

HAZELWOOD SCHOOL DISTRICT

Opportunity Center Application



The Hazelwood Opportunity Center is located at 1865 Dunn Road, St. Louis, Mo. 63138. The Opportunity Center consists of full, and half day programs designed to serve high school students in need of an alternative setting to assist them in getting on track to meet the requirements for graduation. The staff of the program will assist students in developing, and implementing, a tailored plan for earning their high school diploma and pursuing their post-secondary goals. Parents/guardians and students are required to read the informational brochure about the program prior to completing the referral form.

This form is to be completed with the school counselor and approved by the building principal.

Please select one of the programs listed below:

Success Academy	Project Restart Finish Line MO-OPS					
Student and Parent Information Section						
Student Name: Last First	Student ID#:					
Date of Birth: Age:	Gender: Male / Female (please circle)					
Student's Cell Number:	Student's Email Address:					
Student Address: Street City State	Zip Code Home Phone Number:					
Parent/Guardian:	Email Address:					
Parent/Guardian Cell Number:	Work Number:					
Parent/Guardian:	Email Address:					
Parent/Guardian Cell Number:	Work Number:					
	Student Section					
School Currently Enrolled:	Grade:					
Attendance %	Credits Earned:					
Does student have an IEP or 504 Plan?	Yes/No (please circle)					
If yes, provide the name of the Case Manager	r:					

Opportunity Center Student Questionnaire

The purpose of this form is to provide students with the opportunity to share information about themselves, including their goals and aspirations. This information provides the staff of Opportunity Center with baseline information to begin development of your individualized path/plan for graduation and beyond. Please share your thoughts and know that whatever information provided will be kept confidential.

		Demogr	aphic Informa	ation	
Student Name:			Stude		Grade:
Last	Fi	rst M	.I.		
Favorite subject(s):					
	2				
	3				
		College a	nd/or Career	Goals	
What plans/goals do	you have imme	ediately after g	raduating from	high school?	
		.	CNI LICI		
What are some of you	ur maior arass	` '	of Need /Con		opriate area and/or write down
any item not listed.	ui iliajoi aitas	of fieed/concer	II! FICASE CIICCI	k iii tiie appro	opriate area and/or write down
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Attendance		Better Study	Habits	Anger Ma	nagement
Discipline		Teen Parent		Alcohol/D	rug Δhuse
Discipline				Alcohol/D	rug Aouse
Counseling S	upport	_Improve Rela	ationships with	Parents	
Other (Everylages	سد واردادها ارداد	mlaxxmaant tuan.	amontation ata`	`	
Other: (Examples co. 1.	uid include em)	
J					
		Additi	onal Informat	tion	
Please share any add	itional informa	tion you can th	ink of to help t	he staff of the	e Opportunity Center to help you
reach your goals.					

Student and Parent Understanding Section

- 1. I/my student understands that acceptance into the Opportunity Center is **voluntary** and is intended for students who seek academic, social, and personal growth in a small learning environment and/are experiencing difficulty in their traditional school setting.
- 2. I/my student understands that the Opportunity Center is a "choice" for only those students having a strong desire to further their education and complete the requirements for graduation.
- 3. I/my student understands that after submission of the application they will be notified of the next steps. These steps the following:
 - a. a referral to the student's home school counselor indicating that the resources at the home school may be better suited to meet the needs of the student, a meeting will be scheduled with the Opportunity Center staff.
 - b. I/my student will be placed on the waiting list.
 - i. I/my student understands that for me/my student to remain on the Opportunity Center waiting list, I/my student must remain enrolled and attending school on a daily basis and meet minimum academic, behavioral and attendance requirements.
- 4. I/my student want(s) to be considered for enrollment in the Opportunity Center and will perform with a positive attitude, be a responsible student, maintain good attendance, be punctual to each class, and achieve to the very best of my/their ability each day.
- 5. I/my student understands that there is limited transportation offered by the Hazelwood School District to the Opportunity Center and a school bus may not come near the home. If this is the case, it is the family's responsibility to ensure transportation for myself/my student to and from the Opportunity Center daily.
- 6. I/my student have/has carefully reviewed and understood the brochure and application form.
- 7. I/my student understands that participation in extracurricular activities may be impacted by the decision to attend the Opportunity Center.

Completion	n Checklist				
All sections of the application are complete (Including a program choice on page 1.)					
A copy of the student's transcript is attached	ed.				
A copy of the student's most recent IEP Se	ervice Summary Page or 504 plan is attached.				
If not applicable check here					
The Building Principal has attached a writ	ten summary of the student's needs and/or performance				
The Building Principal has signed the appl	ication.				
All parts of the application have been completed and wi	ll be submitted to the Director of Alternative Education				
Student Signature:	Date:				
Parent/Guardian Signature:	Date:				
Counselor's Signature:	Date:				
Building Principal's Signature:	Date:				

MISSOURI OPTION PROGRAM (ONLY)

Part I: To be completed by the referring school's guidance counselor. Student's Name: Grade: Date of Birth: Age: Current total credits: Cohort Graduation Year: Is the student a 4th year senior or beyond? YES/NO Please answer YES or NO to the following: If so, how many years and when? _____ Has the student ever been retained? ½ credit of American Government is complete? _____½ credit in Health is complete? ½ credit of Personal Finance is complete? US constitution test passed? _____Missouri constitution test passed. Counselor Signature Date Part II: To be filled out by the applicant. Why do you feel you are a good candidate for the Missouri Option Program? What difficulties have you experienced in school in the past that has stopped you from succeeding? Why do you want to enroll in the Missouri Option Program as opposed to getting your Hazelwood Diploma? What do you feel are your strengths and weaknesses?

Date

Student's Signature