



For current Dickinson ISD student's only!

Dickinson Continuation Center
2016-2017 application

Student's Name: _____ Student # _____
PLEASE PRINT

Grade: _____ Phone #: _____ Alternate #: _____

Before an application can be considered, it must be complete with:

- ✓ **Proof of residence** -Current utility bill, lease agreement, or property tax statement
 - **STUDENTS RESIDING IN THE DISD WITH SOMEONE WHO IS NOT THEIR LEGAL PARENT/GUARDIAN MUST PROVIDE A NOTARIZED "POWER OF ATTORNEY" FORM SIGNED BY THE PARENT/GUARDIAN AND NOTARIZED "ACCEPTANCE OF RESPONSIBILITY" FORM SIGNED BY THE PERSON WITH WHOM THE STUDENT RESIDING. IF YOU NEED THIS FORM PLEASE ASK FOR ONE**
- ✓ **STUDENTS NOT LIVING WITH BOTH NATURAL PARENTS MUST PROVIDE A DIVORCE DEGREE STATING THE CUSTODIAL PARENT OR A NOTARIZED LETTER FROM THE CUSTODIAL PARENT**

It is the Student/Parent/Guardian's responsibility to provide these documents

If these records are not available please contact your previous school and have them faxed to 281-229-6351, Attn: DCC Enrollment Information

Please choose the block you would prefer

- ____ Block 1 – Full time 7:20 - 2:35 AM & PM Buses provided (**REQ. for ALL 9th & 10th grade**)
- ____ Block 2 – Full time 7:20 -11:34 AM Bus transportation available
- ____ Block 3 –Part time 12:05 - 2:35 PM Bus transportation available (SENIORS ONLY)

- How did you hear about the DCC? _____
- How do you plan on getting to school?
 - ___ Drive car
 - ___ Be dropped off
 - ___ School Bus
 - ___ Other (please explain) _____ (Ex. Ride with Friend; Use Gator Connect/Transit Connect Buses; Walk; Bike)

The Dickinson Continuation Center

Enrollment Application Information 2016-2017

(To be completed by the student and Parent)

Please complete all information requested. Incomplete applications will be discarded.

- Are you currently enrolled in a DISD school? _____
- Current Grade: _____
- If you are not currently enrolled in school, please explain why?

- Have you ever been in legal trouble? Yes No
If yes, please describe the nature of problems in detail.

- Are you currently on probation Yes No
- If yes, describe the offense you are on probation for and the terms of your probation. _____
- Name of Probation officer: _____ County: _____
Phone Number (____) ____-____ Probation release date ____/____/____

Consent to Attend a Half Day Block of School:

- DCC offers two half day options for attending school. Students may be enrolled to attend school in Block 2 from 7:20 a.m. – 11:34 a.m. or Block 3 (SENIORS ONLY) from 12:00 p.m. – 2:35 p.m.
- My signature below indicates that I understand my child will only be attending school for three periods per day if he/she is enrolled in a half day block of school. I also understand that by attending a half day block, my child will earn fewer credits per semester than if he/she attended a full day block.
- **I hereby give permission to Dickinson ISD to allow my child to attend a Half Day Block of School.**

Parent/Guardian signature/ Padre: _____ Date: ____/____/____

Consent to Attend Guest Speaker Presentations

- The Continuation Center will have frequent speakers who present critical information to the students. Some topics include, but are not limited to, the following: sexual issues & sexually transmitted diseases, drug/alcohol use & abuse, anger control, conflict management, first aid, and general health issues.

