**

Application for Admission

PART I

2017**–**2018

*Giving Hope. Building Futures.*

EA Overlake Campus

9900 Willows Road NE

Redmond, WA 98052

425.895.2413

EA Bellevue Campus

1800 100th Avenue NE,

Bellevue, WA 98004

425.452.9920

www.EastsideAcademy.org

Eastside Academy Mission, Values & Service

*Inspiring change in the lives of at-risk youth through high school education, counseling and life skills programs in a Christ-centered environment.*

**The following values are essential to the ministry of Eastside Academy:**

1. Believing that Jesus transforms lives
2. Believing that God uniquely creates everyone for a purpose
3. Serving people who are committed to growth
4. Creating and maintaining a safe and healthy community through a culture of trust and mutual respect reflected by the following:
* Respecting all members of the community and valuing their unique contributions
* Caring for the whole person by focusing on the educational, social, emotional, spiritual and physical needs of each person
* Commitment to taking responsibility, admitting harm, making amends and moving toward change
* Honoring one another through consistent and clear expectations and healthy boundaries
* Participation in collective decision making
* Encouraging creative thinking and collective problem solving
* Creating opportunities for each person to learn from failures and “try again”
* Living a balanced life inclusive of work, play and rest

**What students and families will receive from Eastside Academy:**

* A new opportunity to succeed in high school
* Innovative and student-centered education
* Small class size (12 students maximum per class)
* Recovery programs for those struggling with addiction, grief, loss and mental health issues
* Individualized counseling
* Relationships with adult mentors
* Community building activities
* Life skills and goal setting

### Notice of Non-Discriminatory Policy as to Students

*Eastside Academy admits students of any gender, race, religion, color, national, and ethnic origin*

*to the rights, privileges, programs and activities generally accorded or made available*

*to students of Eastside Academy.*

## CRITERIA FOR ADMISSION

* Students and parents are desiring a new opportunity for success and are willing to commit to taking the necessary steps to achieve success
* Family must understand and be willing to participate in Eastside Academy’s parent/guardian requirements
* Family must be able and willing to meet financial obligations to the school
* Family must understand and accept that Eastside Academy is a Christian school and will be providing students a Christ-centered education

**After submitting your application you will be called within one week to schedule a time for an interview, assessments and an orientation. Both student and parents are required to participate in the interview, assessments and orientation.**

### APPLICATION CHECKLIST

(*Please complete ALL items in application*)

**Parent/Guardian must obtain and provide to Eastside Academy:**

\_\_\_ **Initial application fee of $50.00 per student (non-refundable)**

\_\_\_Current Household Income Taxes

**Parent/Guardian & Student must complete the following forms in the packet:**

\_\_\_ Student Information Form

\_\_\_ Family/Guardian Information Form

\_\_\_ Parental Assessment of Student

\_\_\_ Parent/Guardian Commitment Form

\_\_\_ Student Questionnaire

\_\_\_ Student Commitment Form

**Application for Admission Part II**

*(To be completed after Part I has already been submitted)*

\_\_\_ Student Medical Information Form

\_\_\_ Permission for Use of Photographs/Videotapes

\_\_\_ Transportation Agreement

\_\_\_ Permission for Release of Information

\_\_\_ Consent for Release of Confidential Information

\_\_\_ Computer Use Policy Agreement

\_\_\_ Student Immunization Records

TUITION POLICY 2017-2018

Eastside Academy is a non-profit, private alternative high school committed to providing at-risk youth with a high quality education. The cost of educating each student is approximately $26,000 per year. We at Eastside Academy realize that a $26,000 per year tuition fee is unattainable for many of our students’ families. In order to help defray much of the costs of tuition, EA fundraises in the community to contribute towards the students’ education. However, each family is required to contribute towards their student’s educational costs according to the following sliding scale, set by the Board of Directors.

