

APPLICANT NAME: _____

DATE APPLICATION COMPLETED: _____

CURRENT GRADE: _____

Amesbury Innovation High School

Application for Admission 2020-2021

Students should meet the following requirements to be considered a viable candidate for the program at the Amesbury Innovation High School.

Admission Process: The admission process will include the following:

1. Submission of the AIHS application
2. Submission of all information on the AIHS Applicant Checklist (last page of application)
3. An interview with the student applicant and parent/guardian
4. A Shadow Day, if possible

The process is meant to determine if:

- The Amesbury Innovation High School will be a successful environment for the student to have a successful high school experience
- The student's overall ability will contribute to the learning environment
- AIHS has the ability to meet the individual needs of the student

Residence: Eligible students must be residents of Amesbury, Massachusetts. In addition, students can be accepted from out of district on a tuition basis.

Admissions Procedure: The following application package and supporting documents can be submitted via fax, mail, or delivered to the following address:

Amesbury Innovation High School
71 Friend Street
Amesbury, MA 01913
Phone- 978-388-8037
Fax – 978-388-8073
Email – maguiree@amesburyma.org

The Amesbury Innovation High School does not discriminate in its education programs, activities, or employment practices on the basis of race, color, national origin, age, sex, sexual orientation, religion or handicap under the provisions of Title VI of the Civil Rights Amendment of 1972, and Section 504 of the Rehabilitation Act of 1973. Any person having inquiries concerning the school's compliance with the regulations implementing these laws may contact an Executive Director.

Amesbury Innovation High School

Student Application 2020-2021
To be completed by student applicant & parent/guardian

I. Student Information

Last Name _____ First _____ MI _____
Date of Birth ____/____/____ Gender Male _____ Female _____
Town & State of Birth _____
Legal Residence – City/Town _____ State _____ Zip _____
Mailing Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
E-mail Address (optional) _____ Current Grade Attending _____

II. Parent/Legal Guardian Information

Father or Legal Guardian Name _____
Legal Residence _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
Home Telephone _____ Work/Cell Phone _____
Email Address _____ Legal Custody of Student Yes _____ No _____
Father or Legal Guardian Signature _____ Date ____/____/____

Mother or Legal Guardian Name _____
Mother Residence _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
Home Telephone _____ Work/Cell Phone _____
Email Address _____ Legal Custody of Student Yes _____ No _____
Mother or Legal Guardian Signature _____ Date ____/____/____

III. Current School Information

School Name _____

School Address _____

City _____ State _____ Zip _____

School Telephone Number () _____

Current Grade Level _____ Years at Present School _____

Previous School (If less than 1 year) _____

Does student currently receive bus transportation? _____ Free/Reduced Lunch? _____

IV. Grades

Please include the grades from the student’s current and most recent quarter:

<u>Subject</u>	<u>Current Quarter (Approx.)</u>	<u>Previous Quarter</u>
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Science:

Math:

English:

Social Studies:

MCAS scores: ELA _____ Math _____ Science _____

V. Please Check:

Student currently has an active Individualized Education Plan (IEP) for which he/she receives accommodations? Yes _____ No _____

***If yes, please enclose a copy of the active plan with this application.**

Student currently has an active 504 Plan for which he/she received services? Yes ___ No ___

***If yes, please enclose a copy of the active plan with this application.**

Does the student have any existing conditions which would affect his/her potential to function as a student at Amesbury Innovation High School? Yes _____ No _____

***If so, please describe the condition(s) on the back of this page.**

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Section IIA. STUDENT QUESTIONNAIRE
(To be completed by the student applicant)

Student Name _____

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
1. I want to “take ownership” of my learning	1	2	3	4	5
2. I want to demonstrate what I learn & what I can do in different ways	1	2	3	4	5
3. I want to go to school beyond high school	1	2	3	4	5
4. I am interested in developing an individualized learning plan to place subjects in context with my interests	1	2	3	4	5
5. I can motivate myself to work hard	1	2	3	4	5
6. I want to contribute to a positive learning community	1	2	3	4	5
7. When I struggle with school work, I ask for help before I get overwhelmed	1	2	3	4	5
8. I work best within a traditional school schedule	1	2	3	4	5
9. I would be interested in a non-traditional schedule with late day and/or internship/career-technical opportunities	1	2	3	4	5

