ACADEMIC ACHIEVEMENT

- Retained (held back) one or more years
- Grades are well below potential of students
- Failed 2 or more subjects in recent semester
- Student in need of remediation
- Other (please specify): _____

2. EXCESSIVE UNEXCUSED ABSENCES/TARDINESS/SKIPPING CLASSES

- Absent _____ days last year/semester/marking period (please circle)
- Late to school _____ days last year/semester/marking period (please circle)
- Student skipped _____ classes last year/semester/marking period (please circle)
- Other (please specify): _____

3. APATHY/INDIFFERENCE TO EDUCATION

- Little/No Interest in School
 - Student Needs to be Challenged/Student is Bored
 - Student Does Not Fit in at School
 - Other (please specify): _____
-

4. SOCIAL ISSUES

- Low Self Esteem
- Does not interact well with peers
- Student does not interact well with teachers/school administration
- Other Issues (Anxiety, ADD, ADHD, ODD): Please explain _____

How long has the student been enrolled at your school? _____

How long have you known the student? _____

Do any of the following apply for this student? ESL Learning Disability Other Exceptionality

Please specify: _____

To your knowledge has the student had any history of serious conduct problems and/or emotional problems?

If yes, please explain. _____

To your knowledge has the applicant ever been expelled or suspended? Yes No

If yes, please explain. _____

Describe the student's strengths _____

Please comment on the applicant's attitude toward school. _____

Please complete the appropriate blanks. As with the above questions, you may desire to confer with colleagues to make your recommendation.

No Basis for Judgment	Below Average	Average	Good	Excellent	Outstanding	
						Motivation
						Creative Qualities
						Self-Discipline
						Growth Potential
						Leadership
						Self-Confidence
						Personal Appearance
						Warmth of Personality
						Sense of Humor
						Concern for Others
						Energy
						Emotional Maturity
						Personal Initiative
						Reaction to Setbacks
						Physical Condition
						Respect for Authority
						School Conduct
						Out of School Conduct

Additional Comments: _____

* Please feel free to attach a letter of recommendation or any other pertinent documents. *

Date _____

X _____
Evaluator's Signature