###### For those families for whom paying the Family Tuition Fee would preclude their student from attending Eastside Academy, there is a “Special Circumstances Committee” that families can appeal to for additional financial assistance. Income must be verified by providing the previous year or the prior year’s tax return for all household members. If providing the prior year’s tax form is a challenge, families may discuss with staff the option of providing alternative paperwork. If the student receives child support payments on his/her behalf, please include the amount of the child support payments.

###### Contact the Administrative Coordinator at the school you’re applying to, for more information.

***Tuition payments are made in 10 monthly installments, due on the fifth of each month from September to June.***

|  |  |  |  |
| --- | --- | --- | --- |
| Gross Annual Family Income \* | Annual Cost of Education | Amount of Scholarship(Fundraised by EA) | **Family Tuition Fee****(per student)** |
| TANF Recipients | $26,000 | $25,750/year$2,575/month | $250/year$25/month |
| $10,000 and under | $26,000 | $25,750/year$2,575/month | $250/year$25/month |
| $10,000-$20,000 | $26,000 | $25,500/year$2,550/ month | $500/year$50/month |
| $20,001-$25,000 | $26,000 | $25,000/year$2,500/month | $1,000/year$100/month |
| $25,001-$35,000 | $26,000 | $24,500/year$2,450/month | $1,500/year$150/month |
| $35,001-$50,000 | $26,000 | $24,000/year$2,400/month | $2,000/year$200/month |
| $50,001-$60,000 | $26,000 | $23,500/year$2,350/month | $2,500/year$250/month |
| $60,001-$70,000 | $26,000 | $22,500/year$2,250/month | $3,500/year$350/month |
| $70,001-$99,999 | $26,000 | $21,000/year$2,100/month | $5,000/year$500/month |
| $100,000-$149,999 | $26,000 | $18,500/year$1,850/month | $7500/year$750/month |
| $150,000-$174,999 | $26,000 | $16,000/year$1,600/month | $10,000/year$1,000/month |
| $175,000-$199,999 | $26,000 | $11,000/year$1,100/month | $15,000/year$1,500/month |
| $200,000-$249,999 | $26,000 | $6000/year$600/month | $20,000/year$2,000/month |
| $250,000 and above | $26,000 | N/A | $26,000/year$2,600/month |

Income must be verified by one of the following forms:

1. Prior year’s tax return (preferred) for all members of the household.
2. After discussing with Registrar about an exception, possibly W-2 form(s) from the previous year
3. If the student receives child support payments on his/her behalf, please include the amount of the child support payments.

**STUDENT INFORMATION FORM**

**School applying for:**

⬜ Eastside Academy: Bellevue

⬜ Eastside Academy: Overlake

Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_

 First Middle Last

Preferred Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female

 Month Day Year

Last grade completed: **9 10 11 12**

Has student previously applied to/attended EA? \_\_\_\_\_\_\_\_\_ If so, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does student have siblings/relatives attending EA? \_\_\_\_ Name/Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

Student Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(cell)

Student’s E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Optional) Ethnic or Racial Background \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Language Spoken at Home\_\_\_\_\_\_\_\_\_\_\_\_\_

**School History** (List all schools attended, starting with most recent)

Dates Grade Name of School Address of School

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Principal of last school attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_

If student is not accepted to EA, does he/she have other options for schooling? Yes No

 If yes, please list other option(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (If student is not accepted, Eastside Academy may be able to provide referral options.)

FAMILY/GUARDIAN INFORMATION FORM

|  |  |
| --- | --- |
| Parent/Guardian Preferred Title: Mr. Mrs. Ms. Dr. Rev.Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred method of communication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Parent/Guardian Preferred Title: Mr. Mrs. Ms. Dr. Rev.Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred Method of Communication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please check all that apply:**

Applicant lives with: Mother\_\_\_\_Father\_\_\_\_Stepmother\_\_\_\_Stepfather\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_

Mother deceased\_\_\_\_\_\_\_Father deceased\_\_\_\_\_\_\_Parents separated\_\_\_\_\_\_\_Parents divorced \_\_\_\_\_

*(Please include the date for any of the above)*

Custody issues the school should be aware of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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##### Siblings

Name Gender Age Current School Applying to EA?

