



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 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 learning environment that features:

- **Smaller class sizes.**
- **Positive family environment with encouraging adult relationships.**
- **Challenging, rigorous curriculum that is relevant in preparing students for college and/or careers.**
- **Respect among the staff and students.**
- **Opportunity to earn 8 credits per year.**

The application process includes:

1. Complete applications: _____ student _____ parent.
2. Date referral form given to teacher: _____
3. Date referral form given to school personnel: _____
4. Student or Counselor will submit completed applications and referrals to Vistas HS. Check website for application deadline. Applications submitted after the 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.
6. Students who are not selected for an interview, or to attend Vistas, will be notified and may reapply.

(Student's Name)

(Date)

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.)?

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

Willingness for student to attend Klein Forest for tech/vocational classes ONLY. _____ Yes _____ No

Would you like to tour Klein Forest? _____ Yes _____ No

Please respond to the following question:

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

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)

Teacher Referral

Student's Legal Name: _____
(Last) (First) (M.I.)

Student's ID: _____

Do you recommend this student to Vistas? Yes No
Why or why not?

Concerns regarding student (please check those that apply):

- ____ Pregnant or parenting
- ____ Behavior: Please specify _____
- ____ 2 or more grade levels behind
- ____ Chronically unsuccessful in traditional classroom
- ____ Attendance
- ____ None currently
- ____ Other, please explain:

Student's strengths and weaknesses:

Is this student currently being served in special education? Yes ___ No ___

Is this student currently being served in the ESL program? Yes ___ No ___

Completed by: _____ Position: _____

Campus: _____ Date: _____

*****Please send completed referral form to Vistas via interoffice mail.**
Attn: Student Application Process