

Coahoma

Early College High School Program

Interview Contact Information

Please complete the following. This information will be used to contact you to schedule your child's interview.

Student Name _____

Middle School _____

Parent\Guardian Name _____

Phone Numbers _____ or _____

Email Address _____

Language spoken at home: _____

School Use Only (Please do not write in the space below)

	Date	Outcome
1 st Contact		
2 nd Contact		
3 rd Contact		

Interview Date

Date	Time
Interpreter Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No

Coahoma
Early College High School Program

2017-2018 Student Application Packet

Student Name: _____

- Coahoma County Jr. High Quitman County Middle School West Tallahatchie High School
 WA Higgins Shelby School
 J.F. Kennedy High School Tunica County Middle School
 Other _____

The goal of the Coahoma Early College High School Program (CECHS) admissions process is to select and admit a diverse group of academically capable students who have a genuine interest in pursuing this unique and rigorous program focused on earning a high school diploma along with an associate's degree and/or career/technical certification. Each application and accompanying documentation will be reviewed by the admissions team. All students will be evaluated based on the specific admissions elements outlined below. Elements considered for admission include:

Academic Potential: Grades, MCT2 or other state test scores and other academic indicators

References: One from a current teacher who has the ability to evaluate the student's potential

Application: Well-written, thoughtful responses provided by the student and parents/guardians

Interview: Admissions team will interview the candidates selected from the initial application.

Diversity: The class selected will reflect the academic, ethnic, geographic and socioeconomic diversity of the Clarksdale Municipal, Coahoma County, North Bolivar, Quitman County, Tunica County, and West Tallahatchie school districts.

Characteristics: Intellectual curiosity, self-motivation, maturity, self-discipline, and the need for a non-traditional high school setting

Due Date: **June 1, 2017** (no later than 12:00 p.m.)
Turn in completed application to your 8th grade guidance counselor.

All applications will be evaluated. Applicants will be informed of interview schedule. Class members will be selected and notified after interviews.

Helpful Tips and Instructions for Completing the Application

We're so excited that you are interested in the Coahoma Early College Program! Completion of the application is the first step to participating in this exciting new high school experience.

The following checklist will help guide you through this process.

- Read the entire application **before** completing any information.
- Complete the application in either blue or black ink.
 - One recommendation from a current teacher (Part E) is needed as part of your application packet. This form must be returned to you in a **sealed envelope** with the signature of the person completing the recommendation written across the seal.
- Write a draft of your Section C **Student Written Responses** on a separate sheet of paper and proofread it carefully before writing your final copy on the application.
- Ask your **parent or legal guardian** to complete Part B Parent Information.
- Remember to **sign** your part of the application.
- Make certain that your **parent or legal guardian** signs in the parent section of the application.
- When all pages of your application are completed, and you have received the teacher recommendation form, **return your completed application packet to your school counselor no later than 12:00 p.m. on June 1, 2017.** Your counselor will then complete the back page of the application. **Incomplete applications will not be reviewed for admission to Coahoma Early College High School.**
- Do not wait until the last minute to complete your application.
- Once your counselor has received your application, he/she will submit your application packet to **Cloretha Jamison, Director of Coahoma Early College High School.**
- After all applications are received and reviewed, eligible students will be notified of the time and date of parent and student interviews. **Students and parents must interview to be eligible** for Coahoma Early College High School admission.
- After interviews, all applicants will receive a letter stating his/her application status and instructions (if he/she has been accepted).
- If you have any questions, please feel free to contact the counselor or principal at your school. You may also contact Cloretha Jamison at coahomaechs@gmail.com.

Coahoma Early College High School
Student Application

Part A: Personal Information **HANDWRITTEN BY STUDENT**

Student Name: _____
Last First Middle

Gender: M F Date of Birth: _____

County of Residence: _____ Current School: _____

Home Phone: _____ Home High School: _____

Street Address: _____

Mail Address (if different): _____

City/State/Zip: _____

List All Schools attended and Grade Level at Each (K-8) (may use back of sheet):

Student Ethnicity Data:

- African American American Indian/Alaska Native Hispanic
 Asian/Pacific Islander White (not Hispanic) Multi-racial

Student's 1st Language: _____

Country of Birth: _____

Parents' Language(s): _____

Language Spoken at Home: _____

Number of People Living in Home: _____

Check: Father Mother Brothers Sisters

Others living in home: _____

Family Income:

