

Eastside Academy High School

Giving Hope. Building Futures.

Application for Admission



Eastside Academy Mission, Values and Service

Inspiring change in the lives of at-risk youth through high school education, counseling and life skills programs in a Christ centered environment.

The following values are essential to the ministry of Eastside Academy:

- 1. Believing that Jesus transforms lives**
- 2. Believing that God uniquely creates everyone for a purpose**
- 3. Serving people who are committed to growth**
- 4. Creating and maintaining a safe and healthy community through a culture of trust and mutual respect reflected by the following:**
 - **Respecting all members of the community and valuing their unique contributions**
 - **Caring for the whole person by focusing on the educational, social, emotional, spiritual and physical needs of each person**
 - **Commitment to taking responsibility, admitting harm, making amends and moving toward change**
 - **Honoring one another through consistent and clear expectations and healthy boundaries**
 - **Participation in collective decision making**
 - **Encouraging creative thinking and collective problem solving**
 - **Creating opportunities for each person to learn from failures and “try again”**
 - **Living a balanced life inclusive of work, play and rest**

What students and families will receive from Eastside Academy:

- **A new opportunity to succeed in high school**
- **Innovative and student centered education**
- **Small class size (12 students maximum per class)**
- **Addiction recovery programs for those struggling with addiction**
- **Individualized counseling**
- **Relationships with adult mentors**
- **Community building activities**
- **Life skills and goal setting**

Notice of Non-Discriminatory Policy as to Students

Eastside Academy admits students of any race, religion, color, national, and ethnic origin to the rights, privileges, programs and activities generally accorded or made available to students of Eastside Academy.

CRITERIA FOR ADMISSION

- Students and parents are desiring a new opportunity for success and are willing to commit to taking the necessary steps to achieve success
- Family must understand and be willing to participate in Eastside Academy's parent/guardian requirements
- Family must be able and willing to meet financial obligations to the school
- Family must understand and accept that Eastside Academy is a Christian school and will be providing students a Christ-centered education

After submitting your application you will be called within one week to schedule a time for an interview, assessments and an orientation. Both student and parents are required to participate in the interview, assessments and orientation.

APPLICATION CHECKLIST

(Please complete ALL items with application)

Parent/Guardian must obtain:

- Initial application fee of \$50.00 per student (non-refundable)**
- Current W-2 Form
- Current transcript (If transcript is not up-to-date, submit all applicable transcripts)
- Standardized test scores (Must submit scores from at least one grade, including the most recent from grades 4 - 12)
- Washington State Immunization Record (from your most recent school or doctor)
- Copies of any reports/testing as addressed on the application

Parent/Guardian & Student must complete the following forms in the packet:

- Student Information Form
- Family/Guardian Information Form
- Parental Assessment of Student
- Permission for Release of Information Form
- Parent/Guardian Commitment Form
- Student Questionnaire
- Student Commitment Form

Part II

(To be completed after Part I has already been submitted)

- Student Medical Information Form
- Permission for use of photographs/Videotapes
- Transportation agreement
- Permission for release of information
- Consent for release of confidential information
- Technology acknowledgement form

Tuition payments are made in 10 monthly installments, due on the fifth of each month from September to June.

Gross Annual Family Income *	Annual Cost of Education	Amount of Scholarship (Fundraised by EA)	Family Tuition Fee (per student)
\$10,000 and under	\$20,000	\$19,500	\$500/year \$50/month
\$10,000-\$20,000	\$20,000	\$19,000	\$1,000/year \$100/month
\$20,001-\$25,000	\$20,000	\$18,750	\$1,250/year \$125/month
\$25,001-\$35,000	\$20,000	\$18,500	\$1,500/year \$150/month
\$35,001-\$50,000	\$20,000	\$18,000	\$2,000/year \$200/month
\$50,001-\$60,000	\$20,000	\$17,500	\$2,500/year \$250/month
\$60,001-\$70,000	\$20,000	\$16,500	\$3,500/year \$350/month
\$70,001-\$99,999	\$20,000	\$15,000	\$5,000/year \$500/month
\$100,000-\$149,999	\$20,000	\$12,500	\$7500/year \$750/month
\$150,000-\$174,999	\$20,000	\$10,000	\$10,000/year \$1,000/month
\$175,000-\$199,999	\$20,000	\$5,000	\$15,000/year \$1,500/month
\$200,000 and above	\$20,000	N/A	\$20,000/year \$2,000/month

STUDENT INFORMATION FORM

Date _____

Parent/Guardian Names _____

Student's Full Name _____
First Middle Last

Preferred Name _____ Birthdate ____/____/____ Gender: Male Female
Month Day Year

Social Security Number _____

Last grade completed: 9 10 11 12

Has student previously applied to/attended EA? _____ If so, when? _____

Does student have siblings/relatives attending EA? ____ Name/Grade _____

Home Address _____
City State Zip

Telephone _____(home) _____(cell)

E-mail _____
(Student's email, if applies)

(Optional) Ethnic or Racial Background _____ Language Spoken at Home _____

SCHOOL HISTORY (List all schools attended, starting with most recent)

Dates	Grade	Name of School	Address of School

Principal of last school attended _____ Phone (____) _____

If student is not accepted to EA, does he/she have other options for schooling? Yes No

If yes, please list other option(s) _____

(If student is not accepted, Eastside Academy may be able to provide referral options.)

