

Aspen Valley High School
Colorado School of Excellence



Student Enrollment
Application

Aspen Valley High School
1450 Chapel Hills Drive
Colorado Springs, CO 80920
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Website: www.asd20.org/ahvs

**Aspen Valley High School
Registration Packet
Application Process**

How do I know that AVHS is appropriate?

Ask yourself the following questions:

- Do I want to attend Aspen Valley High School?
- Am I willing make a commitment to graduate from Aspen Valley High School?
- Am I willing to make a commitment to maintain a 90% or better attendance rate?
- Am I willing to make a commitment to turn in all class work and homework on time?
- Am I willing make a commitment to treat all people with respect?
- Do I struggle to learn in the traditional learning environment?
- Am I willing to commit to completing the extra graduation requirements at Aspen Valley?

If the answer to all of these questions is yes, you may be an ideal candidate for AVHS.

How to Apply:

1. Contact Aspen Valley High School for information on how to enroll or attend an information night scheduled every six weeks. (Call AVHS for more information.) Seriously consider the student/parent handbook and your commitment.
2. Obtain an application packet and a copy of our student/parent handbook and carefully review both before applying. Application packets and student/parent handbooks are available at Aspen Valley or on our website, <http://academy.asd20.org/avhs/>
3. Complete the application, leaving no spaces blank, attach your essay then return it to AVHS.
4. Students, please write an essay in you own words that addresses the following: (parents, please do not proofread, we use this to help determine writing needs.)
 - a) Describe your personal background.
 - b) What does the word "*commitment*" mean to you and what commitments do you need to make to be successful in school?
 - c) Briefly describe the last time you experienced success in a school environment and why.
 - d) Why have you chosen to apply at Aspen Valley High School and how can we meet your needs?
 - e) Describe your strengths and weaknesses.
5. Collect and submit the following documents to AVHS:
 - Copies of transcripts (including current in progress course grades)
 - Current class schedule (when school is in session)
 - Standardized test scores (TCAP, PARCC, CMAS, ACT, Scantron, etc.)
 - Discipline history (with explanations)
 - Attendance summary
 - Letter of recommendation (from a non-family member)

6. If you have an IEP, contact AVHS, for more information.

When all the materials have been received, a staff member from AVHS will contact you for an interview. Both parent and student must attend this interview. During the interview the administrator or designee will talk with the student to explore the possibility of enrolling at AVHS. Upon completion of the interview, the school will decide whether Aspen Valley can meet the needs of the student and whether we can develop an appropriate academic program.

Registration Packet

Please complete this packet as soon as possible and return this packet to Aspen Valley High School. Students who are placed on a waiting list will benefit from the date their completed application was received at AVHS. It is to your advantage to get it into the office as soon as possible.

Date _____

Student Name _____

Address _____

Home Phone Number _____ Home Middle/High School _____

DOB _____ Age _____ Grade in School _____

Home High School Counselor's Name _____

Home High School Counselor's e-mail _____

District #20 Student Number _____

Mother/Female Guardian's Name _____

Employer _____ Position _____

Employer Address _____

Work Phone _____ Cell Phone _____

E-mail Address _____

Father/Male Guardian's Name _____

Employer _____ Position _____

Employer Address _____

Work Phone _____ Cell Phone _____

E-mail Address _____

Emergency Contact Name _____ Phone _____

**Aspen Valley High School
Contract**

Name _____ Date _____

Dear Student and Parent/Guardian,

The Aspen Valley High School Contract will be strictly enforced. Please initial each of the statements listed below indicating your willingness to support and follow the policies established at Aspen Valley High School. Your initials indicate you have read the Student/Parent Handbook and that you understand the terms of the contract.

Parent: Student:

_____ _____ We understand that Aspen Valley High School cannot meet the needs of all students with Individual Education Plans (IEP's).

_____ _____ We have read and agree to follow the conditions of the AVHS Discipline Procedures.

_____ _____ We agree that the student will attend school until the age of 17. The phone numbers we have provided in IC, the District's student data system are where we can be reached at any time. We agree to support daily attendance and to work toward completion of all class assignments including homework.

_____ _____ We agree to commit to graduate and receive a diploma and understand that all Aspen Valley High School required credits which includes 72 hours of service learning, work or job shadowing experience, and 1 college course must be completed.

_____ _____ As a parent: I will sign the planner every day. As a student I will present the planner for parent signature every day.

_____ _____ I agree to maintain 90% attendance rate *this includes excused and unexcused absences as well as tardies.

_____ _____ I agree to complete and turn in all class work and homework on time.

_____ _____ I agree to interact appropriately and respectfully with staff, students and other members of the AVHS community. I further agree to refrain from participating in any other violation of D20 policy and procedure that could result in suspension or expulsion

_____ _____ I understand that my student enrollment status will be reviewed each semester and continued enrollment will be based on demonstrable evidence that the student is doing their best to meet the identified criteria above.

_____ _____ We understand that in order to receive a diploma from AVHS all D20 as well as AVHS specific graduation requirement must be met by the annual deadline published by school administrators.

