



The purpose of Haywood Early College is to provide a unique and challenging educational program that prepares students for a successful transition to college, work and life. The vision of our school is for every student to graduate with a High School Diploma and an associate of arts degree.

Haywood Early College is a five year program in which students can earn a high school Diploma and College Credits. A number of students meet the high school diploma and AA degree requirement in less than 5 years. Students who attend Haywood Early College must be genuinely interested in participating in a rigorous academic program.

The application process for admission to Haywood Early College begins with the student and his/her family completing the given application paperwork. The paperwork is a collection of the student's school and home information. The information is used to determine if the early college experience will benefit the student. Please contact us at 828-565-4000 with any questions. Acceptance to HEC is based on committee review of the application and number of openings.

Thanks for taking the time to apply to Haywood Early College,

A handwritten signature in black ink, appearing to read "Jeff Haney", written in a cursive style.

Mr. Jeff Haney

Principal

Haywood Early College has the following admissions criteria:

- Application for Admission
- Student Contact Information
- Parent/Legal Guardian Information
- Household Information
- Applicant's Characteristics
- Student Information/Essay-Clear and well-developed written responses by student
- Academic and Administrative Information- Grades, Test results, Attendance, Discipline
- Cumulative Record Information

Complete the Application Paperwork and return by April 4, 2017 due date.

Haywood County schools and Haywood Community College thank you for your interest in our school. Please submit the completed application packet to:

Haywood Early College
185 Freeland Dr. Clyde, NC 28721
Phone: 828-565-4000 Fax: 828-627-4555

APPLICATION FOR ADMISSION TO HAYWOOD EARLY COLLEGE

Parent/Guardian involvement is an important part of the success of Haywood Early College. We believe that parental involvement and communication is a vital support system for our students. You know your child, by signing below; you acknowledge that the information supplied in this document is accurate. If you need assistance in completing the application or if you have any questions, contact us at 828-565-4000.

Parent/Guardian: _____

Date: _____

Student Contact Information

2017-2018

Please fill out the contact information below so we may update changes to PowerSchool as needed. This will ensure that we have the correct contact information for the safety of your child in case of emergencies, and that you receive any important messages that we may send out through the school year.

Student Name _____

Mailing Address _____ City _____

State _____ Zip _____ Student Email Address _____

Home Phone # _____ Student Cell Phone # _____

Parent Name _____

Parent Cell Phone # _____ Parent Daytime Phone # _____

***Number you would like to receive school messages from _____**

Emergency Contact Person _____ Phone # _____

Emergency Contact Person _____ Phone # _____

***Please list any person that will be allowed to pick up or check out your student from school.**

Name _____

Relation to Student _____ Phone # _____

Name _____

Relation to Student _____ Phone # _____

Name _____

Relation to Student _____ Phone # _____

Parent Signature: _____

Please add any helpful information regarding your child that we should be mindful of.

PART B:**PARENT/LEGAL GUARDIAN INFORMATION**

(to be completed by applicant's legal guardian only)

FATHER OR MALE LEGAL GUARDIAN

Name: _____ Marital Status: _____

Relationship to Student: _____

Street Address: _____

Mailing Address (if different) _____

How long have you lived in Haywood County? _____

Years

Months

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address(es) _____

Occupation _____ Place of Employment _____

How long have you worked there? _____

Years

Months

Did you graduate from High School? Yes No If not, last grade completed _____

Did you attend college? Yes No If so, highest degree earned _____

MOTHER OR FEMALE LEGAL GUARDIAN

Name: _____ Marital Status: _____

Relationship to Student: _____

Street Address: _____

Mailing Address (if different) _____

How long have you lived in Haywood County? _____

Years

Months

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address(es) _____

Occupation _____ Place of Employment _____

How long have you worked there? _____

Years

Months

Did you graduate from High School? Yes No If not, last grade completed _____

Did you attend college? Yes No If so, highest degree earned _____

HOUSEHOLD INFORMATION

Please Print Responses to All Written Questions.

