

*Applications must be returned or postmarked by Monday, August 3rd in order to begin with the Alpha Program the first day of school. You may return completed applications to either the Alpha program or the student's guidance office.

2020-2021 APPLICATION FOR ENROLLMENT

Mifflin County School District

ALPHA PROGRAM

PHONE: 717-447-2655

501 6th Street
Lewistown, PA 17044

email: cmg29@mcSDK12.org



****Please print the information on this page. ****

Name: _____

MCSD Student Number: _____

Name of parent/guardian: _____

Address: _____

(Zip Code)

Parent/Guardian email: _____

Parent/Guardian cell phone: _____

Home phone: _____

Parent/guardian work phone: _____

Student cell phone: _____

Student MCSD email: _____

Name of parent/guardian: _____

2020-2021 grade: 7 8 9 10 11 12 _____

Present school: _____

Parent/guardian email: _____

Date of birth: _____

Parent/guardian cell phone: _____

Parent/guardian work phone: _____

Current school counselor: _____

When do you want to start at the Alpha Program? _____

Do you have an IEP? YES NO

Do you have a 504 plan YES NO

School Counselor Notes:

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Go to the website www.careercruising.com. Log in with your MCSD skyward username and password *(this can be done at a later time after the school year starts)

1. Click Assessments at the top of the page.
2. Click Start Career Matchmaker.
3. Enter today's date as the matchmaker label
4. Click Start Now.
5. After answering the like/dislike questions your results will appear.
6. You may filter your results based of the education level you hope to attain.
7. **Print your results and attach** that document to your application

In 3-5 sentences, tell us about yourself. What are your interests/hobbies?

Please indicate your goal(s) for after graduation.

The applicant and parent(s)/guardian must read the following and sign below to indicate that they understand and agree to these terms:

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We, the undersigned, are aware and agree that the counselor or administrator of the Alpha Program will contact the counselor and/or administrator of the school that the applicant last attended to get information concerning the academic, attendance, and discipline record of the applicant, to help determine the status under which the applicant may enroll in the Alpha Program.

We, the undersigned have explored the philosophy and structure of the Alpha Program and wish to apply to enroll. We understand that having made the choice to apply to the Alpha program that we are committing ourselves to work with the Alpha community (staff, parents and students) to help the applicant have a successful learning experience in the program. We also understand that if the program does not prove to be the appropriate educational structure, or if the applicant does not assume responsibility to meet the expectations of the program, the staff or advising team may decide that the student must transfer from the program to pursue her/his secondary education elsewhere.

We, as parents, understand that once our child is enrolled, we must commit time to help with her/his education. The minimum expectation is involvement in team meetings as needed. Our signatures indicate permission for our child to enroll in the Alpha Program and our commitment to attend team meetings to help our child attain her/his educational goals.

List the names (at least two, including the student) of those who will be attending the team meetings:

Student (Print)

Parent/Guardian (Print)

Parent/Guardian (Print)

Other (print)

Signature of Student

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date