



Warriors
Alger B. Wilkins High School
Admission Packet

Dear Potential Alger B. Wilkins Student:

Thank you for your interest in the Alger B. Wilkins High School of Cumberland County Schools. Please complete and return the application packet to begin the application process. Once your application has been received, **please allow at least two weeks** for your application to be processed. You will be contacted regarding your interview with the Principal and Assistant Principal.

***PLEASE RETURN YOUR ADMISSION PACKET IN ITS ENTIRETY.**
We will not accept your packet until we receive all completed documents.

Please follow the checklist below when turning in admission packet:

- **Student has completed the two page application**
- **Application: has been signed by both the student & parent**
- **Student has completed the Student Self-Referral Form**
- **The Guidance Counselor/Administrator recommendation form has been completed and sealed.**
- **Student has a seal copy of Transcript**
- **Student has a seal copy of Discipline Record**

If you have any questions, please call our office at (910) 864-5438 (Monday-Friday, 9:00am-4:30pm) or check our website: <http://abwhs.ccs.k12.nc.us>.

Please return your application by mail or drop off at:

Alger B. Wilkins High School
1429 Skibo Road
Fayetteville, NC 28303

I give permission for my child to participate in the program. The service may include but are not limited to supportive guidance/counseling, educational support, tutoring, mentoring, enrichment activities, testing, and referrals to other agencies as needed. I understand that the data and information collected on my child is maintained in a secure computer database and case file. This information is used by Alger B. Wilkins High School to access and document services provided to students and families for tracking and reporting purposes. I also understand that Alger B. Wilkins may use the information to update service information, provide closure and follow-up information, and evaluate and determine the effectiveness of the program. I authorize Alger B. Wilkins High School to maintain the information provided for the purposes noted above in the Alger B. Wilkins High School or Cumberland County Schools computer database and case file. As safety is major concern, we may report any type of suspected abuse for protection of students from potential dangers.

Parent Signature/Date: _____

Student Signature/Date: _____



II. Parent/Guardian Information:

Parent/Guardian1: _____

Employer: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian Email Address: _____

Parent/Guardian2: _____

Employer: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian Email Address: _____

The Student resides with and please check one:

Both Parents

Mother Only

Father Only

Mother/Step-Father

Father/Step-Mother

Grandparents

Legal Guardian

Living on their own

Spouse

Other(_____)



III. Emergency Contact Information:

Contact 1: _____ Contact 2: _____

Relationship to Student: _____ Relationship to Student: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

IV. Curricular & Extracurricular Activities:

Is the student identified in the Academically Gifted education program? () Yes () No

Does this student have a 504 plan? () Yes () No

***If yes, please provide a copy.**

Is this student an ESL student (English as second language)? () Yes () No

Has this student ever been identified in the exceptional children's/special education program? () Yes () No

***If yes, please provide a copy of IEP.**

Is this student currently identified in the exceptional children's/special education program? () Yes () No

***If yes, please provide a copy of IEP.**

In what subject(s) does the student consider strengths? _____

In what subject(s) has the student had the most difficulty? _____

What colleges are the student interested in attending? _____

What profession(s) or vocation(s) are the student considering? _____

Check the activities that the student has participated in:

___ Chorus ___ Student Government ___ Honor Societies ___ Band ___ Newspaper

___ Creative Arts ___ Service Organization ___ Yearbook

Other: _____ Sports (Specify): _____

In compliance with federal law, Cumberland County Schools administers all educational programs, employment activities and admissions without discrimination against any person on the basis of sex, race, color, religion, national origin, age of disability. In signing the parent and student believe that the information obtained in this application are accurate to the best of his/her ability and also validates that the parent gives consent and release of information.

