



Student Name \_\_\_\_\_

Home Campus \_\_\_\_\_

## Watson High School Campus Checklist 2017-2018

The following documents **MUST ACCOMPANY** the student's application to Watson High School. Please indicate that the following documents are attached by checking and initialing.

**CHECK**

**INITIAL**

<input type="checkbox"/> Application for Admission	Counselor/Administrator	_____
<input type="checkbox"/> Personal Education Plan ( <i>page 3</i> )	Student	_____
<input type="checkbox"/> Student Profile Eligibility Criteria	Counselor	_____
<input type="checkbox"/> Campus Recommendation	Counselor	_____
<input type="checkbox"/> Transcript	Counselor	_____
<input type="checkbox"/> Copy of Current Schedule	Counselor	_____
<input type="checkbox"/> STAAR Confidential Student Scores ( <i>Most Recent</i> )	Counselor	_____
<input type="checkbox"/> Attendance Report (Current Year)	Counselor	_____
<input type="checkbox"/> Discipline Report	Counselor	_____

**For WHS office use only:**

Date received: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Notes: \_\_\_\_\_

**Watson High School**

**APPLICATION FOR ADMISSION  
2017-2018**

Date of Application: \_\_\_\_\_

**Student Information:**

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Current Grade \_\_\_\_\_ Sex: Male Female SS# \_\_\_\_\_

Home Campus (circle one) Boswell Saginaw Chisholm Trail

Home Address \_\_\_\_\_  
Street City Zip

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Pregnant: Yes No

Parenting: Yes No

Special Education: Yes No

504: Yes No

ESL: Yes No

**Parental/Guardian Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Parent/Guardian with whom student resides

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Parent E-Mail \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_

**I verify that the above information is correct to the best of my knowledge.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent/Guardian

**Watson High School**  
**PERSONAL EDUCATION PLAN**  
**To be COMPLETED by the STUDENT**

**Dear Prospective Student:**

**As part of the application process for Watson, we ask that you complete this Personal Education Plan. Consider both questions carefully and answer truthfully, sincerely, and completely. Some of the items may need discussion with your counselor or the Watson administrator before you are able to formulate a complete answer.**

- 1. What is one thing that caused you to either fail courses at your present high school or lose credit for courses you successfully completed?**

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- 2. Take this opportunity to explain in your own words why you want to attend Watson High School.**

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**\*\*\*Please turn in COMPLETED pages 2 & 3 to your HOME CAMPUS counselor\*\*\***

**Watson High School**  
**STUDENT PROFILE**  
For School counselor/administrator use only

Student Name \_\_\_\_\_

Freshman Year: \_\_\_\_\_

**Check all areas that apply:**

**Personal:**

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Rehabilitating drug/alcohol user | <input type="checkbox"/> Pregnant  |
| <input type="checkbox"/> Disruptive home/family situation | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> History of abuse in family       | <input type="checkbox"/> Married   |
| <input type="checkbox"/> Health issues                    | <input type="checkbox"/> Divorced  |

**Economic:**

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Eligible for Free/Reduced meal plan | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Self-Supporting                     |                                   |

Other economic hardships \_\_\_\_\_

**Social:**

- |   |  |
|---|--|
| <input type="checkbox"/> Adjudicated  | <input type="checkbox"/> Antisocial Behavior |
| <input type="checkbox"/> Self-Esteem  | <input type="checkbox"/> Unmotivated         |
| <input type="checkbox"/> Non-participant in school activities/organizations |  |

**Behavior:**

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Referred for truancy   | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Placement in Discipline A.E.P.   | <input type="checkbox"/> Detention  |
| <input type="checkbox"/> On-Campus Suspension   | <input type="checkbox"/> Expelled   |
| <input type="checkbox"/> Currently on probation, parole, deferred prosecution, or other conditional release |                                     |

If yes, name of probation officer \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**Alternative Educational Strategies that have been utilized:**

- |   |   |
|---|---|
| <input type="checkbox"/> Tutorials                          | <input type="checkbox"/> Referred to Psychologist           |
| <input type="checkbox"/> Program                            | <input type="checkbox"/> Referred for Counseling            |
| <input type="checkbox"/> Capture                            | <input type="checkbox"/> Referred for Special Ed.           |
| <input type="checkbox"/> Individualized instruction         | <input type="checkbox"/> Referred to Intervention Counselor |
| <input type="checkbox"/> other: <i>please specify</i> _____ |   |

**I certify that the information provided is the most current, accurate, and complete information available.**

\_\_\_\_\_  
 Administrator Extension # Date

\_\_\_\_\_  
 Counselor Extension # Date

**Watson High School  
STUDENT PROFILE  
CAMPUS RECOMMENDATION**

FOR SCHOOL COUNSELOR/ADMINISTRATOR USE ONLY

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Referring Person \_\_\_\_\_

\_\_\_\_\_ Counselor \_\_\_\_\_ Administrator

**Please include any additional information that would help the staff of Watson High School determine whether or not the program is appropriate for the student.**
