

Brooks DeBartolo Collegiate High School

TAMPA, FLORIDA

2017-2018 Student Application Form

For Office Use Only:
Date Revd. ____ Time: ____
____ Mail ____ Email ____ Drop-off
Initials: _____

All applicants must have successfully completed course credits to be on grade level.

Applying for Grade: Freshman (9) Sophomore (10) Junior (11) Senior (12)

If you are a student in Hillsborough County, FL please enter your Student ID Number _____

Student Information: This application must be completed by the parent or legal guardian.

Name: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other phone: _____

Date of Birth: _____ Gender: Male Female

Birthplace: _____

City State Country

Current Hillsborough County Resident: Yes No

First-time Hillsborough County Student: Yes No

Yes No Did the student relocate to Hillsborough County from ANOTHER county, state, or country within the past year? Parent must complete "Out of County Release Form" found on the Guidance Website.

If yes, City _____ State _____ County _____ Country _____

Please provide the name and address of the school the student currently attends:

Public/Charter Private Home Education (Include dates attended and complete address information below)

Name of Current School: _____ Present Grade: _____

Dates Attended _____

Address: _____

City: _____ State: _____ Zip: _____ County _____ Country _____

Phone: _____

Has the student ever been retained in a grade? Yes No If yes, list the grade(s) _____

Does the student require remedial instruction or tutoring? Yes No If yes, in which subject (s)? _____

Is the student receiving/has the student received **Exceptional Student Education services**? Yes No

(Please provide a copy of IEP; this will help assist our ESE teachers.)

If yes, are they currently enrolled in a program and what services do they receive?

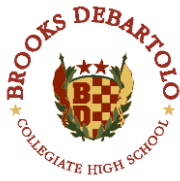
Does the student have a 504 plan? **(Please provide a copy.)** Yes No

Is the student receiving/has the student received Free/Reduced school meals? Yes No

Has the student ever taken Advanced Placement? Yes No

Has the student ever taken the PSAT, SAT or ACT? Yes No

If yes, which exam(s)? _____ Exam Score(s): _____



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Home Language Survey:

- Yes No Is a language other than English used in the home?
- Yes No Did the student have a first language other than English?
- Yes No Does the student most frequently speak a language other than English?

Primary language spoken in home by Parent/Legal Guardian _____

Student's Native Language _____

State Mandated Information:

- Yes No Is either head of household a law enforcement officer, firefighter, or judge/justice?
- Yes No Is either parent in the military, employed as a federal civilian, or resides in a housing project?
- Yes No Did your family ever travel to look for work on a farm or do paid farm labor?
- Yes No Is the student a single parent with either custody or joint custody of a minor child?
- Yes No Has the Student ever been expelled, arrested resulting in a charge, or had juvenile justice actions?

Federally Mandated Information:

Date student first entered a United States' school: Month (mm): _____ Day (dd): _____ Year (yyyy): _____

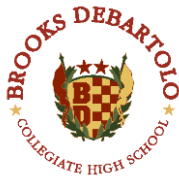
If foreign born, how many years has the student attended a school in the United States? _____

Is student of Hispanic or Latino ethnicity? Yes No

Yes, I am Hispanic or Latino-a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.

What is your race? (Please select only one per federally reported options):

- American Indian or Alaskan Native Asian
- Black or African American White
- Native Hawaiian or Other Pacific Islander



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Family Information:

(Please note: The email address listed as the primary email will be the main point of contact.)

Name of Parent/Guardian: _____

Relationship to student: ___ Mother ___ Father ___ Guardian ___ Other (please specify)

Address: _____

City: _____ State: _____ Zip: _____

Phone: (W) _____ (H) _____ (C) _____

Primary Email: _____

Name of Parent/Guardian: _____

Relationship to student: ___ Mother ___ Father ___ Guardian ___ Other (please specify)

Address: _____

City: _____ State: _____ Zip: _____

Phone: (W) _____ (H) _____ (C) _____

Secondary Email: _____

Is either parent/guardian a current active duty military service member of any branch of the U.S. Armed Forces? Yes No

If the answer is yes, please provide documentation with application showing proof of active military service.

Student's School Age Siblings:

Name: _____ Grade Level : _____ School: _____

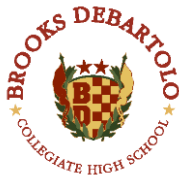
Name: _____ Grade Level : _____ School: _____

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First Generation College Student

Is the applicant a first generation college student? ___ Yes ___ No

First-generation college students are defined as those whose parent(s), as their highest level of education, may have attended some college, but have attained less than a bachelor's degree as their highest level of education. In cases where parents have different levels of education, the maximum education level of either parent determines how the student is categorized.



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BDCHS Program Policies

The Brooks DeBartolo Collegiate High School is designed to provide a rigorous academic program for college bound students. All core courses are Honors level. I understand that if a seat is offered, I agree to the following program requirements:

1. Maintain consistent and regular attendance to school.
2. Complete all required credits prior to enrollment for the next school year.
3. Participate in the school wide mandatory uniform program.
4. Participate in community service projects.
5. Refrain from disciplinary actions that disrupt the school environment or cause harm to others.
6. Adhere to the BDCHS P.R.I.D.E. expectations for positive school culture and community set forth in the handbook. (P=Prepared, R=Respectful, I=In control, D=Dependable, E=Engaged in learning)
7. Maintain an unweighted GPA of no less than 2.5.
8. Take the PSAT, SAT and/or the ACT prior to graduation.
9. Apply for admission to at least two post-secondary educational institutions.
10. Make positive contributions to the BDCHS community.

Student Commitment:

I have reviewed the BDCHS program policies and understand the obligations and responsibilities for attendance and participation at BDCHS. It is also acknowledged that if I do not adhere to any of the above program policies I may be required to return to my neighborhood school as available through the public system. By signing below I am agreeing to abide by these policies.

Student's Initials/Signature: _____ Date: _____

Parent Commitment:

I have reviewed the BDCHS program policies and understand the obligations and responsibilities for participation. It is also acknowledged that if my child does not adhere to any of the above program policies he/she may be required to return to their neighborhood school as available through the public system. By signing below I am giving permission for my child to participate in the program. I further agree to complete no less than 20 hours of volunteer service during each academic year that my child is enrolled in BDCHS.

Check all that apply:

My child's 504 plan is included with this application: Yes N/A (Optional)

My child's IEP is included with this application: Yes N/A (Optional)

Parent/Legal Guardian Initials/Signature: _____ Date: _____

This registration form can be mailed, emailed or hand delivered to:

Brooks DeBartolo Collegiate High School

10948 North Central Avenue

Tampa, FL 33612

Phone: 813-971-5600 Ext 203

Admissions@bdchs.org

(An email confirmation for receipt of application will be sent within 3 business days.

Incomplete applications will delay the application process.)

BDCHS does not discriminate on the basis of race, color, sex, sexual orientation, gender identity, religion, national or ethnic origin, marital status, disability or age. BDCHS is a zero tolerance zone for drugs, weapons, and violence. Violations will result in appropriate disciplinary action up to and including expulsion.