



# PARADISE CREEK REGIONAL HIGH SCHOOL



1314 South Main St. Moscow, ID 83843 • Phone: (208) 882-3687 • Fax: (208) 882-6815 • www.msd281.org/PCRHS

## APPLICATION for 2022-23 ACADEMIC YEAR

*The information requested below will provide a better understanding of your needs and aid us in providing the most appropriate educational opportunities for you. PCRHS will consider all applicants without regard to race, creed, color, gender, religion or national origin.*

PLEASE INCLUDE CURRENT TRANSCRIPT WITH APPLICATION • Date: \_\_\_ / \_\_\_ / \_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Residence Address: Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ ZIP \_\_\_\_\_

Mailing Address: Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ ZIP \_\_\_\_\_

GENDER:  Male  Female Date Of Birth \_\_\_ / \_\_\_ / \_\_\_ Age \_\_\_ Grade \_\_\_

Email: \_\_\_\_\_ Student Phone \_\_\_\_\_

Primary Language \_\_\_\_\_ Secondary Language \_\_\_\_\_

On matters regarding your application, who should we contact? (Parent, guardian, family member, etc.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

**HEALTH HISTORY** Check all boxes that apply—Your signature authorizes medical information to be placed in your file.

ADD/ADHD  Diabetes  Seizures  Mild Asthma  Severe Asthma  Other \_\_\_\_\_

Allergies (specify): \_\_\_\_\_

Do you have a life-threatening illness or condition that may require the attention of the school nurse?  YES  NO

**STUDENT STATUS: Are you applying for:**

Full-time (PCRHS Only)  Part-time / Dual Enrollment (also enrolled at another school)

If part-time, which other high school will you attend \_\_\_\_\_

Which courses do you plan to take at PCRHS? \_\_\_\_\_

**ONLINE STUDENT: Which courses do you plan to take online?** \_\_\_\_\_

Name of last school attended? \_\_\_\_\_ Currently enrolled?  YES  NO

*If you choose to change your student status at a later date, you will be asked to submit a new application to assess eligibility and appropriate placement. A student who is unsuccessful at PCRHS will not be allowed to continue to enroll in courses.*

**NOTE: Application continued on other side.** 

**AT-RISK CRITERIA** Please answer the following confidential questions:

- YES  NO Have you repeated at least one (1) grade? If Yes, which grade(s) \_\_\_\_\_?
- YES  NO Do you have absenteeism that is greater than ten percent (10%) during the preceding semester?
- YES  NO Do you have an overall grade point avg. less than 1.5 (4.0 scale)?
- YES  NO Have you failed one (1) or more academic subjects in the past year?
- YES  NO Have you scored below proficient on standardized tests?
- YES  NO Are you two (2) or more credits per year behind the rate required to graduate?
- YES  NO Have you attended three (3) or more schools within the previous (2) years?
- YES  NO Have you engaged in behavior that is detrimental to your academic progress?
- YES  NO Do you have a history of substance abuse?
- YES  NO Are you pregnant or a parent?
- YES  NO Are you an emancipated or unaccompanied youth?
- YES  NO Are you a previous dropout? If Yes, which year/grade?: \_\_\_\_\_ which school?: \_\_\_\_\_
- YES  NO Do you have serious personal, emotional, or medical issue(s)?
- YES  NO Have you been referred to this school by a court?
- YES  NO Have you ever been expelled from school?: If Yes, which school?: \_\_\_\_\_

**HAVE YOU PREVIOUSLY RECEIVED ANY OF THE FOLLOWING SERVICES?** (Check all that apply)

- Special Education/IEP  English As A Second Language  504  Gifted / Talented

**ARE YOU CURRENTLY RECEIVING ANY OF THE FOLLOWING SERVICES?** (Check all that apply)

- Special Education/IEP  English As A Second Language  504  Gifted / Talented

**WHAT IS YOUR LIVING SITUATION?** (your response may qualify you to receive additional services):

- I live in a house that my family owns or rents  I am temporarily living with other friends or family

I hereby certify that all information given in this application is true and correct, and I understand if I am accepted by PCRHS, I must adhere to all school rules, policies and guidelines. I understand that attendance in all classes is mandatory, and that failure to attend classes may result in being dropped from PCRHS courses. I understand that I will not be accepted into the program until interviewed.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor's signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's signature \_\_\_\_\_ Date \_\_\_\_\_

Student accepted?  YES  NO