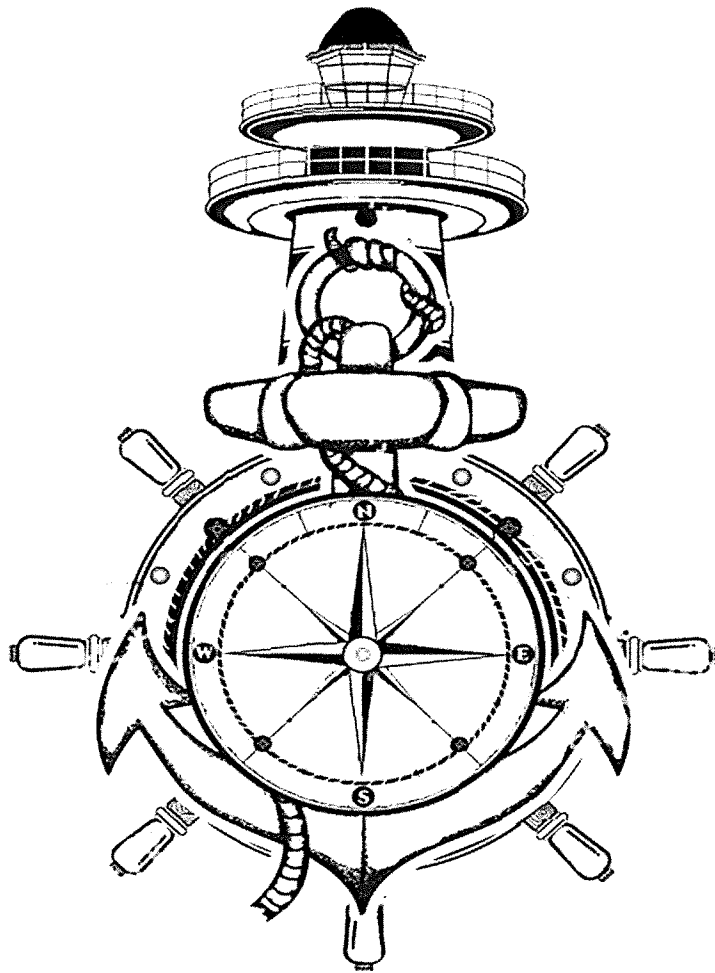


Falls Career High School Application



**“LIGHTING THE WAY TO A BETTER
FUTURE”**

FALLS CAREER HIGH SCHOOL APPLICATION PROCESS

- I. Admission Guidelines:
 - a. 16+ years of age
 - b. Minimum completion of eight (8) credits
 - c. Have completed four (4) years of high school but do not have credits required for graduation
 - d. In the fourth year of high school but need more credits than the high school can offer for graduation

- II. Applications are located in the following locations:
 - a. Marble Falls High School counselors' office and AP offices
 - b. Falls Career High School and online under Falls Career High School
 - c. Central Office – Special Services

- III. Transfer Students must adhere to district transfer procedures prior to application; an approval letter must accompany the application for out of district applicants

- IV. Application may be turned in at the following locations:
 - a. Marble Falls High School counselor office
 - b. Falls Career High School
 - c. Central Office Special Services

- V. Once completed applications are received and reviewed, candidates will be scheduled for an interview that will take approximately 30 minutes

- VI. Special Education students may apply to Falls Career High School if they meet the same requirements established for other students. Once a special education student is accepted, an ARD meeting must be held to develop an appropriate individual education plan.

- VII. Potential emergency placements may occur due to extenuating circumstances.

Office Use Only	
___ 504	English I EOC ___
___ SPED	English II EOC ___
___ LEP	Algebra I EOC ___
___ Pregnant	Biology EOC ___
___ complete credits	US History EOC ___

Falls Career High School

APPLICATION
APLICACION

Current Grade Level (circle one) 9 10 11 12
Grado (marca uno)

Student Name _____ Age _____
Alumno Birth Certificate Last Name First Name
Apellido en la Fe de Nacimiento Primer Nombre

Male/Hombre or Female/Mujer

Student SSN _____ Date of Birth ____/____/____
#Seguro Social Fecha de Nacimiento

Birthplace _____
Lugar de Nacimiento

Ethnicity (circle one) Indian Hispanic Asian African American Caucasian
Etnico (circle uno)

Mother's Name _____ Father's Name _____
Nombre de Madre Nombre de Padre

Student Lives With: Mother & Father Mother only Father only
Alumno Vive Co Madre y Padre Solo con Madre Solo con Padre

Other
(Name/Relationship) _____
Otros (Nombre/Relacion)

Home Address _____
Domicilio Street address/Calle City/Ciudad Zip code/Zona Postal

MARBLE FALLS ISD

Home Telephone () _____ Student Cellphone () _____

Teléfono de Casa Celular de Estudiante

Parent Cellphone () _____ (

Madre/padre Celular

Emergency Contact _____ Emergency Telephone () _____

Persona de Emergencia Teléfono de Emergencia

Last School Attended _____ District _____

La Ultima Escuela Que Atendido El Alumno

Distrito

Address _____

Direccion

City _____ State _____ Zip Code _____

Ciudad

Estado

Zona Postal

Has your child ever attended a Marble Falls School? Yes _____ No _____

Ha atendido el alumno este distrito escolar?

Si

No

Name of School _____

Escuela

Has your child been served or is currently in these programs? (circle one/uno)

Pertenece a algunos de estos programas?

ESL Special Services Gifted 504

Are there any legal restrictions (custody, probation, etc.) regarding this student? Yes No

¿Hay alguna restricción legal (la custodia, la libertad condicional, etc.) con respecto a este estudiante? Si No

Does the student have a problem with drugs and/or alcohol? Yes No

¿Tiene el estudiante un problema con drogas y/o alcohol? Si No

Has student ever been in a treatment center? Yes No

¿Ha estado jamás el estudiante en un centro del tratamiento? Si No

Does student have a probation officer? Yes No If Yes, name of probation officer

_____ ¿Tiene el estudiante un oficial de la libertad condicional? Si No Si Sí, el nombre de oficial de libertad condicional

Is the student a teen parent? Yes No

¿Es el estudiante un padre de joven? Si No

HEALTH INFORMATION
INFORMACION de SALUD

Health problems/Doctor Diagnosed:

Problemas de la Salud/ Diagnosticó médico

Allergy _____ Asthma _____ Diabetes _____ Visual _____ Heart Disease _____
Alergia Asma Diabetes Visual Enfermedad cardiaca

Seizure Disorder _____ Orthopedic _____ Hearing Loss _____
Desorden de ataque Ortopédico Pérdida de oír

Please list any other illnesses, accidents, or health problems that we should be aware of:

Por favor lista cualquier otras enfermedades, los accidentes, u otros problemas de la salud que debemos estar enterados de: _____

List any medications the student takes regularly:

La lista cualquier medicina que el estudiante toma regularmente:

Driver's License # _____

Numero de Licencia para manejar

Are you currently employed? Yes no Where? _____

¿Actualmente tiene usted un trabajo? Si No ¿Donde

Date/Fecha _____

Signature of Parent/Guardian/Firma del Padre/Guardian