Parent/Guardian signature: _____ Date: ____/____/____

DCC Graduation Requirements:

- In DCC, to receive a Dickinson High School diploma, a student must complete the requirements of either the Minimum or Recommended High School Program or Endorsements, as specified in the Texas Education Code according to the year the student first entered Grade 9, including those students who enter Grade 9 in or after the 2004 – 2005 school year. *(this is subject to change with new TEA guidelines in the following months)*
- My signature indicates that I understand that by enrolling in DCC, it is possible I may **not** have the opportunity to complete the curriculum requirements for the Recommended High School Program nor the Advanced High School Program. *(please note NOT ALL endorsements are offered at DCC)*
- **Only** those students who have met all requirements for graduation, including passing all sections of TAKS/STAAR, shall be allowed to participate in graduation exercises, with the following exceptions: the DCC principal may exempt a student from the TAKS/STAAR requirement if the student has taken TAKS/STAAR at every opportunity provided and has participated in tutorials designed to improve TAKS/STAAR scores, and only lacks a passing score on one section of TAKS/STAAR. Students that lack one portion of the TAKS/STAAR test upon receiving the spring retest scores must make a written request to the principal in order to participate in the graduation ceremony.

Parent/Guardian signature: _____ Date: ____/____/____

Student signature: _____ Date: ____/____/____

Behavioral and Academic Contract:

I, _____, understand that I must meet the following expectations in order to remain a DCC student. If I fail to meet these expectations, I will be dismissed from the program and expected to attend the main campus. If I do not attend DHS, I understand that DCC will file truancy charges against me for failure to meet Compulsory Attendance Laws.

- ✓ Follow all policies and procedures at DCC Maintain satisfactory attendance
- ✓ Make satisfactory progress toward graduation Maintain academic integrity at all times

Student signature: _____ Date: ___/___/_____

Parent/Guardian signature: _____ Date: ___/___/_____

At Risk Questionnaire:

1.	Did you fail 2 or more subjects last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What subject(s)? _____ _____
2.	Have you ever been retained in a grade level by any school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What grade? Year? _____ _____
3.	Did you fail any part of a State test last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What part? Year? _____ _____
4.	Are you currently pregnant? Do you have any children? (2 nd part of question applies to males, too)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____ _____
5.	Were you at DALC at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When? Year? _____ _____
6.	Were you at CAP or JJAEP at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When? Year? _____ _____
7.	Are you currently on probation or parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Why? When does it end? _____ _____
8.	Have you ever dropped out of any school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When? Grade? Why? _____ _____
9.	Are you currently in the custody or care of the Department of Protective and Regulatory Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____ _____
10.	Have you been referred to talk to the Department of Protective and Regulatory Services by someone official during this school year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____ _____
11.	Have you resided in a residential placement facility in the district (Detention facility, substance abuse treatment facility, emergency shelter, psychiatric hospital, halfway house or foster group home) at any time during the last school year or this school year? If so, please put the name of the facility in the comment section.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____ _____ _____ _____ _____ _____

**Dickinson Continuation Center
REQUIRED FORMS
Acknowledgment Form**

My child and I have been offered the option to receive a paper copy or to electronically access at www.dickinsonisd.org the Dickinson Continuation Center Handbook and the Student Code of Conduct for this year.

- Accept** responsibility for accessing the Student Handbook by visiting the Web address listed above.
www.dickinsonisd.org
- Receive a paper copy of the Student Handbook and the Student Code of Conduct.

I understand that the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Code of Conduct. If I have any questions regarding this handbook [or the Code], I should direct those questions to the principal at 281-229-6350.

Printed name of student: _____

Signature of student: _____

Signature of parent: _____ Date: ____/____/____

Texas Education Agency
Texas Public School Student **Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

___ Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Hispano/Latino

___ Not Hispanic/Latino

Part 2. Race: What is the person's race? (Choose one or more)

___ American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

___ Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

___ Black or African American - A person having origins in any of the black racial groups of Africa. Negro or

___ Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

___ White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.



DICKINSON INDEPENDENT SCHOOL DISTRICT

Texas Education Agency Division of Bilingual Education

HOME LANGUAGE SURVEY

Student: _____ Campus: Dickinson Continuation Center

To be filled out by the parent or guardian

1. **What language is spoken in your home most of the time?**

2. **What language does your child (do you) speak most of the time?**

Student signature: _____ Date: ___/___/___

_____/_____/_____

Signature of Parent or Guardian

Date

DICKINSON INDEPENDENT SCHOOL DISTRICT

Student Residency Questionnaire

*Name of Student: _____ *Age: _____ *Gender: Male Female

*Birth Date: ___/___/___ *Social Security # or ID # : _____ - _____ - _____

*Name of School: DCC *Grade: _____ *Last district attended: _____ *Last School attended:

*This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive

*Is your current address a temporary living arrangement? **Yes** **No**

*Is this temporary living arrangement due to loss of housing or economic hardship? **Yes** **No**

***If you answered YES to the above question**

In my own home or apartment, in Section 8 housing, or in military housing with parent(s), legal guardian(s), or caregiver(s); if you checked this box, please check one or both of the boxes below if applicable

My home has no electricity

My home has no running water

In a shelter (family shelter, domestic violence shelter, youth shelter or FEMA housing).

In transition housing (housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization.

In a motel, hotel, or weekly-rate housing (because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.)

In a house or apartment with more than one family because of economic hardship or loss of housing.

In an abandoned building, a car, at a campground, or on the street.

In temporary foster care or with an adult who is not your parent or legal guardian.

With friends or family because you are a runaway or unaccompanied youth.

None of the above describes my present living situation.

*If you checked "none of the above," briefly explain your situation:

*Check the box that best describes with whom the student resides

Parent(s)

Other

Caregiver(s) who are not legal guardian(s) (Examples: friends, relatives, parents of friends, etc.)

*Name of person with whom student resides and Physical address at which the student resides _____

Brothers/Sisters of student who reside at this address

Full Legal	Name School	Birth Date	Grade

*Name of Parent(s)/Legal Guardians(s) : _____

Address/Dirección _____

Zip _____ Phone _____ - _____ - _____ Signature of person enrolling student

Date ____/____/____

OFFICE USE ONLY

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney Vento Act. Date: ____/____/____ McKinney-Vento Liaison Signature: _____

– CAMPUS PERSONNEL –

If the student or family checked any of the items in question #2a

Please fax a copy of this form to the Homeless Liaison at 281-229-7401.

S=Sheltered

D=Doubled Up

=Unsheltered

H=Hotel/Motel

A=Unaccompanied Youth

**Notice Regarding Directory Information and
Parent's Response Regarding Release of Student Information**

Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want Dickinson ISD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing within ten school days of your child's first day of instruction for this school year.

For the following school-sponsored purposes: all District publications and announcements, Dickinson ISD has designated the following information as directory information

- Name
- Address
- Telephone
- Grade
- E-mail
- Photo
- Activities and sports
- Enrollment status
- DOB & place
- Degrees, honors, & awards
- Attendance
- School previously attended
- Weight and height, if in sports

Directory information identified only for limited school-sponsored purposes remains otherwise confidential and will not be released to the public without the consent of the parent or eligible student.

I, parent of _____ (student's name), _____ **do give** _____ **do not give** the district permission to use the information in the above list for the specified school-sponsored purposes.

For all other purpose, Dickinson ISD has designated the following information as directory information:

- Honors and awards received
- Students Name
- Activities and sports
- Attendance
- Enrollment Status
- Grades

Signature of Parent or Guardian _____ / ____/____

Student signature: _____ Date: ____/____/____

Release of Student Information to Military Recruiters and Institutions of Higher Education

Federal law requires that the district release to military recruiters and institutions of higher education, upon request, the name, address, and phone number of secondary school students enrolled in the district, unless the parent or eligible student directs the district not to release information to these types of requestors without prior written consent. [see **Student Records** in the Handbook for more information.]

Parent: Please complete the following only if you **DO NOT** want your child's information released to a military recruiter or an institution of higher education without your prior consent.

I, parent of _____ (*student's name*), request that the district not release my child's name, address, and telephone number to the military recruiter or institutions of higher education upon their request without my prior written consent.

