DONNA NORTH HS P-TECH ACADEMY

2024 - 2025 STUDENT APPLICATION

Student Name:

ID#

You have selected to join the academy in the area of :

☐ **Education** ☐ **Health Science** ☐ **Law Enforcement**

The Donna North High School P-TECH Academy is looking to serve students interested in the areas of Education, Health Science, and Law Enforcement. The P-TECH Academy will recruit 25 first-time 9th-grade students for each of the 3 pathways. If more than 25 students apply to the pathway, then a "lottery" will occur to randomly choose the number of students that are allowed into the Academy to ensure equal opportunity to all students who applied. Students entering the P-TECH Academy will have the opportunity to earn an industry certification or license, college hours, and/or an Associate's Degree from South Texas College free of cost to the student and their family.

COMPLETED applications are due to your 8th grade counselor by **Friday, Jan. 26, 2024

STUDENT INFORMATION

Please review the application carefully and ensure that ALL information is complete and accurate:

Student's Name: _____ ID# _____ Date of Birth: _____

Mailing Address: _____ Parent/Guardian Phone #: _____

PARENT/GUARDIAN & STUDENT AGREEMENT

I give my son/daughter permission to apply to Donna North HS's P-TECH Academy. ☐ Yes ☐ No

I agree to support my child by placing my initials in each blank line:

_____ I agree to help my son/daughter maintain good academic standing.

_____ I agree that my son/daughter will maintain good behavior according to district policy.

_____ I agree that my son/daughter will attend tutorials as needed for academic progress, STAAR test preparation, and Texas Success Initiative (TSI) preparation.

_____ I understand that my son/daughter **may be returned** to the traditional high school campus if academic progress is not made after interventions and support services have been exhausted by the staff and me.

_____ I understand that my son/daughter **may be returned** to the traditional high school campus if persistent misbehavior continues **or** if the student is placed at the Donna Disciplinary Alternative Education Program (DAEP).

_____ I understand that my son/daughter may be returned to the traditional high school campus if she/she **withdraws** from Donna North High School.

I confirm that all the information contained in this application is true and correct to the best of my knowledge.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

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La Academia P-TECH de Donna North High School está ofreciendo aprendizaje en las áreas de la educación, ciencia de la salud, y cumplimento de la ley. Va entrar al 25 estudiantes al grado 9 en el año escolar 2024-2025. Si más de 25 estudiantes solicitan entrada a la academia, entonces una "loteria" se llevará a cabo para dar oportunidades de igualdad a los estudiantes. Los que entran a la academia de P-TECH tendrán oportunidad de obtener licencias o certificados de trabajo, créditos de colegio, o una licenciatura del colegio South Texas sin costo al estudiante.

Aplicaciones completas deben entregarse a su consejera antes del viernes 26 de enero

STUDENT INFORMATION

Please review the application carefully and ensure that ALL information is complete and accurate:

Student's Name: _____ ID# _____ Date of Birth: _____

Mailing Address: _____ Parent/Guardian Phone #: _____

ACUERDO DEL PADRE/TUTOR Y ESTUDIANTE

Doy permiso para que me hijo(a) solicite entrada al programa conocido como el Academia P-TECH. ☐ **Sí** ☐ **No**

Estoy de acuerdo de apoyar a mi hijo(a) poniendo mis iniciales adjunto a cada línea:

_____ Mi hijo(a) se mantendrá en buenos términos académicos.

_____ Mi hijo(a) mantendrá comportamiento aceptable segun las reglas escolares del distrito.

_____ Mi hijo(a) asistirá a tutoriales a como sea necesario.

_____ Mi hijo(a) **puede ser regresado** a clases tradicionales si no manitene progreso académico **después** de que intervenciones y servicios hayan sido instituidos por el distrito y apoyados por mi.

_____ Mi hijo(a) **puede ser regresado** a clases tradicionales si el mal comportamiento es persistente continua o si el estudiante es colocado en el Programa de Educacion Alternativa Disciplinaria de Donna (DAEP).

Declaro que toda información contenida en esta solicitud es correcta a lo mejor de mi sabiduría.

Imprima el Nombre del Padre/Tutor: _____

Parent/Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____