Student Signature _____ **Date** ____/____/____

Section IIIB: PARENT/GUARDIAN QUESTIONNAIRE
(Continued- to be completed by applicant's parent/guardian)

Please prioritize the following statements based upon your beliefs as a parent:

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
1. My student will benefit from a smaller learning environment	1	2	3	4	5
2. My student will benefit by having an adult advisor	1	2	3	4	5
3. My student will benefit if a strong school-student-parent partnership is created	1	2	3	4	5
4. I believe grades should be based on learning products-not quantity of work	1	2	3	4	5
5. My student needs the ability to demonstrate learning in different ways	1	2	3	4	5
6. My student works best within a traditional school setting	1	2	3	4	5
7. My student would be interested in a non-traditional schedule with late day and/or internship and/or career-technical opportunities	1	2	3	4	5

Parent Signature _____ **Date** ____/____/____

Section IV: Other Adult QUESTIONNAIRE
(To be completed by a non-relative adult who knows the student well)

Student Name: _____

Your name: _____ Position _____

Direct Phone Number: _____ **School:** _____

The student named above is a candidate for admission to the Amesbury Innovation High School. We would appreciate your response to the following questions.

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
1. This student has demonstrated the ability to work well with peers	1	2	3	4	5
2. This student has demonstrated the ability to work well with adults	1	2	3	4	5
3. This student has demonstrated self-advocacy	1	2	3	4	5
4. This student has shown his/her potential to be a positive contributor to school community	1	2	3	4	5
5. This student has shown his/her potential to earn better grades in a project based environment versus a more traditional paradigm of assessment	1	2	3	4	5
6. This student is more likely to be successful in a learning environment which measures the attainment of specific competencies (content & skills) versus one which uses traditional grading methods	1	2	3	4	5
7. If given the opportunity, this student can demonstrate evidence of learning through methods that have not been traditionally emphasized	1	2	3	4	5

8. This student should be considering some form of post-secondary education 1 2 3 4 5
9. I have no apprehension about recommending this student for admission to Amesbury Innovation High School 1 2 3 4 5

On the back of this, or on a separate piece of paper, please describe the characteristics of this student which lead you to believe he/she will be successful at the Amesbury Innovation High School.

Signature _____ **Date** ____/____/____

AMESBURY INNOVATION HIGH SCHOOL
71 FRIEND STREET
AMESBURY, MA 01913

I hereby authorize Amesbury Innovation High School to obtain records *from* _____ (list school). This release also includes communication over the phone and in person.

- ___ Attendance, Discipline
- ___ Transcript information (listing all subjects, final grades and credits) from all schools
- ___ Grades for all completed terms or semesters this year. (Most current report card)
- ___ Marks for the latest unfinished quarter or semester.
- ___ Standardized test scores and MCAS Test Results
- ___ Copy of IEP or 504 Plan if applicable
- ___ Involvement with outside agencies:
(DCF, DYS, Pettengill House, Courts) Please specify agency & contact person.

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- ___ Copy of withdrawal form from previous school if applicable
 - ___ Custody/Guardianship information if applicable
 - ___ Health Records including:
 - ___ Psychological Testing
 - ___ Mental Health Referrals
 - ___ Hospitalizations if applicable
 - ___ Current medications
 - ___ Current therapist **OR** ___ I would like a referral for my student

Any information you can send us that would be helpful in assisting the application process would be greatly appreciated.

Thank you.

Student/Parent Guardian Signature

Principal

SEND TO: Eryn K. Maguire, Principal
AMESBURY INNOVATION HIGH SCHOOL
71 FRIEND STREET
AMESBURY, MA 01913
PHONE 978-388-8037
FAX 978-388-8073