FAMILY/GUARDIAN INFORMATION FORM

Please check if Eastside Academy may include your contact information in their family directory which will only be distributed to parents/guardian, students, and staff of Eastside Academy.

Parent/Guardian

Preferred Title: Mr. Mrs. Ms. Dr. Rev.

Parent/Guardian

Preferred Title: Mr. Mrs. Ms. Dr. Rev.

Full Name: _____

Address: _____

Occupation: _____

Company: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Email Address: _____

Relationship to Applicant: _____

Applicant lives with: Mother _____ Father _____ Stepmother _____ Stepfather _____ Other _____

Mother deceased _____ Father deceased _____ Parents separated _____ Parents divorced _____
(Please include the date for any of the above)

Custody issues the school should be aware of:

Siblings

Name	Gender	Age	Current School	Applying to EA?
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list any relatives who are or have been students at EA, dates attended, and relationship to student:

PARENTAL ASSESSMENT OF STUDENT

How did you first become aware of Eastside Academy? (If you were referred by a specific person, please provide the name of person who referred you and their relationship to you or your child.)

Please provide any information about your family that would be helpful in assessing the student's needs, including family history and relationships.

If student's behavior has been unusual or disruptive at home, please describe the student's current behavior, your explanation for this behavior (your opinion), and how long this behavior has persisted.

Describe any traumatic events or major changes in the student's life.

Describe the student's method for expressing anger and disappointment.

Describe your goals for the students.

List the student's positive qualities, interests and accomplishments.

Has the student ever experienced or exhibited any of the following? (If yes, please provide specific details.)

Drug and/or alcohol use? ____ yes ____ no
Describe type of drug/alcohol and frequency/level of use.

Assaultive/aggressive behavior? ____ yes ____ no
Describe toward whom and list the dates of incidents.

Self-abusive/self-harm behavior? ____ yes ____ no Date _____
Medical intervention required? ____ yes ____ no

Explain _____

Suicide discussion, threat or attempt? ____ yes ____ no Date _____
Medical intervention required? ____ yes ____ no

Explain _____

Arson or fire setting? ____ yes ____ no Date _____
Explain _____

Running away? ____ yes ____ no
Date(s) and length of time _____

Did the student contact you while away? ____ yes ____ no

Convicted of a sex crime? ____ yes ____ no Date _____
Explain _____

Did any of your child's actions necessitate police intervention? ____ yes ____ no
Date(s) _____

Explain _____

Are there any court cases pending? ____ yes ____ no
Upcoming court dates: _____

Is child on probation? ____ yes ____ no
Date probation ends _____

Name of probation officer _____

Phone number _____

Has your student ever experienced or exhibited any of the following?

Eating Disorder? yes no
Medical intervention required? yes no Date _____
Explain _____

Sexual activity? yes no
Been pregnant or parented a child? yes no Date _____
Was the pregnancy terminated? yes no
Explain _____

Physical/sexual abuse? yes no Date _____
Was there a witness to the abuse? yes no
Explain _____

Been diagnosed with any mental health issues? yes no
Explain (including date of diagnosis) _____

List all related medications including dosage and frequency

Academic Information

Describe your student's academic strengths and weaknesses.

Describe any shifts in academic performance. When did these occur? Are you aware of the cause of these shifts?

Has the student been held back a grade or skipped a grade? yes no
 Grade _____ School _____
 Reason _____

Has the student been expelled or withdrawn from school? yes no
 Date _____ School _____
 Reason _____
 Date _____ School _____
 Reason _____
 Date _____ School _____
 Reason _____

Has the student ever taken any special education classes? yes no
 Grade/Year _____ Subject Areas _____
 Grade/Year _____ Subject Areas _____
 Grade/Year _____ Subject Areas _____

Does the student have an Individualized Education Plan (IEP) or 504 Plan?
 yes no (Please include a copy with application.)

Has the student been diagnosed with learning difficulties? yes no
 Explain _____

Please list any educational consultants, tutors, psychiatrists and counselors/therapists who are currently working with the student.

Name _____
 Dates of Service _____
 Address _____
 Telephone _____
 Fax _____
 Email _____
 Nature of Service _____

Name _____
 Dates of Service _____
 Address _____
 Telephone _____
 Fax _____
 Email _____
 Nature of Service _____

Out of home placement (if applicable)

Please list any placements outside of the home: boarding schools, foster homes, in-patient treatment, psychiatric hospitalizations, etc.