Yearly Household Income:

(Include all financial support, i.e. child support, social security, disability, etc.)

Circle One:	\$0-\$20,000	\$20,001-\$40,000	\$40,000-\$60,000	\$60,000 +
-------------	--------------	-------------------	-------------------	------------

EMPLOYMENT STATUS:	E1: 1-10 hours	E3: 21-40 hours
	E2: 11-20 hours	E4: Unemployed

Applicant's Siblings:

NAME	AGE	SCHOOL
1.		
2.		
3.		
4.		

If a sibling has completed high school, please indicate if he/she has any higher education (i.e., community college, 4-year College or university, etc.) _____

If a sibling dropped out of high school, please indicate if he/she obtained a GED. **Yes No**

Does your child have access to the internet at home? **YES NO**

Does your child have access to: (circle all that apply)

Desktop Computer

Laptop Computer

Tablet

Other: _____

APPLICANT'S CHARACTERISTICS:

Please circle the top five 5 characteristics that you have observed.

Enjoys school	Accepts academic challenges
Communicates ideas effectively	Respectful of others
Completes tasks in a timely manner	Acts maturely
Works independently	Motivated
Demonstrates integrity/honesty	Accepts responsibility
Works well in a group	Shy/Reserved
Outgoing personality	Exhibits leadership skills

1. Explain why you want your child to attend Haywood Early College.

2. Describe your child's strengths that would make him/her a successful Haywood Early College student.

3. Describe any challenges that might affect your child's ability to be successful in Haywood Early College.

STUDENT INFORMATION/ESSAY

Haywood Early College is not a traditional high school. Students who choose to attend this school are motivated individuals. They will complete four years of high school and two years of college in 5 years or less. Haywood Early College is seeking students with specific personality and behavior traits that will enable them to successfully complete this rigorous program.

We ask that you complete the following:

1. List any school or community activities that you have been involved in and/or any awards that you have received.

2. What genre do you prefer to read and what are you currently reading?

3. What is your favorite type of media, music, movies, television, why?

ESSAY CRITERIA

To assist the committee in selecting the appropriate students for our school, we ask that you attach a hand-written essay of 3-5 paragraphs describing why you are suited for the early college learning environment. Please include three specific reasons with supporting details.

There are no correct or incorrect answers; rather, the committee wishes to learn who you are and to determine if the early college experience is suitable for you. Develop your essay with a direct yet creative approach. The essay does not need to share your past accomplishments, but it should reflect the real reason that you feel like the early college is the place for you.

We want to know you, your dreams and aspirations. Tell us about you.

(You can write below or use a separate sheet of paper)

STUDENT PLEDGE

By signing below, I note that I have worked solely on my own in the writing of my responses called for on this application.

Student Signature: _____

Date: _____

STUDENT INFORMATION

The information on this application is confidential. With the exception of the directory data, this information will not be released to anyone without your knowledge and prior consent.

PART D:**ACADEMIC AND ADMINISTRATIVE INFORMATION**

(to be completed by applicant's counselor only)

APPLICANT'S NAME _____ SCHOOL _____

RETURN THIS APPLICATION TO YOUR COUNSELOR BY _____

DEADLINE FOR MAILED APPLICATIONS TO BE RECEIVED IS _____

Parents and Students: PLEASE DO NOT WRITE ANYTHING ON THIS PAGE.**This page is to be completed by applicant's counselor.**

(Counselors, please PRINT all information.)

