Back on Track
Middle School Program

2061 East Holly Grove Road
Lexington, North Carolina 27292
Phone: (336) 242-1459
Fax: (336) 242-1465
http://www.davidson.k12.nc.us/davidsoncountyhighschool
Ronda Fletcher
Principal

A commitment to educating one student at a time in Davidson County since 1975

Dear Potential Back on Track Student:

Thank you for your interest in the Back on Track program. Please complete and return the application packet to begin the application process. Once your application has been received, please allow at least two weeks for your application to be processed. You will be contacted to schedule an interview with the Back on Track selection committee at the phone numbers listed on your application.

- **Please return your admission packet in its entirety. We will not begin reviewing your packet until we receive all documents.**

Please follow the checklist below when turning in your admission packet:
❏ Student has completed the two page application
❏ Application: Has it been signed by both the student & parent?
❏ Home Language Survey: Has it been completed and signed by the parent?
❏ Student has completed the Student Self-Referral Form
❏ The School Counselor/Administrator recommendation form has been completed and sealed in an envelope.
Please provide teacher/counselor/administrator's name _____

We look forward to reviewing your application!
If you have any questions, please call our office at (336) 242-1459 (Monday – Friday, 8:00 a.m. – 4:00 p.m.)
To return your application, please mail or drop-off at:
Davidson County High School
2061 East Holly Grove Road
Lexington, NC 27292
Or Fax to (336) 242-1465

Check out our website:

www.davidson.k12.nc.us/davidsoncountyhighschool

For Davidson County High School
Office Use Only

Date Received:_____

Follow up:
_____

Interview
Date:_____

Status:_____

DAVIDSON COUNTY SCHOOLS
Back On Track
STUDENT APPLICATION

I. Personal Information

Applicant's (Legal) Name _____ | _____
Last First Middle Preferred Name

D.O.B. _____ SSN: _____ School: _____ Student ID #_____

Ethnic Heritage: (Check One) White_____ Black_____ American Indian___ MultiRacial_____ Hispanic_____ Asian/Pacific Islander_____

Student Information:	Is this your mailing address?
Street Address_____	If no, please specify:
City_____ State_____ Zip_____	_____
Student Home Phone ( ) _____	_____
Student Cell Phone ( ) _____	_____
Student Email Address _____	

Additional Biographical Information:

Does the student applying for admission have children? ☐ Yes ☐ No **If yes, does the child live with the student**? _____

Does the student work? ☐ Yes ☐ No Number of hours worked weekly _____ _____

II. Parent/Guardian Information

Parent/Guardian 1: _____

Employer: _____

Work Phone: _____

Cell Phone: _____

Parent Email Address:_____

Parent/Guardian 2: _____

Employer: _____

Work Phone: _____

Cell Phone: _____

Parent Email Address: _____

The student resides with (Check one):

____ Both Parents
____ Mother Only
____ Father Only
____ Mother/Step-Father
____ Father/Step-Mother
____ Grandparents
____ Legal Guardian
____ Living on their own
____ Spouse
____Other ( )

III. Emergency Contact Information

Contact 1 _____ Contact 2 _____

Relationship to Student_____ Relationship to Student_____

Address_____ Address_____

Phone #: _____ Phone #: _____

IV. Curricular & Extracurricular Activities

Is the student identified in the Academically Gifted education program? ☐ Yes ☐ No

Does this student have a 504 plan? ☐ Yes ☐ No If yes, please provide a copy

Is this student an ESL student (English as a second language)? ☐ Yes ☐ No

Has this student ever been identified in the exceptional children's/special education program? ☐ Yes ☐ No

* If yes, please provide a copy of IEP.

Is this student currently identified in the exceptional children's/special education program? ☐ Yes ☐ No

* If yes, please provide a copy of IEP.

What subject(s) do you consider your strengths? _____

In what subject(s) have you had the most difficulty? _____

What colleges are you interested in attending?_____

What profession(s) or vocation(s) are you considering? _____

Check the activities that you have participated in:

_____ Chorus _____ Student Government _____ Honor Societies _____ Band _____ Newspaper

_____ Creative Arts _____ Service Organization _____Yearbook

Other_____ Sports (Specify): _____

In compliance with federal law, Davidson County Schools administers all educational programs, employment activities and admissions without discrimination against any person on the basis of sex, race, color, religion, national origin, age of disability.

To the best of my knowledge, the information in this application is true and accurate. By signing below I give permission for my child to be assessed for possible admission to the Back on Track program.

Parent/Guardian Signature:_____ Date_____

Student Signature:_____ Date_____

Casa estudio de idioma

Estudiante nombre_____

1) ¿Cuál es el primer idioma este estudiante ¿aprendió a hablar? _____

2) ¿Qué idioma este estudiante habla más a menudo?

_____

3) ¿Qué idioma es más a menudo habla en casa de este estudiante? _____

4) ¿Además de idiomas estudió en la escuela, este estudiante habla cualquier idioma distinto del inglés?
_____ sí _____ no
¿En caso afirmativo, dónde? _____

5) ¿Este estudiante nacido fuera de Estados Unidos?
_____ sí _____ no
¿En caso afirmativo, dónde _____

6) ¿En qué mes y año el estudiante primero ingresó en cualquier escuela de U.S.? _____

_____ Firma

_____ Fecha

Home Language Survey

Student Name_____

1) What is the first language this student learned to speak? _____

2) What language does this student speak most often?