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Please list any relatives who are or have been students at EA, dates attended, and relationship to student:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PARENTAL ASSESSMENT OF STUDENT**

**Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* How did you first become aware of Eastside Academy? (If you were referred by a specific person, please provide the name of person who referred you and their relationship to you or your child.)
* Please provide any information about your family that would be helpful in assessing the student’s needs, including family history and relationships.
* If student’s behavior has been unusual or disruptive at home, please describe the student’s current behavior, your explanation for this behavior (your opinion), and how long this behavior has persisted.
* Describe any traumatic events or major changes in the student’s life.
* Describe the student’s method for expressing anger and disappointment.
* Describe your goals for the students.
* List the student’s positive qualities, interests and accomplishments.

**Has the student ever experienced or exhibited any of the following?**  (If yes, please provide specific details.)

* Drug and/or alcohol use? \_\_\_\_ yes \_\_\_\_ no

Describe type of drug/alcohol and frequency/level of use. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Assaultive/aggressive behavior? \_\_\_\_ yes \_\_\_\_ no

Describe toward whom and list the dates of incidents. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Self-abusive/self-harm behavior? \_\_\_\_ yes \_\_\_\_ no Date: \_\_\_\_\_\_\_\_\_\_\_

Medical intervention required? \_\_\_\_ yes \_\_\_\_ no

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Suicide discussion, threat or attempt? \_\_\_\_ yes \_\_\_\_ no Date: \_\_\_\_\_\_\_\_\_\_\_

Medical intervention required? \_\_\_\_ yes \_\_\_\_ no

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Arson or fire setting? \_\_\_\_ yes \_\_\_\_ no Date: \_\_\_\_\_\_\_\_\_\_\_

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Running away? \_\_\_\_ yes \_\_\_\_ no

Date(s) and length of time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the student contact you while away? \_\_\_\_ yes \_\_\_\_ no

* Convicted of a sex crime or accused of sexually aggressive behavior? \_\_\_\_ yes \_\_\_\_ no Date: \_\_\_\_\_\_\_\_\_\_\_

Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Did any of your child’s actions necessitate police intervention? \_\_\_\_ yes \_\_\_\_ no

Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any court cases pending? \_\_\_\_ yes \_\_\_\_ no

Upcoming court dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is child on probation? \_\_\_\_ yes \_\_\_\_ no Date probation ends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of probation officer: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your student ever experienced or exhibited any of the following?** (If yes, please provide specific details.)

* Eating Disorder? \_\_\_\_ yes \_\_\_\_ no

Medical intervention required? \_\_\_\_ yes \_\_\_\_ no Date: \_\_\_\_\_\_\_\_\_\_\_

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Physical/sexual abuse? \_\_\_\_ yes \_\_\_\_ no Date: \_\_\_\_\_\_\_\_\_\_\_

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Been diagnosed with any mental health issues? \_\_\_\_ yes \_\_\_\_ no
* Explain (including date of diagnosis): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* List all related medications including dosage and frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is there anything else we should know about your child?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic Information**

* Describe your student’s academic strengths and weaknesses.
* Describe any shifts in academic performance. When did these occur? Are you aware of the cause of these shifts?
* Has the student been held back a grade or skipped a grade? \_\_\_\_ yes \_\_\_\_ no

Grade: \_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Has the student been expelled, suspended, or withdrawn from school? \_\_\_\_ yes \_\_\_\_ no

Date: \_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Has the student ever taken any special education classes? \_\_\_\_ yes \_\_\_\_ no

Grade/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject Areas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject Areas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject Areas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Does the student have an Individualized Education Plan (IEP) or 504 Plan?

\_\_\_\_ yes \_\_\_\_ no (Please include a copy with application.)

