

2023-2024 EXCEL Academy-PASS Application

This form is to be completed by the principal and attached to the student application. Upon review of the request, this checklist will be returned to the base school in order for the school to know if the application was approved or denied.

Student Name:Base School:	
Base School:	
Grade Level:	
Additional Notes from Administrator:	
☐ Current Schedule attached	
☐ Transcript Audit Form attached	
School Input: (Completed by Administrator)	
	se School:
Student Name: Base Grade Level: Age: Current GPA:	Cohort Year:
Current Graduation Credits:	
Does the student have an active IEP (Individualized Education Plan)?	Yes No
Does the student have an active 504 Plan? Does the student have an active EL (English Language) Plan? Is this student a McKinney Vento student?	Yes No
Does the student have an active EL (English Language) Plan?	Yes No
Has this student ever: 🔲 Reported Bullying 🔲 Filed a formal l	
List strategies implemented by the local school to address academic,	behavioral, and/or social issues with this student.
Dringing Signature Data	
Principal Signature Date	
Parent/Guardian Input: (Completed by Parent)	
Relationship to student:	
Parent/Guardian Email:	
Parent/Guardian Cell Phone Number: Please provide a thorough explanation of the situation/circumstances	that result in a need for your child to be placed in the
PASS Program.	that result in a need for your emila to be placed in the
Your child will be required to attend weekly face-to-face meetings	on campus. Failure to do so will result in a

court-based truancy referral. _____(Parent Initial)

	• • •	irements, completion requirements) in	
(Parent Initial)	/III result in dismissal f	om PASS and a mandated return to the	local school.
• Does your child have perm	•	te and counseling services from outside	e agencies when appropriate
and available? Yes		(Parent Initial) ms such as JAG and WorkForce Conne	ations (Dayont Initial)
 Your child may be required <u>Student Input:</u> (Completed by 		ns such as JAG and workforce Conne	ctions(Farent Initial)
Address:	•		
Student CCBOE Email:			
Student Cell Phone Number:			
Please provide a thorough exp	lanation of the situation	circumstances that result in a need for	you to be placed in the PASS
Program.			
You will be required to atten	d weekly face-to-face	neetings on campus. Failure to do so	will result in a court-based
truancy referral.	(Student Initial		
~ -	ll result in dismissal f	its, completion requirements) in order om PASS and a mandated return to t	
How will you be transported to	o the PASS Program on	your required attendance days?	
Are you receiving counseling: If yes, from who?		e agency? Yes No	
	ents will no longer auto	ndents who are already in the program and natically roll over into the following sc	
• Orientation - All students one-time orientation with	s and parents who have the PASS administrate	een approved for the PASS Program was and counselor. The students and pare	-
Attendance/Usage contra	•	. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TC 4 1 42 4 4 11
for him/her to be on camp	pus each Tuesday and T	nursday and he/she does not attend those marked absent on days not required by	se days, CCBOE attendance
-		student should have a file that contains	
	•	nade as to the number of units complet	
be made to students who	have less than acceptal	e usage for the week. Continuous failu	re to meet minimum usage
benchmarks will result in	dismissal from the pro	ram.	
 Because PASS is an Alter extra-curricular activities 	-	um located at EXCEL Academy, studer	nts may not be able to attend
My Signature indicates indicat	tes I understand the req	irements for EXCEL Academy-PASS:	
Student	Date		
Student	Date		
Parent/Guardian	Date		
(to be completed by Dr. Dov	wdy) Application Ap	roved: Applicatio	n Denied: