



# Polaris Career Center Evening Academic High School 2007-2008 Application (Revised)

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Last First M/D/Y M/F

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street City Zip

Home School \_\_\_\_\_ Home School Counselor \_\_\_\_\_

Session: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Grade Level: 9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_ 12<sup>th</sup> \_\_\_\_\_

Are you presently a Polaris student? \_\_\_\_\_ If yes, list program \_\_\_\_\_

Is the student on an IEP (Individualized Education Plan) or 504 Plan? \_\_\_\_\_  
(Please include with application)

## COURSE OFFERINGS (All classes will run from 4PM – 7PM)

### FALL SEMESTER A\* (Week of 9/24 – Week of 12/3) & WINTER SEMESTER B\* (Week of 1/28 – Week of 4/10)

Monday	Tuesday	Wednesday	Thursday
___ Algebra I .50	___ Consumer Math .50	___ Chemistry .50	___ Applied Communications .50
___ American Government .50	___ Physical Science .50	___ Earth Science .50	___ Geometry .50
___ Biology .50	___ OGT Intervention (Math)/ Science) (Testing will be in March 2008 at home school)	___ Economics .50	___ World History .50
___ Computer Literacy .50		___ English Review .50	___ OGT Intervention (Reading/ Writing/Social Studies) (Testing will be in March 2008 at home school)
___ Modern Literature .50		___ Fundamentals of Math .50	
___ Physical Education .25		___ General Health .50	
		___ U.S. History .50	

### SPRING SEMESTER A\* (Week of 4/14 – Week of 5/12)

Monday & Wednesday	Tuesday & Thursday
___ Algebra I .50	___ English Review .50
___ American Government .50	___ General Health .50
___ Biology .50	___ Physical Education .25
___ Chemistry .50	___ U.S. History .50
	___ Applied Communication .50
	___ Fundamentals of Math .50
	___ Computer Literacy .50
	___ Geometry .50
	___ Consumer Math .50
	___ Modern Literature .50
	___ Earth Science .50
	___ Physical Science .50
	___ Economics .50
	___ World History .50

\*A denotes first semester class – B denotes second semester class

**COST:** The cost is \$200.00 per class for associate school students and \$250.00 for out-of-district students. The OGT Intervention class cost is \$100.00. **TUITION MUST BE PAID IN FULL BEFORE CLASSES BEGIN.**

**REGISTRATION: IN PERSON:** Bring the application form along with a check, cash or credit card to Polaris Career Center, High School Office, Monday – Friday, 7:30 a.m. – 3:30 p.m.

**BY MAIL:** Send the application form to Chris Anderson along with your credit card information, check or money order payable to Polaris Career Center, 7285 Old Oak Boulevard, Middleburg Heights, OH 44130. **NO PHONE REGISTRATIONS WILL BE ACCEPTED.**

**HIGH SCHOOL APPROVAL:** Students **MUST** obtain permission from their counselor or principal **BEFORE** they will be permitted to register. (The registration form provides an area for this below). This is the student's responsibility for his/her own protection. Without approval, credit could be denied.

**ATTENDANCE POLICY:** **ONLY ONE ABSENCE IS PERMITTED** for emergency situations. Documentation from a parent, or legal documentation from court or doctor, must be turned in to the Evening Academic High School Coordinator prior to readmittance to class. Upon the second absence, the student is automatically dismissed from class with no refund and no credit granted. Contact Mr. Robinson at 440.891.7671 with any questions.

**CANCELLED COURSES/CHANGES:** Polaris reserves the right to close or cancel any course prior to the first class meeting. In the event a course is cancelled, you will be notified and a full refund will be given.

**CLASS CONFIRMATION:** We will notify those students who are accepted into a class. The rooms will be posted the day of class. Staff will be available to guide you to your rooms.

**INDEPENDENT STUDY:** In addition to the required classroom attendance, students are required to complete 30 hours of independent study. The required 30 independent study hours assigned by the teacher for each class are the minimum number of hours necessary for the successful completion of the course.

**STUDENT DISMISSAL:** The High School Principal or his designee reserves the right to dismiss a student from his/her course if the student demonstrates a behavior or attendance problem. (No refund will be given.) Any student who fails to comply with the policies and procedures of Polaris Career Center may be dismissed from the program.

**MUST BE SIGNED FOR ADMISSION WITH APPROVAL FOR ABOVE NAMED INDIVIDUAL TO PARTICIPATE BY ASSOCIATE SCHOOL OFFICIAL & PARENT**

\_\_\_\_\_  
Signature of Associate School Representative

\_\_\_\_\_  
Signature of Parent/Guardian

*In accordance with Title VI, Title IX, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act, the Polaris Joint Vocational School District's policy prohibits discrimination on the basis of sex, race, color age, national origin, religion, veteran status or disability in its educational programs, activities, services or employment policies. Inquiries or complaints concerning discriminatory treatment should be directed to the appropriate compliance officer at 440-891-7600.*

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

### STUDENT CODE OF CONDUCT

Any school that does not have appropriate student behavior will not operate effectively. Good student behavior is everyone's responsibility. This means that students, teachers, administrators and parents have an important part in developing proper attitudes and behaviors. It is extremely important for students to take responsibility for their actions.

**A violation in any of the following areas may result in a suspension from the Evening Academic High School program. NOTE: Suspensions of 2 or more days in a session will result in dismissal, per our attendance policy, with no refund of fees and no credit granted.**

1. Using or possessing tobacco products, alcohol or drugs or being under their influence.
2. Damage of any property.
3. Using inappropriate and/or abusive language (racial, sexually abusive language, making offensively coarse utterances, gestures or communicating unwarranted and abusive language, harassing, instigating, or provoking others).
4. Insubordination.
5. Assault or fighting.
6. Making, selling or possessing counterfeit drugs and/or related paraphernalia.
7. Setting false fire alarm or bomb threat.
8. Possessing, handling, or transmitting dangerous weapons or look-alike weapons.
9. Refusing to identify oneself to authorized school personnel.
10. Possession of electronic devices.
11. Theft of private or public property.
12. Producing or assisting in producing a flame.
13. Returning to car/parking lot without permission.
14. Creating an unsafe situation for oneself, others or the facility.
15. Failing to follow arrival/dismissal procedures.
16. Clothing deemed inappropriate by administration including those with negative connotation.
17. Excessive and/or inappropriate public display of affection.
18. Forgery of school related documents.
19. Cheating on exams and/or school work.

I have read the Code of Conduct, attendance and disciplinary policy as described above.

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

\_\_\_\_\_  
Parent/Guardian Signature

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### EMERGENCY MEDICAL AUTHORIZATION

#### Grant Consent

In case of a medical emergency, the Parent/Guardian will be notified.

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Facts concerning the child's medical history, including allergies, medications being taken and any physical impairment to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_

Mother's Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_ Father's Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

If the parent/guardian cannot be reached, contact \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for emergency medical care at the discretion of Polaris Career Center.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

#### Refusal to Consent

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY: Date Payment received \_\_\_\_\_ Amount \_\_\_\_\_ Cash/Check/Credit Card**