* Has the student been diagnosed with learning difficulties? \_\_\_\_ yes \_\_\_\_ no

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list any educational consultants, tutors, psychiatrists and counselors/therapists who are currently working with the student.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Out of Home Placement (if applicable)**

**Please list any placements outside of the home: boarding schools, foster homes, in-patient treatment, psychiatric hospitalizations, etc.**

Name and Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consulting Professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Placement and Subsequent Departure:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consulting Professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Placement and Subsequent Departure:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatures

My signature below indicates that all the information submitted to Eastside Academy is factually correct, complete and honestly presented.

* I understand that the grade placement of my student will be decided by the Administration.
* I have read the Mission Statement and Core Values and agree to support both in the education of my student.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian Date

## PARENT/GUARDIAN COMMITMENT FORM

\_\_\_\_\_ I understand that in order for my student to be successful at Eastside Academy, it will require my consistent

 involvement in his/her education process. I have initialed each item and signed below to indicate that I have made a

 commitment to meet the following requirements:

\_\_\_\_\_ I will stay current on all tuition/school expenses, ensuring that **my tuition payment is received by the 5th of the month for every month from September to June.** If payment is not received by the 10th of the month, I understand that my student may not be allowed to remain in attendance and may not be readmitted until payment is received. (I understand that this could jeopardize my student’s placement at Eastside Academy.)

\_\_\_\_\_ I will respond to all teacher/staff concerns and questions in a timely manner and attend all parent/guardian/teacher meetings, discipline meetings and conferences (once per quarter).

\_\_\_\_\_ I agree to call the school office to report any student absences and/or tardies by 9 a.m.

\_\_\_\_\_ I will support my student at home with his/her homework and/or give permission for my student to participate in after school study tables.

\_\_\_\_\_ I will make sure that all requested school forms given throughout the school year (i.e., permission slips) are turned in to school in a timely manner.

\_\_\_\_\_ If my student chooses not to abide by the Eastside Academy “Non Negotiables” (as outlined in the handbook) we will be responsible for meeting with a Director and possibly suspension and/or expulsion.

\_\_\_\_\_ I will ensure that my student has transportation to and from school.

\_\_\_\_\_ I will ensure that my student has all the necessary supplies for school (i.e., bus fare, backpack, sports attire, etc.)

\_\_\_\_\_ I will participate in parent support groups and counseling sessions if requested.

\_\_\_\_\_ I agree to let my student meet regularly with a counselor as part of their commitment to Eastside Academy. I understand that this counseling commitment will last only as long as my student is enrolled in the Academy.

\_\_\_\_\_ I understand that my student will be given a drug/alcohol assessment and, based on needs identified in that assessment, will commit to a recovery plan (including attend substance abuse and recovery programs). I commit to communicating openly and honestly about my students’ recovery.

­­\_\_\_\_\_ I agree to let my student participate in Eastside Academy’s mentoring program, which includes allowing my child to meet regularly with an adult mentor and may involve mentoring activities outside school hours.

\_\_\_\_\_ I will show respect for others (students, volunteers and staff members) and their personal property and the school’s property.

\_\_\_\_\_ I agree to find peaceful and respectful solutions to any conflict involving staff/administration. I understand that engaging with any individual representative of EA in a less than respectful manner will likely lead to services being terminated for my child.

\_\_\_\_\_ Any controversy or claim arising out of or relation to my child’s services at Eastside Academy (and/or Re:New Housing), or the breach thereof, (past or present) shall be settled by binding mediation or arbitration administered by The Institute for Christian Conciliation and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

\_\_\_\_\_ By enrolling my student in the 2016-2017 school year, I am indicating that I have found the previous services offered to me by Eastside Academy (and/or Re:New housing) were satisfactory in nature, thus my desire to continue to place my child in the care of Eastside Academy staff.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian Date

**STUDENT COMMITMENT**

**Welcome to Eastside Academy.** In order for you to be successful at Eastside Academy you must commit to embracing growth. Outlined below are items that will lead to healthy growth during your time at Eastside Academy. Please read and consider each item carefully and decide if you are willing to commit.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am committed to the following:

 ***Your Name***

***Please initial each statement in the space provided. Students are indicating their personal commitment. Parents are acknowledging their child’s commitment.***

|  |  |  |
| --- | --- | --- |
|   | **Student Parent/Guardian**\_\_\_\_\_ \_\_\_\_\_ I will participate actively in the EA community and take advantage of opportunities to grow.\_\_\_\_\_ \_\_\_\_\_ I will abstain from the use of alcohol, drugs, tobacco, and firearms on campus and at school-related events.\_\_\_\_\_ \_\_\_\_\_ I will show respect for others (students, volunteers and staff members), their personal property, and the school’s property.\_\_\_\_\_ \_\_\_\_\_ I will participate by cooperating in field trips, service days, fall and spring retreats, and all other curriculum activities.\_\_\_\_\_ \_\_\_\_\_ As part of Eastside Academy, I will be assigned a counseling intern to meet with regularly. I agree to work with this  counselor in a positive manner.\_\_\_\_\_ \_\_\_\_\_ I will commit to regular attendance, full participation in, and completion of all assignments in my classes.\_\_\_\_\_ \_\_\_\_\_ I agree to find peaceful solutions to any conflict involving staff/administration. I understand that engaging with any individual representative of EA in a less than respectful manner will likely lead to services being terminated for my child.\_\_\_\_\_ \_\_\_\_\_ I agree to comply with all requests for UAs from EA staff and understand that UA results will be shared with parents, the  EA support team, and any outside support individuals that are identified by EA as necessary to the student’s success (i.e.,  outside therapists, IOP programs, probation officers, etc.) Agreement with this approach is required for ongoing enrollment  at EA.\_\_\_\_\_ \_\_\_\_\_ I commit to participate in study tables if required per the school policy (i.e., if any of my grades and/or my attendance fall  below 80%).\_\_\_\_\_ \_\_\_\_\_ I understand that participating in counseling and recovery programs at Eastside Academy will involve being recorded for  the purposes of counseling staff development and I provide permission for this recording.\_\_\_\_\_ \_\_\_\_\_ I agree to participate in the EA Recovery Program, and if necessary, engage in any additional outside support services required by the EA Recovery team (i.e., outpatient, inpatient, support groups, evaluations, etc.) \_\_\_\_\_ \_\_\_\_\_ Any controversy or claim arising out of or relation to my services at Eastside Academy (and/or Re:New Housing), or the  breach thereof, (past or present) shall be settled by binding mediation or arbitration administered by The Institute for  Christian Conciliation and judgment on the award rendered by the arbitrator(s) may be entered in any court having  jurisdiction thereof.\_\_\_\_\_ \_\_\_\_\_ By enrolling in the 2016-2017 school year, I am indicating that I have found the previous services offered to me by  Eastside Academy (and/or Re:New housing) were satisfactory in nature, thus my desire to continue to be enrolled at Eastside Academy. |  |
|  | Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ |  |

**STUDENT QUESTIONNAIRE**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of friends/relatives currently attending or who have previously attended EA:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please answer all of the following questions:**

1. In at least one full paragraph please explain why you want to attend Eastside Academy and/or tell us why you believe Eastside Academy will be a positive setting for you?
2. Describe your special interests, talents and skills.
3. Describe any activities (sports, music, clubs, etc.) you have participated in. Explain which ones were most important to you?
4. What are your goals and/or dreams for the future?
5. What areas in school have you felt the most successful in?
6. What areas in school have you struggled with the most?
7. What personal/family issues have been the most positive for you this past year?
8. What personal/family issues have been the most challenging for you this past year?
9. What have you done this past year that you are most proud of?
10. What have you done this past year that you are least proud of?
11. What do you think it means to attend a Christian school? How do you feel about doing that?
12. What do you think about God?
13. What does “being committed to growth” mean to you?
14. What is a mentor?
15. Have you ever had a mentor in your life (besides a parent)?
16. What do you think about having a mentor while at Eastside Academy?
17. Is there anything else you would like us to know about you?