Student Signature

Parent/Guardian Signature

Language History:

Child's First Language: _____ Check one or more of the following:
 ___ Understands ___ Speaks ___ Reads ___ Writes

Original US Entry Date if you child was not born in the United States: _____

Country of Origin: _____

Most Recent US Entry Date (not military and not on a vacation): _____

Continuous enrollment: US Public School: _____ CO Public School: _____

Did your child ever receive English as a Second Language (ESL) instruction? Y / N Years: _____

Did your child ever receive bilingual services to learn English? Y / N Years: _____

If English is their child's first and only language, stop and sign here:

Parent / Guardian _____ Date: _____

Is a language other than English spoken at home by a parent, sibling, or this child? Y / N

What is the language? _____ Language child speaks at home: _____

Who in the home communicates in this language? (Check one or more)

	Always	Usually	Seldom	Never
a. this child				
b. mother/guardian				
c. father/guardian				
d. sisters and brothers				
e. others living in the home				

This child: (You may check more than one answer)

- | | |
|---|------------------------------------|
| ___ understands and speaks English fluently | ___ needs help in speaking English |
| ___ reads in English | ___ needs help in reading English |
| ___ writes in English | ___ needs help in writing English |
| ___ needs help in understanding English | |

Did this child experience any problem or difficulty in learning to speak, read, or write in his/her first language? Y / N *If YES, please explain:

Parent / Guardian _____ Date _____

**Aspen Valley High School
Application for Bus Transportation**

Transportation to Aspen Valley High School is provided on a limited basis. In order to determine your needs, we would like you to fill out the following information form and complete the transportation contract. *District #20 would remind all students that riding a bus to and from school is a privilege, not a right.* Because Aspen Valley is a school of choice, there are some limitations to the services we can provide. Please call the transportation dispatcher to determine your transportation eligibility.

In order to facilitate the maximum number of students, who will need transportation, buses will drop students off about five minutes before school and pick student up five minutes after school. It is critical that you are on time to meet your bus at the central pick up locations. If you have questions regarding any transportation issues, please call transportation at 234-1410.

I would like to apply to ride the bus to Aspen Valley High School.

Name _____

Address _____

Phone (daytime) _____ (evening) _____

Special needs: Indicate any information we should have regarding your transportation needs to and from school, e.g., will ride to, but not from school; special needs and considerations; need transportation only on certain days; etc.

Once arrangements have been made for your transportation, it is your responsibility as a student to call transportation a day in advance to let the office know you will not need to ride the bus. Failure to notify transportation may result in the loss of bus privileges.

I agree to notify transportation when I will not be riding the bus and to abide by all District #20 bus rules.

Student Signature

Parent/Guardian Signature

Transportation telephone number: 719-234-1410.

**Aspen Valley High School
Off-Campus Permission Slip**

Aspen Valley's academic program will require frequent student travel off campus. All students must have parental permission before leaving campus for field trips, lunch excursions, curriculum studies outside the facility, and any other necessary travel, which will require students to leave the facility. In signing this permission slip, you have only agreed to routine trips off campus. This permission slip does not include out of town trips or trips which might require special kinds of permission such as a trip to view a film that would require additional parental permission.

I give my permission for my student to participate in all off-campus activities in which special permission would not be required.

Student Name _____

Parent Signature _____

Date _____

Daytime Telephone Number _____

Emergency Contact Name _____

Emergency Contact Number _____

- Briefly describe your child's educational history. Describe their best year. What made it the best year?

- Describe the worst year. What made it the worst year?

- Describe what academic interventions made a positive difference.

- What aspects of school does your child consider most difficult?

- How do you discipline your child? What are the results?

- What are your child's greatest strengths and assets that will help him/her succeed in school? Grades, attendance, behavior?

- Are any of the following special concerns for your child and what is the cause for any of the following?
 - Attendance:

 - Learning:

 - Behavior:

 - Reactions to changing schools:

- What things at school tend to upset your child?

- What does your child do when he/she is upset?

- What does he/she do when doing well?

- Describe your child's behavior at home.

- How does he/she interact with family members, pets?

- Has your child had any extended absences? Why?

- Has your child had previous achievements/psychological testing or treatment?
 - If yes, when?
 - With whom?
 - Diagnosis given.

 - Treatment/outcome/recommendations:

 - Medications:

- Has your child experienced any unusual behavioral or personality changes?

- Has your child experienced any serious trauma?

- Adopted? Age at adoption.
- Country of adoption.
- What are some of your child's characteristics that make him/her unique from same age peers, even when your child was very young?

- How does your child interact with others at school:
 - Peers:

 - Teachers:

- What is your most important goal for your child at school right now?

- What motivates your child to succeed?

- Is there anything else you would like for us to know about your child that will help us support him/her for greater learning success?

The above information may be shared with the Level Two Response to Intervention team in order to develop an intervention plan that will more accurately meet the needs of your child.

Parent Signature

Date

FOR OFFICE USE ONLY

Receipt of application:

Date: _____

Initials: _____

Receipt of Letter of Reference and reports:

Date: _____

Initials: _____

Sped/504:

Copy: Yes No

Transfer meeting: _____

Notes from meeting: Yes No

Review by Principal: _____

Call to student: _____ Denial of Admission: _____

Schedule: _____

Start date: _____

Central Registry advised: _____

Home School Registrar advised: _____

CUM folder received: _____

Notes: