

Clear View High School

A place to Begin, Belong and Become

400 S. Walnut Webster, TX 77598 281-284-1500 Fax 281-284-9870

Application for Admission

Complete all information requested. Incomplete applications will be returned to the home campus. Print all responses. Return the application to your campus Assistant Principal or Counselor.

Name _____ ID# _____
Last First MI

Date of Birth _____ Age _____ Current grade _____ Sex: M/F

Residence Address _____
Street City Zip

Mailing Address _____
Street City Zip

Parent/Guardian(s) _____
Father Mother

Address _____
if different from above

Home phone _____ Cell phone _____

Work phone _____ Other _____

Applicant lives with _____ Relationship _____

Emergency Contact _____ Relationship _____
Name of person

Address _____ City _____

Home phone _____ Work phone _____ Cell phone _____

Are you currently enrolled in a CCISD school? _____ Yes Number of years in CCISD _____

_____ No Current school _____

Home Intermediate Campus _____

Home High School Campus _____

Parents, please answer the following questions completely as they pertain to your student:

1. Check type of programs/classes your student has taken:

_____ Regular _____ GT/Omega _____ Special Education _____ PreAP/AP
_____ 504 _____ Homebound _____ ELL/Bilingual _____ Summer School
/Credit Recovery

2. The Texas Education Agency classifies students as at-risk if they meet one or more of the conditions listed below. Please check if any apply to your student.

_____ retained at least once in prior grades _____ homeless
_____ failed 2 or more core courses this year or last _____ pregnant or teen parent
_____ failed one or more sections of TAKS at last taking _____ on parole, probation,
_____ AEP/JJAEP assignment this year or last _____ deferred prosecution

3. Describe reason for applying to Clear View: _____

4. If your student is currently experiencing academic or social difficulties, please describe problems or concerns: _____

- | | | |
|--|-----|----|
| 5. Does student have their own transportation? | Yes | No |
| 6. Are you interested in using district bus service? | Yes | No |
| 7. Does your student need financial assistance with dress code clothing? | Yes | No |
| 8. Does your student currently take any medication on a regular basis? | Yes | No |

List all medications _____

9. Is your student under a doctor's care or coming from a special program? Yes No

10. Please list in detail illnesses and health or emotional problems your student is currently experiencing or has had recently that we should be aware of.

11. How do you hope attending Clear View will help your child achieve his/her academic and goals?

Student, please answer all questions completely.

How did you hear about Clear View? _____

Why do you want to come to Clear View? _____

How will attending Clear View help you? _____

How is your attendance on your home campus: Good/Fair/Poor _____ If 'poor' explain why:

What do you feel are your biggest challenges/issues at your current school? _____

What would your current teachers say are your strengths? _____

What would they say are your weaknesses? _____

Are you currently employed? Yes No

If Yes, where? _____ How many hours/week? _____

What are your goals for further education and a career after graduating from high school?

My student and I understand that if accepted into Clear View, we are expected to follow all CCISD rules and guidelines as well as the Clear View dress code and the Clear View Enrollment Contract. We also understand that if my student experiences academic difficulty in class or on the state mandated tests, my student must attend after school tutorials (bus service will be provided).

Parent signature _____ Date _____

Student signature _____ Date _____

Recommendation from a CCISD home campus is required for all candidates. You must see your home campus counselor or administrator for this recommendation. The administration will not consider your application without the information below. Incomplete applications will not be accepted.

To Be Completed by the Home Campus

Special Programs

Sp. Ed. _____ 504 _____ G/T _____ ESL _____ Migrant _____ Dyslexia _____ LEP _____

Attach (if applicable) _____ Copy of 504 accommodations

_____ Copy of Special Ed. Accommodations and Schedule of Services

Student Meets at Risk Criteria Yes _____ No _____

Counselor Signature _____ Date _____

Counselor (Print Name) _____ Email _____

Comments Required _____

Assistant Principal Signature _____ Date _____

Assistant Principal (Print Name) _____ Email _____

Comments Required _____

Student has Outstanding Credit Appeal Hours? Yes _____ No _____
If yes, how many hours owed _____