

2024-2025 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.

was approved or denied.					
Student Name:					
Grade Level:					
Additional Notes from Admi	nistrator:				
☐ Current Schedule at	tached				
☐ Transcript Audit Fo	rm attached				
School Input: (Completed by A	Administrator)				
Student Name:	Age: Current GPA:	Base Sch	100l :		
Grade Level:	Age: Current GPA:		Cohort Year	··	
Current Graduation Credits:		D1 \0	17	NI	
Does the student have an active	IEP (Individualized Education I	Plan)? _	$-\frac{\text{Yes}}{\text{Vas}}$ $-$	$-\frac{No}{No}$	
Does the student have an active	504 Plan?	_	res	_ No	
Is this student a McKinney Ven	504 Plan? EL (English Language) Plan? to student?	_	Vec	- No	
	ported Bullying Filed a for				
	the local school to address acade				h this student.
r i i i i i i i i i i i i i i i i i i i		.,	,		
Principal Signature	Date				
i ilicipai Signature	Date				
Parent/Guardian Input: (Com	inleted by Parent)				
D 1 4 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
D ./G 1: E :1					
Parent/Guardian Cell Phone Nu	mber:				
Please provide a thorough expla	mber:anation of the situation/circumsta	ances that r	esult in a need	d for your child t	to be placed in the
PASS Program.					
Your child will be required to	o attend weekly face-to-face mee	etings on ca	ampus. Failure	e to do so will re	esult in a
court-based truancy referral.	(Parent Initi	ial)			

	• • •	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: