

BEAUFORT COUNTY SCHOOL DISTRICT
STUDENT SERVICES

1300 King Street Post Office Drawer 309

Beaufort, South Carolina 29901

APPLICATION FOR 17 YEAR OLD STUDENTS TO ATTEND ADULT EDUCATION

Student's Name: _____ Race: _____ Sex: _____
(Please Print)

Parent/Guardian Name: _____ Phone: _____
(Please Print)

Address: _____ City: _____ State: _____ Zip _____

Date of Birth: _____ Age: _____ Current Grade: _____

School now attending or Last Attended: _____

This application must include the following Information for processing.

- 1. Student Statement**
- 2. Parent Statement**
- 3. Guidance Counselors Recommendation**
- 4. School Administration's Recommendation**
- 5. Adult Education Director's Recommendation**
- 6. Transcript Attached**
- 7. Attendance Profile Attached**
- 8. Discipline Record Attached**

STUDENT'S STATEMENT:

1. Why do you wish to attend Adult Education classes?
2. Have you been counseled this year concerning your academic status by any of the following people? (Please check all that apply)

Guidance Counselor _____ Social Worker _____ Principal/Asst. Principal _____

AGREEMENT: If I am allowed to attend Adult Education classes, I will abide by all rules and regulations set by the Director of Adult Education. I also understand that if I do not meet these rules and regulations, I will be dismissed from Adult Education classes.

Student's Signature _____
Date

PARENT/GUARDIAN STATEMENT:

1. Why do you want your child to attend Adult Education classes?
2. Has there been any communication between you and school official's concerning your child's Academic status this year? (Please check all that apply)

_____ Guidance Counselor _____ Social Worker _____ Principal/Asst. Principal

AGREEMENT: If my child is allowed to attend Adult Education classes, I understand that he/she must abide by all rules and regulations set by the Director of Adult Education. I also understand that if my child does not meet all rules and regulations, he/she will be dismissed from Adult Education classes.

Parent/Guardian Signature _____
Relationship to Student _____
Date

GUIDANCE COUNSELOR'S RECOMMENDATION

1. Have you counseled this student recently concerning his/her academic status? _____
2. Through your counseling, has this student shown a career interest/direction?
Please comment: _____
3. What interventions have been employed through your counseling to re-focus this student toward remaining in the regular high school setting?
4. Do you recommend this student for Adult Education? _____ Why? _____

Counselor's Signature _____
Date

SCHOOL ADMINISTRATION RECOMMENDATION:

- 1. Credits earned _____ Credits Attempted _____
- 2. Did student repeat a grade? _____
- 3. Has this student been suspended during this school year? _____
The number of times _____ and reasons _____

Is this a student with a disability _____ IEP _____ Section 504 _____

Have other interventions been utilized to keep this student in regular high school prior to recommending this student for Adult Education? (Check all that apply) _____ Credit Recovery

_____ Evening School/Alt _____ School to Work _____ SIT Team
_____ IEP/504Plan _____ Mentor _____ Expectations Team
_____ Behavior Management: _____ Comments:

Principals Signature: _____ **Date:** _____

ADULT EDUCATION DIRECTORS COMMENTS AND RECOMMENDATIONS:

Education Director's Signature: _____ **Date:** _____

Beaufort County Board of Education Approval:

Action Taken by School Board: Approved: _____ **Declined:** _____ **Date:** _____

Comments: _____

Why Students Leave High School: A Survey of 17 year-old Applicants for Adult Education

Please circle the statement that best describes you or your situation.

1. Why did you leave high school to attend adult education?
 - a. Too many absences to earn credit for my classes
 - b. Failing classes in school
 - c. Poorly prepared for high school and could not keep up
 - d. Not motivated to complete school work
 - e. Spent too much time with peers who were not interested in school
 - f. Had too much freedom and not enough rules in my life
 - g. Other (please state) _____

2. Please check the answer that best describes your interaction with teachers and school staff.
 - a. There was at least one teacher or staff member who personally cared about my success.
 - b. There was at least one teacher or staff member to whom I could talk about school problems. ____
 - c. There was at least one teacher or staff member to whom I could talk about my personal problems.
 - d. Other (please state) _____

3. Please circle the answer that best describes the real life event that interfered with your schooling.
 - a. Had to get a job and make money
 - b. Became a parent
 - c. Had to take care of a family member
 - d. Fell behind because of substance abuse
 - e. Other (please state) _____

4. Please circle the answer that best describes your parents' involvement in what was happening at school.
 - a. My parents were very involved with what was happening at school.
 - b. My parents work schedule kept them from keeping up with what was happening at school.
 - c. My parents had little involvement in what was happening at school.
 - d. My parents basically had no involvement with what was happening at school.
 - e. Other (please state) _____

5. Please circle the response that answers the following: What do you believe would have improved your chances of graduating from High School?
 - a. Teaching and curricular to make school more relevant
 - b. Ensure strong adult -student relationships within the school
 - c. Caring teachers and staff that students can talk to if there is a problem.
 - d. Improve communication between parents and school, getting parents involved.
 - e. Parents make sure their children go to school every day.
 - f. Increase supervision at school: ensure students are in classes.
 - g. Other (please state) _____