

COMMUNITIES IN SCHOOLS  
BARROW COUNTY PERFORMANCE LEARNING CENTER (PLC)

# Application for Admission

(PLEASE PRINT OR TYPE)

Applicant's (Legal) Name \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is this your mailing address?  Yes  No If no, please specify: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Student I.D. Number \_\_\_\_\_

## STUDENT BIOGRAPHICAL INFORMATION

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender  
 Female  
 Male

Place of Birth \_\_\_\_\_  
City State Country

Ethnicity  
 Asian or Pacific Islander  American Indian/Alaskan Native  Black (non-Hispanic)  
 Hispanic (including Puerto Rico)  White, Anglo, Caucasian  Other \_\_\_\_\_  
(specify)

Student resides with:  
 Both Parents  Guardian *Specify Relationship* \_\_\_\_\_  
 Father  Group Home *Please Specify* \_\_\_\_\_  
 Mother  
Name of Home ( ) \_\_\_\_\_ Contact Name \_\_\_\_\_  
Contact Phone Area Code \_\_\_\_\_

Have you ever attended the Performance Learning Center?  Yes  No If yes, grades and years attended? \_\_\_\_\_

Have you ever applied for admission to the Performance Learning Center?  Yes  No If yes, year? \_\_\_\_\_

Current School: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Mr. & Mrs.     Mr.     Ms.     Other \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_  
Area Code

Parent/Guardian 2: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Emergency phone: (    ) \_\_\_\_\_

**ADDITIONAL BIOGRAPHICAL INFORMATION**

Number of adults in household: \_\_\_\_\_ Number of children in household: \_\_\_\_\_

Is the student a parent?  Yes  No Age of child \_\_\_\_\_

Does the child live with the student  Yes  No \_\_\_\_\_

Does the student work?  Yes  No

Hours worked weekly \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

*To the best of my knowledge, the information in this application is true and accurate. The Barrow County- Performance Learning Center may verify any part of this application material. The applicant desires to be a student at the Barrow County Performance Learning Center.*

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Student Signature

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Parent /Guardian Signature

Return completed application to:  
**BARROW COUNTY PERFORMANCE LEARNING CENTER**  
905 Mulberry Road  
Winder, GA 30680  
Phone: 770-868-1072  
Academic Coordinator - Molly Stiltner  
Email: [mstiltner@barrow.k12.ga.us](mailto:mstiltner@barrow.k12.ga.us)

## Applicant's Curricular and Extracurricular Interests

Make sure you complete the application in full.

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? \_\_\_\_\_

What previous honors or academic awards have you received? \_\_\_\_\_

List the organizations and offices in which you have been involved. \_\_\_\_\_

Check the activities that you have participated in:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Chorus                     | <input type="checkbox"/> Student Government | <input type="checkbox"/> Honor Societies |
| <input type="checkbox"/> Band                       | <input type="checkbox"/> Newspaper          | <input type="checkbox"/> Creative Arts   |
| <input type="checkbox"/> Service Organizations      | <input type="checkbox"/> Yearbook           | <input type="checkbox"/> Technology Club |
| <input type="checkbox"/> Sports - Specify:<br>_____ |   |  |

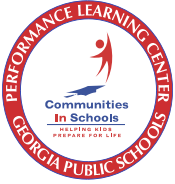
Describe the degree of experience in the above checked items (list musical instruments): \_\_\_\_\_

What are your other interests: \_\_\_\_\_

Are you interested in chairing a committee for any of the activities listed above?  Yes  No

If yes, please list the activities. \_\_\_\_\_

If you are accepted into the PLC, you will be required to participate in community services activities. Would you be willing to participate?  Yes  No



**COMMUNITIES IN SCHOOLS  
BARROW COUNTY PERFORMANCE LEARNING CENTER (PLC)  
Student Self-Referral**

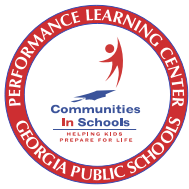
**STUDENT NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**WHY DO YOU WISH TO ATTEND THE COMMUNITIES IN SCHOOLS PERFORMANCE LEARNING CENTER? WHAT DO YOU HOPE TO GIVE TO AND GET OUT OF THE EXPERIENCE?**

*PLEASE INDICATE IF YOU HAVE EXPERIENCED ANY OF THE FOLLOWING IN THE PAST:*

- |   |  |
|---|--|
| <input type="checkbox"/> Been Retained (held back) one or more years  | <input type="checkbox"/> Skipped Classes Frequently                                    |
| <input type="checkbox"/> Failed 2 or more subjects in recent semester | <input type="checkbox"/> Have Little/No Interest in School                             |
| <input type="checkbox"/> Had Difficulty with Reading                  | <input type="checkbox"/> Been Bored With School  |
| <input type="checkbox"/> Had Difficulty Understanding Math            | <input type="checkbox"/> Feel Like You Do Not Fit In at School                         |
| <input type="checkbox"/> Been Absent Frequently from School           | <input type="checkbox"/> Do Not Get Along with Teachers at School                      |
| <input type="checkbox"/> Been Late to School Frequently               | <input type="checkbox"/> Rarely Participate in School Activities (Clubs, Sports, Etc.) |



COMMUNITIES IN SCHOOLS  
BARROW COUNTY PERFORMANCE LEARNING CENTER (PLC)  
**Teacher Evaluation**

**To Applicant:**

Please Print or type this section and deliver this form to your teacher, guidance counselor or principal. The Evaluator will mail these forms directly to the Barrow County Performance Learning Center.

**Applicant's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_  
Last First Middle (Current)

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Requesting Admission to Grade** \_\_\_\_\_ for the \_\_\_\_\_ term

Date \_\_\_\_\_ **X**  
Parent Signature

**X**  
Student Signature

**-TO BE COMPLETED BY EVALUATOR-**

**To Evaluator:**

The student named above has made application for admission to the Barrow County Performance Learning Center. Please complete this form and return it to the Performance Learning Center. 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** ( ) \_\_\_\_\_  
Area Code

How long has the student been enrolled at your school? \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

To your knowledge has the student had any history of serious conduct problems?  Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Has the applicant ever been expelled or suspended?  Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Please comment on the applicant's attitude toward school. \_\_\_\_\_

To your knowledge, has the applicant had any history of involvement with drugs, alcohol or juvenile delinquency?  Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Describe the student's strengths. \_\_\_\_\_  
\_\_\_\_\_

Areas where student needs support such as the PLC. \_\_\_\_\_  
\_\_\_\_\_

To your knowledge, will the applicant take good advantage of the curricular and extracurricular activities offered by the PLC?  
\_\_\_\_\_