Indicate your family's total yearly income level by checking the appropriate box

- | | | |
|--|--|--|
| <input type="checkbox"/> Less than \$15,000 | <input type="checkbox"/> \$27,000 - \$32,999 | <input type="checkbox"/> \$45,000 - \$50,999 |
| <input type="checkbox"/> \$15,000 - \$20,999 | <input type="checkbox"/> \$33,000 - \$38,999 | <input type="checkbox"/> \$51,000 - \$56,999 |
| <input type="checkbox"/> \$21,000 - \$26,999 | <input type="checkbox"/> \$39,000 - \$44,999 | <input type="checkbox"/> \$57,000 or more |

Part B: Parent Information TO BE COMPLETED IN INK BY PARENT/GUARDIAN

Student Name: _____

Father or Male Guardian:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address _____ Marital Status: M S

Occupation: _____ Place of Employment: _____

Work Phone: _____

Mother or Female Guardian:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address _____ Marital Status: M S

Occupation: _____ Place of Employment: _____

Work Phone: _____

Parent/Guardian Education Level Completed:

Father/ Guardian	Mother/ Guardian	School Name
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma
<input type="checkbox"/>	<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	<input type="checkbox"/>	Some College
<input type="checkbox"/>	<input type="checkbox"/>	2-year Associate's Degree (Completed)
<input type="checkbox"/>	<input type="checkbox"/>	4-year Bachelor's degree (Completed)
<input type="checkbox"/>	<input type="checkbox"/>	Graduate Degree

If you received a degree, please list the type of degree below: (BS, BA, AA, etc.)

Father/Guardian:

Mother/Guardian:

Part B: Parent Information – continued.

Evaluate your child on following characteristics by checking the appropriate box.

	Often	Occasionally	Rarely	Cannot Evaluate
Accepts academic challenge				
Accepts personal responsibility				
Accepts responsibility for learning				
Communicates ideas effectively				
Completes tasks				
Has interests beyond the classroom				
Makes decisions independent of peers				
Shows respect for authority				
Works independently				
Works well with peers				

Social /Emotional Characteristics: Please evaluate your child on the following by checking the appropriate box.

	Excellent	Average	Below Average	Cannot Evaluate
Enthusiasm				
Integrity/Honesty				
Judgment/Common Sense				
Kindness				
Leadership				
Maturity				
Motivation				
Patience with Others				
Social Skills				

Parent – Please answer the following questions:

1. Describe a specific positive or negative experience you had as a student and how it has influenced your dreams for your child.

2. How much homework does your child have per night at his/her current school? Since CECHS is a school where students are challenged academically through honors high school courses and college courses, how do you think it will change the amount of homework they do? How will you support them?

Part B: Parent Information – continued.

3. If accepted to CECHS, your child will not be attending the same school as their current friends. How will this affect your child? How will you support your child with this change?

4. Tell about a time that your child made you proud.

Sign below stating that you have read and understand the following:

1. **My child is able to complete the college preparatory course of study at an honors level.**
2. **He/She will maintain high academic and behavioral standards.**
3. **I understand that my child must devote a minimum of (2) hours each evening to homework and studying and that those hours will increase as college coursework increases.**
4. **I understand that CECHS will operate on a school calendar that is different from Clarksdale, Coahoma County, North Bolivar, Quitman County, Tunica County and West Tallahatchie school systems.**
5. **I understand that he/she will be afforded an opportunity to complete the Coahoma Early College High School and Coahoma Community College requirements, earning both a high school diploma and a two-year associate’s degree, industry certification, or transferable college credit.**
6. **I understand that he/she must comply with Coahoma Early College and Coahoma Community College regulations at all times.**
7. **I understand that if my child does not make adequate academic progress or has poor behavior, he/she will be asked to leave CECHS and referred back to his/her traditional high school.**
8. **I hereby request that all school data in support of my child’s application to the Coahoma Early College High School Program be at the disposal of CECHS officials. I understand that the purpose of the recommendation being placed in this applicant's file is to assist in making admission decisions; therefore, pursuant to the Family Education and Privacy Act of 1974, I, the undersigned parent, waive access to confidential recommendations.**

I have read and understand the above statements.

