

CARMEL ALTERNATIVE HIGH SCHOOL



30 Fair Street ♦ Carmel, N.Y. 10512

Phone 845-225-8441 ext. 416 ♦ Fax 845-228-2307 ♦ Email tfelicio@carmelschools.org

Name: _____ D.O.B.: _____ Student I.D. #: _____

Address: _____
(Street) (Town) (Zip)

Student E-mail: _____ Student Cell Phone: _____

STUDENT RESIDES WITH: (circle one)

Both Parents / Mother / Father / Grandparents / Mother / Stepfather / Father / Stepmother

Other: _____

PARENT/LEGAL GUARDIAN(S):

1. _____ Relationship: _____

Phone #s: (h) _____ (c) _____ (w) _____

e-mail address: _____

2. _____ Relationship: _____

Phone #s: (h) _____ (c) _____ (w) _____

e-mail address: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

(Other than parent)

Phone #s: (h) _____ (c) _____ (w) _____

e-mail address: _____

Are you a registered Carmel High School student? _____

What school year did you begin at Carmel High School? 20____

Are you a classified or general education student? _____

If you are classified or have a 504, please specify. _____

The amount of credits you have will not affect acceptance into the Alternative High School.

Please list credits completed: _____

Regents Passed: _____

STUDENT SECTION

The Carmel Alternative High School offers courses in three annual cycles. Students' academic credit course needs must meet offerings of calendar year. (Please contact the Alternative High School for current course offerings). The Carmel Alternative High School Application has three parts: 1) Application (based on criteria), 2) Teacher Recommendation & 3) Interview.

(PLEASE ANSWER THE FOLLOWING QUESTIONS HONESTLY AND WITH THOUGHT)

- 1. Why are you applying to the Carmel Alternative High School? Why do you think you will be more successful here vs. the regular high school?**
- 2. What qualities will you bring to the Alternative High School that will help ensure that our school is successful?**
- 3. What do you see as your strengths and weaknesses?**
- 4. What are your short term and long term goals?**

5. List 3-5 reasons that kept you from succeeding in school.

6. Why/how do you think these behaviors will change?

7. If you were failing a class at the AHS, how would you rectify the problem?

8. What kind of student are you in school and at home? What kind of student do you want to be?

9. Describe your ideal day.

Please list any questions or concerns you may have regarding the AHS students and/or staff.

**PLACE A CHECK MARK BY ANY OF THE FOLLOWING WHICH YOU
BELIEVE HAS CONTRIBUTED TO YOUR PROBLEMS IN SCHOOL:**

- ☐ **Difficulty in dealing with authority figures**
- ☐ **Poor attendance**
- ☐ **Falling behind in my studies**
- ☐ **Frequent suspensions**
- ☐ **Transportation problems**
- ☐ **Difficulty in paying attention in class**
- ☐ **Parents' divorce or other home problems**
- ☐ **Minority status**
- ☐ **Being older than other students in my classes**
- ☐ **Being younger than other students in my classes**
- ☐ **Poor reading skills**
- ☐ **Poor math skills**
- ☐ **Boredom**
- ☐ **Frequent moves from one school district to another**
- ☐ **Chronic health problems**
- ☐ **Strong dislike of teachers**
- ☐ **Shyness**
- ☐ **Lack of involvement in school activities**
- ☐ **Pregnancy or child rearing**
- ☐ **Truancy**
- ☐ **Tardiness**
- ☐ **Difficulty in learning English language**
- ☐ **Drug or alcohol use**
- ☐ **Lack of respect from teachers**
- ☐ **Teachers who don't care about their students**
- ☐ **Lack of structure in class**
- ☐ **Too much structure in classes**
- ☐ **Fear of violence at school**
- ☐ **Other (Specify)**

There are a limited number of seats here at the AHS with numerous applications per semester. It is a privilege to attend our school. The AHS is not an easy way out. It is an alternative way to achieve your Carmel High School Regents diploma. In detail, please write a 200 word essay describing why we should accept you over another student. Be descriptive.

SIGNATURE: _____

DATE: _____

PARENT OR GUARDIAN SECTION

Person filling out form: _____

Relationship to student: _____

- 1) What have you heard/learned about the AHS, and how do you think this program would benefit your child?**
- 2) Please describe yourself as a parent.**
- 3) What do you think are your child's strengths and weaknesses? Explain.**
- 4) What significant academic and/or social/emotional challenges has your child faced in the general setting? At home?**
- 5) What are your expectations of your son/daughter within our program?**

6) What is your style of discipline in regards to your son/daughter?

7) What are your short and long term goals for your son/daughter?

8) What needs of your son/daughter do you see the AHS meeting?

9) What previous interventions have you tried with your son/daughter? (Counseling, PINS, private tutoring, teacher and/or administrator meetings, etc.)

10) If your son/daughter is failing a subject, what role would you take in alleviating the problem? What role do you expect your child and the staff at the AHS to take?

SIGNATURE: _____

DATE: _____