Parent/Guardian Signature: _____ Student Signature: _____



Alger B. Wilkins High School Student Self-Referral Form

Student Name: _____ Grade: _____ Date: _____

Address: _____ City: _____ State: _____

****STUDENT'S TRANSCRIPT MUST ACCOMPANY WITH THIS REFERRAL****
TRANSCRIPT MUST BE SEAL

PLEASE INDICATE REASONS WHY FOR TRANSFERRING TO ALGER B. WILKINS:

- | | |
|--|---|
| <input type="checkbox"/> Been retained (held back) one or more years | <input type="checkbox"/> Failed 2 or more subjects in recent semester |
| <input type="checkbox"/> Been absent frequently from school | <input type="checkbox"/> Had difficulty understanding math |
| <input type="checkbox"/> Been late to school frequently | <input type="checkbox"/> Have little/no interest in school |
| <input type="checkbox"/> Feel like you do not fit in at school | <input type="checkbox"/> Do not get along with teachers at school |
| <input type="checkbox"/> Skipped classes frequently | <input type="checkbox"/> Excessive work schedule |

WHY DO YOU WISH TO ATTEND ALGER B. WILKINS HIGH SCHOOL? WHAT DO YOU HOPE TO GIVE TO AND GET OUT OF THE EXPERIENCE ATTENDING ABWHS?

(Please write your response in the space below in a full paragraph. You may continue your response on the back if needed.)



DISCIPLINARY TRACKING RECORDS MUST ACCOMPANY THIS REFERRAL FORM
PLEASE ATTACH TO THIS FORM

PRIMARY REASON FOR REFERRAL TO ALGER B. WILKINS HIGH SCHOOL:

- Academic Failure-not enough credits
 - Excessive Absenteeism- absences impeding the student's education
 - Excessive Tardiness-late to class
 - Apathy/Indifference to Education-no interest in school
 - Social Issues-student exhibits poor self-esteem/does not interact well with peers.
 - Other (please specify): _____
-

PLEASE CHECK ANY FACTORS OR CHARACTERISTICS LISTED BELOW WHICH APPLY TO STUDENT:

1. POOR ACADEMIC ACHIEVEMENTR

- Retained (held back) one or more years
- Grades are well below potential of students
- Failed 2 or more subjects in recent semester
- Student in need of remediation
- Other (please specify): _____

2. EXCESSIVE UNEXCUSED ABSENCES/TARDINESS/SKIPPING CLASSES

- Absent _____ days last year's/semester/marketing period (please circle)
- Late to school _____ days last year/semester/marketing period (please circle)
- Student skipped _____ classes last year/semester/marketing period (please circle)
- Other (please Specify): _____

3. APATHY/INDIFFERENCE TO EDUCATION

- Little/No Interest in School
- Student needs to be Challenged/Student is bored
- Student Does Not Fit in at School
- Other (please specify): _____

4. SOCIAL ISSUES

- Low Self Esteem
- Does not interact well with peers
- Student does not interact well with teachers/school administration
- Other Issues (Anxiety, ADD, ADHD, ODD) Please Explain: _____

How long has the student been enrolled at your high school? _____

How long have you known the student? _____



Do any of the following apply for this student? ESL Learning Disability Other Exceptionality

Please specify: _____

To your knowledge has the student had any history of serious conduct problems and / or emotional problems?

If yes, please explain: _____

To your knowledge has the applicant ever been expelled or suspended? Yes No

If yes, please explain: _____

Describe the student's strengths: _____

Please comment on the applicant's attitude toward school: _____



Please complete the appropriate blanks. As with the questions on the previous page, you may desire to confer with colleagues to make your recommendation.

	No Basis for Judgement	Below Average	Average	Good	Excellent	Outstanding
Motivation						
Creative Qualities						
Self-Discipline						
Growth Potential						
Leadership						
Self-Confidence						
Personal Appearance						
Warmth of Personality						
Sense of Humor						
Concern of Others						
Energy						
Emotional Maturity						
Personal Initiative						
Reaction to Setbacks						
Physical Condition						
Respect for Authority						
School Conduct						
Out of School Conduct						

Additional Comments: _____

Please feel free to attach a letter of recommendation or any other pertinent documents.

Evaluator's Signature: _____

Date: _____