GRADES AND COURSE SELECTION

<u>8TH GRADE</u>	<u>7TH GRADE</u>	<u>6TH GRADE</u>	<u>5TH GRADE</u>
Language Arts _____	Language Arts _____	Language Arts _____	Language Arts _____
Math _____	Math _____	Math _____	Math _____
Science _____	Science _____	Science _____	Science _____
Social Studies _____	Social Studies _____	Social Studies _____	Social Studies _____
Electives _____	Electives _____	Electives _____	Electives _____
Electives _____	Electives _____	Electives _____	Electives _____
Electives _____	Electives _____	Electives _____	Electives _____
Electives _____	Electives _____	Electives _____	Electives _____

END OF GRADE TEST SCORES

GRADE	READING			MATH			WRITING		COMPUTERS	
	SCALE SCORE	%	LEVEL	SCALE SCORE	%	LEVEL	SCORE	LEVEL	SCORE	PASS/FAIL
5										
6										
7										

EXCEPTIONAL CHILDREN/SECTION 504 INFORMATION (Check all that apply.)

- Not identified (No EC/Section 504 plans, services, or modifications)
- Identified as EC Classification _____ Area _____
- EC services, specified modifications _____
- EC consultative services only
- Section 504 Plan accommodations _____

ADMINISTRATIVE/DISCIPLINARY STATUS

Please print and attach the student's Incident/Discipline report

ATTENDANCE**Absences Tardies**

8 th	_____	_____
7 th	_____	_____
6 th	_____	_____

RETENTIONS
 No _____
 Yes _____ Grade Level(s)

I certify that this information is correct to the best of my knowledge.

Counselor Signature _____ Date _____

INFORMATION FOR CUMULATIVE RECORD OF PUPIL RETURN AS SOON AS POSSIBLE

INFORMATION CONCERNING PUPIL

Student legal name:		(Nickname):	
Place of Birth: City:	County:	State:	
Date of Birth:	Age:	Grade:	Gender:
Phone Number:		Unlisted _____	
Select One or More Race: American Indian or Alaska Native _____ Asian: _____ Black or African American: _____			
Native Hawaiian or Other Pacific Islander: _____ White: _____			
Ethnicity: Hispanic or Latino: _____ Not Hispanic or Latino _____			
Present Mailing Address:			
Community or Street:			
Social Security Number ^(optional) :		Medicaid I.D. Number:	
Are there any Health Problems of which we should be aware?			
Did your child attend pre-school program: Yes _____ No _____ If Yes, number of Years _____			
Place:	City:	State:	

INFORMATION CONCERNING FATHER

Father or Stepfather's Name:		Place of Birth:	
Mailing address if different from above:			
Last grade Father/Stepfather attended in school:		Occupation of Father/Stepfather:	
Place of Work:	Employer Address:		
Employer Phone #:	Cell Phone:		
If Father/Stepfather is not living, give date of death:			

INFORMATION CONCERNING MOTHER

Mother/Stepmother's Name (include maiden name):		Place of Birth:	
Mailing address if different from above:			
Last grade Mother/Stepmother attended in school:		Occupation of Mother/Stepmother:	
Place of Work:	Employer Address:		
Employer Phone #:	Cell Phone:		
If Mother/Stepmother is not living, give date of death:			

INFORMATION CONCERNING FAMILY

Does pupil live with someone other than parents? Yes _____ No _____	
If yes, with whom:	Relationship:
Total number of boys in family:	
Total number of girls in family:	
Full name and age of older children: Boys:	Girls:
Full name and age of younger children: Boys:	Girls:

EMERGENCY INFORMATION OTHER THAN PARENT OR GUARDIAN

Contact Person:	Relationship:	
Home Phone:	Work Phone:	Cell Phone:
Contact Person:	Relationship:	
Home Phone:	Work Phone:	Cell Phone:

GENERAL INFORMATION

Has student attended school in Haywood County before?	If so, where?
Last school attended:	
Address of last school attended:	
Special check out instructions if any:	
Transportation: Bus Number:	Car Rider: Walker:
List people allowed to pick your child up (including inclement weather)(Use back if necessary):	
Does your child have an I.E.P.?	
Custody papers on file: Yes _____ No _____	
Personal phone number you want Alert Now System to call:	
Do we have permission to use your child's name/photograph in the media? Yes _____ No _____	