_____

3) What language is most often spoke in this student's home?

_____

4) Besides languages studied in school, does this student speak any language other than English? ____ yes____ no

If yes, where? _____

5) Was this student born outside the U.S.?
____yes ____ no
If yes, where? _____

6) In which month and year was the student first *enrolled* in any U.S. school? _____

_____ _____
Parent Signature Date

Back on Track

Student Self-Referral Form

STUDENT NAME:_____ GRADE:_____ DATE:_____

ADDRESS: _____ CITY:_____ PHONE:_____

PLEASE INDICATE POSSIBLE REASONS FOR PARTICIPATING IN THE BACK ON TRACK PROGRAM:

- ☐ Been Retained (held back) one or more years
- ☐ Failed 2 or more subjects in recent semester
- ☐ Been Absent Frequently from school
- ☐ Had Difficulty Understanding Math
- ☐ Been Late to School Frequently
- ☐ Have Little/No Interest in School
- ☐ Feel Like You Do Not Fit in at School
- ☐ Do Not Get Along with Teachers at School
- ☐ Skipped Classes Frequently
- ☐ Excessive Work Schedule
- ☐ Highly motivated and interested in increasing course load and possibly graduating early
- ☐ Working in a virtual environment at your own pace appeals you
- ☐ Looking for an alternative, yet rigorous path to high school graduation

Why do you wish to attend the Back on Track program? What do you hope to give to and get out of the experience**?** (Please write your response in this space. You may continue your response on the back if needed)

Back on Track Program

School Counselor / Teacher/Administrator Recommendation

To Applicant:
Please print or type this section and deliver this form to your school counselor, a teacher or principal. The evaluator will seal these forms in an envelope.

Applicant's Name _____Grade_____
Last First Middle (Current)

Street Address _____

City_____ **State**_____ **Zip**_____

Date _____
Parent Signature X_____

Student Signature X _____

To Evaluator:
The student named above has applied for admission to the Back on Track program at Davidson County High School. This form is included in our admission packet. Please complete this form and seal it in an envelope. The information will not be included in the student's permanent file. Please confer with professional colleagues to ascertain information, if necessary. Thank you.

Evaluator's Name _____

Title _____ **School**_____

Street Address _____

City _____ **State** _____ **Zip**_____

Telephone _____

PRIMARY REASON FOR REFERRAL TO THE BACK ON TRACK PROGRAM:

☐ Academic Failure – not enough credits ☐ Excessive Absenteeism – absences impeding the student's education ☐ Excessive Tardiness – late to class ☐ Apathy/Indifference to Education – no interest in school ☐ Social Issues – student exhibits poor self-esteem/does not interact well with peers. ☐ Highly Motivated student interested in completing courses at an accelerated rate in a virtual environment

☐ Other (please specify):

_____

PLEASE CHECK ANY FACTORS OR CHARACTERISTICS LISTED BELOW WHICH APPLY TO STUDENT

1. POOR ACADEMIC ACHIEVEMENT

☐ Retained (held back) one or more years ☐ Grades are well below potential of students

☐ Failed 2 or more subjects in recent semester ☐ Student in need of remediation

☐ Other (please specify):

2. EXCESSIVE UNEXCUSED ABSENCES/TARDINESS/SKIPPING CLASSES

☐ Absent _____ days last year/semester/marking period (please circle time period)

☐ Late to school _____ days last year/semester/marking period (please circle time period)

☐ Student skipped _____ classes last year/semester/marking period (please circle time period)

☐ Other (please specify):

3. APATHY/INDIFFERENCE TO EDUCATION

☐ Little/No Interest in School ☐ Student Needs to be Challenged/Student is Bored

☐ Student Does Not Fit in at School ☐ Other (please specify):

4. SOCIAL ISSUES

☐ Low Self Esteem ☐ Does not interact well with peers ☐ Student does not interact well with teachers/school administration ☐ Other Issues (Anxiety, ADD, ADHD, ODD): Please explain:

How long has the student been enrolled at your school? _____

How long have you known the student?

_____ Do any of the following apply for this student? ☐ ESL ☐ Learning Disability ☐ Other Exceptionality

Please specify: _____

To your knowledge has the student had any history of serious conduct problems and/or emotional problems?

☐ Yes ☐ No If yes, please explain.

_____

To your knowledge has the applicant ever been expelled or suspended?

☐ Yes ☐ No If yes, please explain.

_____

Describe the student's strengths _____

Please comment on the applicant's attitude toward school. _____

Please complete the appropriate blanks. As with the above questions, you may desire to confer with colleagues to make your recommendation.

No Basis for Judgment	Below Average	Average	Good	Excellent	Outstanding	
						Motivation
						Creative Qualities
						Self-Discipline
						Growth Potential
						Leadership
						Self-Confidence
						Personal Appearance
						Warmth of Personality
						Sense of Humor
						Concern for Others
						Energy
						Emotional Maturity
						Personal Initiative
						Reaction to Setbacks
						Physical Condition
						Respect for Authority
						School Conduct
						Out of School Conduct

Additional Comments: _____

* Please feel free to attach a letter of recommendation or any other pertinent documents. *

Date _____

Evaluator's Signature X_____