

**SECONDARY ACADEMY FOR SUCCESS**  
**SENIOR HIGH SCHOOL**  
**APPLICATION**

Name: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Date \_\_\_\_\_

**Welcome to SAS**

- ☐ Where your #1 job is learning
- ☐ Where you are defined by your possibilities
- ☐ Where you become your best self
- ☐ Where you get a fresh start
- ☐ Where you have a personalized learning experience
- ☐ Where difference in talent, skill and ability are celebrated
- ☐ Where you have the sole responsibility for your learning

**Job Qualifications:** What is required to succeed at SAS

- ☐ Attendance: Show up every day on time
- ☐ Production: Complete your learning requirements (earn credit)
- ☐ Teamwork: Get along – support each other
- ☐ Service: Give back – 15 hours of service learning
- ☐ Responsibility: Tell the truth, no excuses, own your own behavior
- ☐ Your application assures you a place on the SAS waiting list. We will call you for an interview when we have an opening.
- ☐ We expect you will continue to attend and earn credit at your current school until you're accepted at SAS.

**Directions**

1. Fill out the Student Section of the SAS application
2. Have your parent complete the Parent Section

**THEN:**

3. Take the completed application to review with your Counselor

Student Last Name \_\_\_\_\_

Student First Name \_\_\_\_\_

Student Middle Name \_\_\_\_\_

Student Home Address \_\_\_\_\_ Apt # \_\_\_\_\_

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

Birth Date \_\_\_\_\_ Current Grade \_\_\_\_\_ Current School \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Parent Work Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Student Email: \_\_\_\_\_

Student is on an IEP ➔ Yes ➔ No

Student has been expelled / suspended from school ➔ Yes ➔ No

## **Section I - Student Section:**

Please answer the following questions:

1. Why are you applying to SAS?

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2. Describe your ideal daily school schedule and list your favorite class. Examples: Full time at SAS; Running Start at community college; NEVAC – satellite.

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3. What are your strengths?

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4. What are your challenges? What issues, if any, have interfered with your learning?

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5. What will you contribute to SAS?

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6. Please rate your learning skills and motivational qualities in these categories:

	Below Average	Average	Good	Exceptional
Creative, original thought				
Excitement and enthusiasm for learning				
Trying to do your best				
Attendance				
Acceptance of challenge				
Time management skills - On time to class				
Outside of class reading				
Reading ability				
Written expression of ideas				
Spoken expression of ideas				
Effective in class discussion				
Complete assignments on time				
Reaction to setbacks				
Sense of humor				
Math ability				
Willingness to ask for help				

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*SAS is a choice school. Choosing SAS means you accept, understand and  
will follow the SAS Contract*

**Section II - Parent or Guardian to fill out:**

1. Explain why you think SAS is a good option for your student.

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2. How will you support your student's success at SAS?

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\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Section III – Counselor:**

1. What methods have been attempted to help the student be successful?

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2. Explain any pertinent information that may be helpful:

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\_\_\_\_\_  
Counselor/Administrator Signature

\_\_\_\_\_  
Date

**Please provide a copy of the following if they apply:**

- ➔ Attendance History
- ➔ Transcript
- ➔ Diploma Summary
- ➔ IEP (if applicable)
- ➔ Testing Data
- ➔ 504 Plan (if applicable)
- ➔ District Waiver
- ➔ Suspension or Expulsion (if applicable)
- ➔ Becca Bill (if applicable)
- ➔ Third year math approval letter



Northshore  
School District

## Student Services

3131F

3330 Monte Villa Parkway  
Bothell, WA 98021-8972  
(425) 408-7725

### In-District Attendance Waiver Application

Pupil # \_\_\_\_\_

Application for School Year 20\_\_\_\_ - 20\_\_\_\_ Current School \_\_\_\_\_ Grade for Year Requested \_\_\_\_\_

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Apartment \_\_\_\_\_ Unit \_\_\_\_\_ Space \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Alternative Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Service Area School \_\_\_\_\_ Request Transfer To \_\_\_\_\_

Primary Reason for Request (Primary reason — only select one)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> AAP                    | <input type="checkbox"/> Health*                           | <input type="checkbox"/> Near Parent's Workplace     |
| <input type="checkbox"/> Daycare Location       | <input type="checkbox"/> IB Program                        | <input type="checkbox"/> PACE                        |
| <input type="checkbox"/> District Employee      | <input type="checkbox"/> More Suitable School Environment* | <input type="checkbox"/> Sibling already attends     |
| <input type="checkbox"/> Dual Language (DL)     | <input type="checkbox"/> Moved/Moving                      | <input type="checkbox"/> Sibling in EAP/DL/SPED      |
| <input type="checkbox"/> EAP                    | <input type="checkbox"/> Music/Drama                       | <input type="checkbox"/> Special Hardship Condition* |
| <input type="checkbox"/> *Please explain: _____ |  | <input type="checkbox"/> Other*                      |

**Answer each question: False or inaccurate information will be cause for denial or revocation of waiver.**

- 1.) Is student on an IEP or is currently being evaluated? ☐ Yes ☐ No
- 2.) Has the student been expelled/suspended from school for more than 10 consecutive days? ☐ Yes ☐ No

### Agreement of Understanding:

- Responsibility for providing punctual transportation to and from school; \*
- Compliance with all district and school policies relating to attendance/academics/behavior;
- Expectation that student will be at school only during normal school hours unless participating in a scheduled activity;
- Campus-parking pass is not guaranteed (high school only); and
- One-year commitment to attend the approved school;
- Kindergarten waivers are for one year only and must re-apply for 1<sup>st</sup> grade;
- Program waivers (Dual Language, EAP, PACE, AAP) must re-apply when requesting to move into general education, if outside their service area school.
- In order to be eligible for varsity sports competition, transferring students must meet transferring student requirements. Detailed information can be found at <http://wiaa.com/subcontent.aspx?SecID=350>

Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Return signed and completed form to Northshore School District 3330 Monte Villa Parkway, Bothell WA 98021 FAX: 425 408 7729  
Waivers are too large to send via email, please send them electronically using this link: <https://mailfile.nsd.org/filedrop/waivers>

\*You may apply for a transportation request through the transportation department at [www.nsd.org/nsdtransportation](http://www.nsd.org/nsdtransportation). Applications are processed the beginning of October. Waivers will be allowed transportation through the district if space allows and from an existing stop after the October assessment.

\* Waivered students and students that are going to daycare on a bus other than their own must also apply for a transportation request that will also be assessed in October. Until the assessment, parents or the daycare providers are responsible for the student's transportation.