



# Watson High School

## APPLICATION FOR ADMISSION

Date of Application: \_\_\_\_\_

**Student Information:**

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Current Grade \_\_\_\_\_ Sex: Male Female SS# \_\_\_\_\_

Home Campus (circle one) Boswell Saginaw Chisholm Trail Eagle Mountain

Home  
Address

**Watson High School**  
**PERSONAL EDUCATION PLAN**  
**To be COMPLETED by the STUDENT**

**Dear Prospective Student:**  
**As part o**

**Watson High School**  
**STUDENT PROFILE**  
For School counselor/administrator use only

Student Name \_\_\_\_\_

Freshman Year: \_\_\_\_\_

**Check all areas that apply:**

**Personal:**

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Rehabilitating drug/alcohol user | <input type="checkbox"/> Pregnant  |
| <input type="checkbox"/> Disruptive home/family situation | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> History of abuse in family       | <input type="checkbox"/> Married   |
| <input type="checkbox"/> Health issues                    | <input type="checkbox"/> Divorced  |

**Economic:**

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Eligible for Free/Reduced meal plan | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Self-Supporting                     |                                   |

Other economic hardships \_\_\_\_\_

**Social:**

- |   |  |
|---|--|
| <input type="checkbox"/> Adjudicated  | <input type="checkbox"/> Antisocial Behavior |
| <input type="checkbox"/> Self-Esteem  | <input type="checkbox"/> Unmotivated         |
| <input type="checkbox"/> Non-participant in school activities/organizations |  |

**Behavior:**

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Referred for truancy   | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Placement in Discipline A.E.P.   | <input type="checkbox"/> Detention  |
| <input type="checkbox"/> On-Campus Suspension   | <input type="checkbox"/> Expelled   |
| <input type="checkbox"/> Currently on probation, parole, deferred prosecution, or other conditional release |                                     |

If yes, name of probation officer \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**Alternative Educational Strategies that have been utilized:**

- |   |   |
|---|---|
| <input type="checkbox"/> Tutorials                          | <input type="checkbox"/> Referred to Psychologist           |
| <input type="checkbox"/> Program                            | <input type="checkbox"/> Referred for Counseling            |
| <input type="checkbox"/> Capture                            | <input type="checkbox"/> Referred for Special Ed.           |
| <input type="checkbox"/> Individualized instruction         | <input type="checkbox"/> Referred to Intervention Counselor |
| <input type="checkbox"/> other: <i>please specify</i> _____ |   |

**I certify that the information provided is the most current, accurate, and complete information available.**

\_\_\_\_\_  
 Administrator Extension # Date

\_\_\_\_\_  
 Counselor Extension # Date

**Watson High School  
STUDENT PROFILE  
CAMPUS RECOMMENDATION**

FOR SCHOOL COUNSELOR/ADMINISTRATOR USE ONLY

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Referring Person \_\_\_\_\_

\_\_\_\_\_ Counselor

\_\_\_\_\_ Administrator

**Please include any additional information that would help the staff of Watson High School determine whether or not the program is appropriate for the student.**
