



## **VISTAS HIGH SCHOOL KLEIN INDEPENDENT SCHOOL DISTRICT**

**“A HIGH SCHOOL PROGRAM OF CHOICE”**

**A student wishing to attend Vistas must complete this application and meet with an interview committee. An interview with the student and the student’s parent/guardian will be scheduled to discuss the Vistas High School Program. Students are eligible to apply if they have been enrolled in high school for at least one calendar year and are a resident of Klein ISD.**

**Vistas is a unique and nurturing learning environment. Features include:**

- **Smaller class sizes.**
- **Enhanced technology.**
- **Positive family environment with encouraging adult relationships.**
- **Challenging, rigorous curriculum that is relevant to a student’s life and goals.**
- **Respect among the staff and students.**

**The application process includes:**

1. Student and parent must complete this written application.
2. School personnel (counselor, graduation advisor and/or administrator) completes student referral form and facilitates gathering information from school personnel.
3. School personnel forwards completed application packet to Vistas.
4. Counselor, student or parent will submit completed applications as soon as possible or no later than Thursday, November 30, 2017, (Applications submitted after deadline will be considered if interview appointments are still available).
5. The committee will determine which students will be called in for a personal interview. This will be scheduled via phone call.
6. When interviews have been completed the Vistas committee will review all information and determine which students will attend Vistas starting January, 2018. Students will receive a letter in the mail that will notify them of their enrollment status.
7. Students who are not selected for an interview or to attend Vistas will be notified by mail and may reapply in the spring for the August 2018 school year.

Students who are selected will need to attend a "new student orientation" at Vistas. (exact date to be determined at a later time)

## STUDENT APPLICATION

**Home Campus:** \_\_\_\_\_

(Please print)

**Legal Name:** \_\_\_\_\_  
(Last) (First) (M.I.) (Nickname)

**Birth date:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Student's Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Parent/Guardian:**

**Name:** \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Name:** \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Email Addresses:**

**Student:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Please respond to the following question (must be handwritten by student):**

**What experiences in your background have led you to apply to Vistas (can include, but not limited to, things such as health concerns or setbacks, attendance concerns, frustrations in your current setting, family issues, etc.)?**

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**PARENT APPLICATION** (Please print)

**Student's Legal Name:** \_\_\_\_\_  
(Last) (First)

**Does the student live with you?** Yes  No

**Parent/Guardian:**

**Name:** \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_ **Work:** (\_\_\_\_) \_\_\_\_\_

**Name:** \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_ **Work:** (\_\_\_\_) \_\_\_\_\_

**Parents)/Guardian(s) Address:**

**Address:** \_\_\_\_\_  
(Street Address Must Be Provided) (City) (Zip Code)

**For telephone communication does parent require Spanish translator?** Yes  No

**Has your student now or has he/she ever been served in special education?** Yes  No

**Has your student ever been referred to or placed in a discipline alternative education program or expelled?**  
Yes  No

*Please respond to the following question:*

**Why do you think Vistas is an appropriate school choice for your son/daughter?**

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**I hereby certify that my son/daughter has permission to attend Vistas High School Program after all criteria have been met and he/she has been accepted. I also understanding the following information:**

- Admission to Vistas High School Program is by committee selection only.
- I will support my child in following Vistas High School program student oath: *I understand that admissions to Vistas is by selection only and is intended to meet the educational needs of students who desire success in a different type of high school setting. I understand that my student should not apply unless he/she has a strong desire to further his/her education and complete requirements for graduation. I understand that if my student is accepted, he/she will be expected to have positive attitude, be a responsible student, and maintain excellent attendance, punctuality and production of work. I understand that my student must follow the Klein ISD Student Code of Conduct rules and all other rules and guidelines pertaining to the Vistas High School Program.*

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**Vistas Application  
(Counselor/Assistant Principal/Graduation Advisor Information)**

**Student's Legal Name:** \_\_\_\_\_  
(Last) (First) (M.I.)

**Student's ID:** \_\_\_\_\_

**Who initiated this referral to Vistas?** \_\_\_Student \_\_\_Parent \_\_\_School Personnel

**Do you recommend this student to Vistas?**  Yes  No

**Concerns regarding student (please check those that apply):**

- Drug/Alcohol Use**
- Current drop out**
- Pregnant or parenting**
- Disruptive home/family**
- 2 or more grade levels behind**
- Antisocial behavior**
- Not likely to graduate in 4 years**
- Chronically unsuccessful in traditional classroom**
- None at this time**
- Other, please explain:**

\_\_\_\_\_

**Additional Comments:**

\_\_\_\_\_

\_\_\_\_\_

**Is this student currently being served in special education? Yes \_\_\_No\_\_\_**

**Is this student currently being served in the ESL program? Yes \_\_\_\_\_No \_\_\_\_\_**

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**Completed by:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Campus:** \_\_\_\_\_ **Date:** \_\_\_\_\_