

Taylor ISD Achievement Program Application 2024-2025



The School of Endless Opportunities!

Educate. Accelerate. Graduate.

Frequently Asked Questions when completing the Achievement Application:

-Who may attend Achievement? Any student in grades 11-12 enrolled in Taylor ISD may apply to attend. Grades 9-10 may attend given special circumstances.

-Will I be able to graduate with my peers or does Achievement have a separate graduation? BOTH! Achievement has monthly graduation/course completion ceremonies to celebrate our students who are finishing their academic course load early. You are still a student of Taylor High School, so of course you can participate in the large graduation ceremony in May if you choose.

-What does the learning environment at Achievement look like? Students work on Edgenuity in a self-paced learning environment. Edgenuity offers standards-aligned video-based curriculum for high school blended learning environments. The program allows educators to customize the curriculum for their students, who monitor their own progress while completing lessons, assessments, and interactive activities. The courses are completely self-paced so students can take them as quickly as they want. We have learned that working on average 3 hours minimum a day, a student can finish up to 2 courses a week.

-Will students who attend Achievement still be able to attend after school senior activities at THS? Yes

-How long will I have to remain at Achievement before I can return to Taylor High School Campus? Students must remain at Achievement until the end the semester.

-Will transportation be provided? Yes. We provided transportation to and from Achievement for full day students.

-Is Achievement where the kids that get in trouble go to school? No, Achievement is TISD alternative school of choice we are not the DAEP. To

attend Achievement students must apply, go through an interview process, and meet specific criteria to be accepted.

-What criteria do students need to meet to apply for the accelerated program at Achievement? Have a strong sense of self-motivation and need to succeed and be able to work independently without direct instruction. Good attendance is essential to be successful at Achievement

- The completed application has been turned in, now what? We will review your application and look at your school records. This will be followed up with an interview. After the meeting, we will let you know if you are accepted or not.

Please Print Neatly

TO BE COMPLETED BY THE STUDENT:

Today's Date: _____

Student's Name:

(First) (Middle Initial) (Maiden) (Last)

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address _____

If different from Home Address

Phone: (_____) Alternate Phone #: (_____)

Student Email: _____ Student Cell phone number: _____

Date of Birth: _____ / _____ / _____ Current Age: _____ Sex: M / F
(Month) (Day) (Year)

With whom do you live? _____

Parent name: _____

Work/ Cell #: _____ Email: _____

Parent name: _____

Work/ Cell #: _____ Email: _____

Guardian: _____

Work/ Cell #: _____ Email: _____

Spouse's Name: _____

(If Applicable)

Work/ Cell #: _____ Email: _____

PERSONAL INFORMATION:

Do you have children or are you expecting? YES NO (circle)

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Children's names and ages:

Who cares for them while you are at school? _____

Do you currently have a job? YES NO (circle) Place of Employment _____

How many hours do you work per week? _____ How long have you been employed? _____

What is your career goal?

Do you plan to further your education after high school? YES NO

College _____ Trade _____ Other _____

If you do not attend college or a trade school, what will you do after high school graduation?

Student Short Essay:

Briefly discuss why the Achievement Program should accept you and what your future plans are after high school.

TO BE COMPLETED BY THE PARENT:

Emergency contact name: _____ Emergency home phone _____

Work phone: _____ Relationship to the student: _____

Please list medical conditions diagnosed by a doctor and/or any illnesses, accidents or other issues we should be aware of: _____

Please list any medications that the student takes regularly (medication will need to be approved by the home campus school nurse). _____

How will the student get to school? _____

Parent Comments/Input:

Will you fully support this student in attending Achievement? YES MAYBE NO

I have carefully reviewed the Achievement application form and understand the selection process for the Achievement Program. I will be required to attend the interview with my child/spouse when it is scheduled. At the time of the interview, I will be prepared to ask any further questions regarding the school or curriculum.

(Parent's Signature)

(Date Signed)

SCHOOL INFORMATION:

Current/ Last Grade Level: _____ Student ID: _____

Number of Credits Awarded: _____

Counselor's Name: _____

Are you a school dropout? YES NO If yes, when did you stop attending school? _____

Have you ever been retained? YES NO If yes, what grade(s): _____

Special Education? YES NO

504? YES NO

Limited English Proficient Student (ESL or bilingual)? YES NO

Gifted & Talented? YES NO

Honors Program? YES NO

How would you rate your reading ability? Excellent Fair Poor Which

Select the EOC's that you have successfully completed.

English 1 _____ *English 2* _____ *Biology* _____ *Algebra 1* _____ *US History* _____

LATE ARRIVAL / EARLY RELEASE FORM

This is a preference sheet only. It does not guarantee the student a half day time slot.

EARLY RELEASE (7:30am-11:30am)

*Student must have own transportation

LATE ARRIVAL (11:30am-3:30pm).

*Student must have own transportation

Full Day (8am-3:30pm)

*Transportation Available

STUDENT'S NAME: _____

(First & Last)

Students must follow these regulations:

- Provide their own transportation to participate in the *Early Release Program and Late Arrival Program*
- Maintain satisfactory progress in all classes and daily attendance
- Vacate the school building immediately upon release
- Have this form signed by the student *and* the parent/guardian.
(No exceptions will be made for 18-year-olds.)

*** Final Determination of Schedule Remains with Director of TOC*

CONSENT FORM

We have read the criteria for late arrival / early release and understand the expectations. I am requesting that my student have his/her schedule amended to facilitate either late arrival/early release. We understand that we assume sole responsibility for the health and safety of the student during released times.

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____