Student agreement for acceptable use of the DISD electronic communications systems (computers)

The student agreement must be renewed each academic year.

STUDENT Name _____ **Grade** _____ School Dickinson
Continuation Center

I understand that my computer use is not private and that the district will monitor my activity on the computer system. I have read the district's electronic communications system policy and administrative regulations and agree to abide by their provisions. I understand that violation of these provisions may result in suspension or revocation of system access.

Student's signature: _____ **Date** ___/___/_____

As a parent or guardian of this student, I understand the district's Acceptable Use of Electronic Communications is written in order to safeguard my child's educational activities, and to comply with the Children's Internet Protection Act ("CIPA"). I understand the entire Dickinson ISD Acceptable Use Policy for Electronic Communications is available on the Dickinson ISD website or available in print upon request by contacting the Dickinson ISD Publication Office at 281-229-6000. I understand that computer technology is incorporated into the classroom lessons on a regular basis and that my student will have access to these closely monitored programs as part of their schoolwork.

The district will use technology protection measures to block or filter the Internet, but I recognize that it is impossible for Dickinson ISD to restrict access to all controversial materials, and I will not hold Dickinson ISD responsible for materials acquired on the Internet. I also understand that Dickinson ISD is not responsible for supervising my child's use of the Internet when he/she is not at school.

Signature of Parent or Guardian

Home address

Date ___/___/_____ **Home phone** _____ - _____ - _____

Students who are 18 years old or older only should complete this section

Adult student enrollment acknowledgement:

- Any student who is age 18 prior to the first day of the school year is an adult student who voluntarily enrolls.

Student signature: _____ **Date:** ____/____/_____

Compulsory school Attendance

- A person who voluntarily enrolls in school or voluntarily attends school after the person's 18th birthday shall school each school day for the entire period the program of instruction is offered. A school district may revoke for the remainder of the school year the enrollment of a person who has more than three absences in a quarter or five absences in a semester that are not excused under Section 25.087. A person whose enrollment is revoked under this subsection may be considered an unauthorized person on school district grounds for purposes of Section. 31.107 Texas Education Code 25.085(e).
- I am age 18 and enrolling in school voluntarily. I have been informed of the 4 day unexcused absence policy.

Student signature: _____ **Date:** ____/____/_____

Consent to release information to other adults: DISD Board Policy FL (Legal) states the following.

- Access to Education Records: Access to the education records of a student who is or has been in attendance at a school in the District shall be granted to the parent of the student who is a minor or who is a defendant for tax purposes. "Parent" includes a natural parent, a guardian, or an individual acting as a parent in the absence of a parent or guardian. 34CFR 99.3(b), 99.31 (a)(8)
- Access by Student: Whenever a student has attained 18 years of age or is attending an institution of postsecondary education, the rights accorded to, and consent required of, parents transfer from the parents to the student. 34CFR 99.5.
- Because I am 18 years of age or older and voluntarily enrolled in school, I must give consent for anyone other than myself to have access to my records. This includes conferences, telephone calls, e-mails, faxes, or other forms of written communication. If I do not give consent, school personnel may not talk with any adult, including parent or guardian, about school issues. I also understand that I may withdraw consent at any time. I give consent to have my school information shared with the following

Person's name	Relationship to student	Date of consent

I authorize the school to take consent information over the phone and will allow additions to my consent list.

Student's signature: _____ **Date:** ____/____/_____

Dear Applicant,

Thank you for applying to Dickinson Continuation Center. When I receive your **COMPLETED** application (see page 1), I will pull your grades, attendances, and discipline before we make a decision. I will also make sure that you do not owe any fines, library or textbooks at Dickinson High School. If you are in school now, continue to go until the days before you are to start at DCC (if accepted). Thank you again and I will be in touch soon.

Pamela Porter

D.C.C. Registrar
Email: Pporter@dickinsonisd.org
281-229-6326
281-229-6351 fax