Name and Location _____
 Consulting Professional _____
 Contact Number _____
 Dates of Placement _____
 Reason for Placement and Subsequent Departure _____

Name and Location _____
 Consulting Professional _____
 Contact Number _____
 Dates of Placement _____
 Reason for Placement and Subsequent Departure _____

SIGNATURES

My signature below indicates that all the information submitted to Eastside Academy is factually correct, complete and honestly presented.

- I understand that the grade placement of my student will be decided by the Administration after receiving input from the parent/guardian(s)
- I have read the Mission Statement and Core Values and agree to support both in the education of my student

 Father/guardian Date

 Mother/guardian Date

PARENT/GUARDIAN COMMITMENT FORM

I understand that in order for my student to be successful at Eastside Academy, it will require my consistent involvement in his/her education process. I have initialed each item and signed below to indicate that I have made a commitment to meet the following requirements:

___ I will stay current on all tuition/school expenses, ensuring that **my tuition payment is received by the 5th of the month for every month from September to June.** If payment is not received by the 10th of the month, I understand that my student will not be allowed to remain in attendance and will not be readmitted until payment is received. (I understand that this could jeopardize my student’s placement at Eastside Academy.)

___ I will respond to all teacher/staff concerns and questions in a timely manner and attend all parent/guardian/teacher meetings and conferences (once per quarter).

___ I agree to call the school office to report any student absences and/or tardies.

___ I will support my student at home with their homework and/or give permission for my student to participate in after school study tables.

___ I will make sure that all requested school forms given throughout the school year (ie: permission slips) are turned in to school in a timely manner.

___ If my student chooses not to abide by the Eastside Academy “Non Negotiables” (as outlined in the handbook) he/she will be responsible for meeting with his/her advisor and possibly suspension and/or expulsion.

___ I will ensure that my student has transportation to and from school.

___ I will ensure that my student has all the necessary supplies for school (ie; bus money, paper, pens, sports attire, etc.)

___ I will participate in parent support groups and counseling sessions if requested.

___ I agree to let my student meet regularly with a counselor as part of their commitment to Eastside Academy. I understand that this counseling commitment will last only as long as my student is enrolled in the Academy.

___ I understand that my student will be given a drug/alcohol assessment and based on needs identified in that assessment will commit to a recovery plan (including attend substance abuse and recovery programs).

___ I agree to let my student participate in Eastside Academy’s mentoring program.

Mother/Guardian Signature: _____

Father/Guardian Signature: _____

Date: _____

STUDENT QUESTIONNAIRE

Please write your responses to the following questions **on both sides**.

Name: _____ Date: _____

Personal Cell Phone #: _____

Names of friends/relatives currently attending or who have previously attended EA:

Please answer the following questions:

1. In at least one full paragraph please explain why you want to attend Eastside Academy and/or tell us why you believe Eastside Academy will be a positive setting for you?
2. Describe your special interests, talents and skills.
3. Describe any activities (sports, music, clubs, etc.) you have participated in. Explain which ones were most important to you?
4. What are your goals and/or dreams for the future?
5. What areas in school have you felt the most successful in?
6. What areas in school have you struggled with the most?

7. What personal/family issues have been the most positive for you this past year?

8. What personal/family issues have been the most challenging for you this past year?

9. Did you take and pass Washington State History in Middle School?
Yes _____ No _____

10. What have you done this past year that you are most proud of?

11. What have you done this past year that you are least proud of?

12. What do you think it means to attend a Christian school? How do you feel about doing that?

13. What do you think about God?

14. What does “being committed to growth” mean to you?

15. Is there anything else you would like us to know about you?

STUDENT COMMITMENT

Welcome to Eastside Academy. In order for you to be successful at Eastside Academy you must commit to embracing growth. Outlined below are items that will lead to healthy growth during your time at Eastside Academy. Please read and consider each item carefully and decide if you are willing to commit.

I, _____ am committed to the following:
(Student's Name)

Please initial each statement in the space provided.

Student Parent/Guardian

- _____ 1. I will participate actively in the EA community and take advantage of opportunities to grow.
- _____ 2. I will abstain from the use of alcohol, drugs, tobacco and firearms on campus and at school-related events.
- _____ 3. I will show respect for others (students, volunteers and staff members) and their personal property and the school's property.
- _____ 4. I will participate by cooperating in field trips, service days, retreats and all other activities that are considered to be a part of the school curriculum.
- _____ 5. As part of Eastside Academy, I realize I will be assigned a counseling intern to meet with regularly. I agree to work with this counselor in a positive manner.
- _____ 6. I will commit to regular attendance of, full participation in and completing all assignments in my classes at Eastside Academy.
- _____ 7. I agree to find peaceful solutions to any conflict involving staff/administration.
- _____ 8. I agree to comply with all requests for U.A.s from the staff of Eastside Academy.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____