Parent/Guardian Signatures:

_____ Date: _____

_____ Date: _____

Part C: Student Written Response Form TO BE HANDWRITTEN IN INK BY STUDENT

Student Name: _____

We are interested in learning more about you. The questions below are an important part of the selection process. In your own handwriting and words, respond to these questions.

1. Describe the last three years of your life. Include positive and negative experiences.

2. What makes you unique from everyone else?

3. What are your career goals? How will you achieve them?

4. Describe a situation when you worked as a part of a team. Describe your role on the team.

Check characteristics that BEST describe you:

- | | | |
|--|--|--|
| <input type="checkbox"/> Creative | <input type="checkbox"/> Team player | <input type="checkbox"/> Good with time management |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Misunderstood | <input type="checkbox"/> Disconnected from school |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Independent thinker | <input type="checkbox"/> Need attention |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Strong leader | <input type="checkbox"/> Loner |
| <input type="checkbox"/> Need help with organizing | <input type="checkbox"/> Readily accepts authority | <input type="checkbox"/> Able to walk away from conflict |

Sign below stating that you have read and understand the following:

- 1. I am able to complete the college preparatory course of study at an honors level.**
- 2. I will maintain high academic and behavior standards.**
- 3. I understand that I must devote a minimum of (2) hours each evening to homework and studying and that those hours will increase as my college coursework increases.**
- 4. I understand that ECHS will operate on a calendar similar to Coahoma Community College, not the calendars of the Clarksdale, Coahoma County, North Bolivar, Quitman County, Tunica County and West Tallahatchie school systems.**
- 5. I understand that I will be afforded an opportunity to complete the Coahoma Early College High School and Coahoma Community College requirements, earning both a high school diploma and a two-year associate's degree, industry certification, or transferable college credit.**
- 6. I understand that I must comply with Coahoma Early College and Coahoma Community College regulations at all times.**
- 7. I understand that if I do not make adequate academic progress or exhibit poor behavior, I will be asked to leave CECHS and will be referred back to my traditional school.**
- 8. I hereby request that all school data in support of my application to the Coahoma Early College High School Program be at the disposal of CECHS officials. I understand that the purpose of the recommendation being placed in my file is to assist in making admission decisions; therefore, pursuant to the Family Education and Privacy Act of 1974, I, the undersigned student, waive access to confidential recommendations.**

I have read and understand the above statements.

Student Signature: _____

Date: _____

Part D: Academic Information TO BE COMPLETED BY SCHOOL COUNSELOR

Student Name: _____

Middle School: _____

1. Special Education / Section 504 Information (Check all that apply)

Not Identified (No IEP / Section 504 plan /ESL, services or modifications)

IEP

SPED Ruling _____

Accommodations _____

Section 504 Plan

Accommodations _____

ESL

Accommodations _____

2. Please describe any special circumstances or any additional information you would like for us to have regarding this student applicant:

I have verified with my District SPED Director that this information is correct to the best of my knowledge.

Counselor Name (Print) _____

Counselor Signature: _____ Date: _____

Please attach the following:

Final report cards for 6th and 7th grades

Mid-term 8th grade report card

Last two years of MCT2 or other state test results

STAR/MAP/other achievement testing results, if applicable

Discipline Summary

Attendance Summary

Part E: To be completed by a current teacher This form must be returned to the applicant in a **sealed envelope** with the signature of the person completing the recommendation written across the seal.

Student Applicant: _____

Current School: _____

How long have you known this applicant? _____

How well do you know this applicant? _____

Please evaluate the applicant on the following characteristics:

ACADEMIC CHARACTERISTICS	Often	Occasionally	Rarely	Cannot Evaluate
Accepts academic challenge				
Accepts personal responsibility				
Accepts responsibility for learning				
Communicates ideas effectively				
Completes tasks				
Has interests beyond the classroom				
Makes decisions independent of peers				
Shows respect for authority				
Works independently				
Works well with peers				
Social/Emotional Characteristics	Excellent	Average	Below Average	Cannot Evaluate
Enthusiasm				
Integrity/Honesty				
Judgment/Common Sense				
Kindness				
Leadership				
Maturity				
Motivation				
Patience with Others				
Social Skills				

_____ Highly Recommend

_____ Recommend with reservation

_____ Recommend

_____ Cannot

Recommend Additional information:

Name: (print) _____

Signature: _____ Date: _____