

Crandall COMPASS Academy STARS Program

Students Taking Academic Responsibility for Success

Enrollment in the STARS Program is a privilege. We have high expectations of students who are enrolled in our alternative school.

The STARS program is an alternative school setting in which students are required to work at an accelerated pace in an independent-learning school environment. All students must meet the same state assessment requirements as at any other CISD school.

The operation hours for STARS is as follows: full day: 8:00am – 3:00pm
Block 1: 8:00am – 12:15pm
Block 2: 10:45am – 3:00pm

Bus transportation is provided before and after school at the secondary bus run times. Students apply to STARS by requesting an application form from their current CHS counselor, or printing the application from the website. The parent and the student will complete all requested information and return the form to their counselor. The counselor will forward the completed application folder to COMPASS Academy.

Prospective students will be interviewed by the counselor as space becomes available. STARS applicants are discussed by a committee and chosen based on availability. Qualified applicants will be notified by means of a telephone call to offer acceptance and schedule STARS orientation. Both the legal guardian and the student are required to attend the orientation. Students that are 17 and older are a priority when deciding on enrollment.

To be successful in COMPASS Academy STARS program, parents and students are to understand that:

- CISD code of conduct and dress code are enforced
- Compulsory attendance laws are followed
- Teachers are resources to help students learn; students must take responsibility for their own progress
- Self-motivation and good work habits are essential
- Credit is earned, not given
- Each student must work at an accelerated pace for completing work
- Credit is awarded as soon as a course and correlating assignments are completed
- Each objective in the subject must be mastered before moving on
- Students are required to earn at least four (4) credits per semester
- Every student and parent/guardian will be required to sign the personal commitment contract and adhere to it
- Cafeteria is available to all COMPASS Academy students

Crandall COMPASS Academy/STARS office number is: (972)427-6100.

We do not discriminate on the basis of race, religion, national origin, color, sex or disability.

Counselor Recommendation – STARS Program
To be completed and signed by the school counselor

Student's name: _____
Last First Middle

Ethnicity: _____ (African American/White/Hispanic/Asian/Two or More Races/American Indian/Pacific Islander)

Economic status 0 = full price _____ 1 = Free _____ 2 = Reduced _____

REQUIRED INFORMATION

Does this student receive special services? YES NO

If the answer is yes to the above question circle a YES or NO for each of the following.

YES	NO	<u>ESL</u>	
YES	NO	<u>CMC</u>	
YES	NO	<u>SPECIAL EDUCATION</u>	(Qualifying condition) _____
YES	NO	<u>504</u>	
YES	NO	<u>DYSLEXIA</u>	
YES	NO	<u>OTHER</u>	

Does this student have a Special Education referral in process? YES NO

Special Education students:

An ARD meeting is required before accepting a special education student to the STARS Program. The home campus counselor will be notified by the STARS Program when a student has been selected for participation. See your diagnostician for further details.

504 Accommodations:

If a student is classified as 504, a copy of all accommodations must be included for this referral to be complete. 504 records must be up to date.

Counselor: Please state your reason for recommending this student.

A counselor recommendation is required before an applicant will be considered for the STARS Program. Crandall ISD STARS Program is recognized by the TEA as an "alternative school of choice" school and is designed to accommodate at-risk or non-traditional students. Students must be capable of success in an accelerated, independent-learning school environment. Send this completed form, together with the completed student application and required records in the folder to the STARS Program. Filling out an application does not automatically ensure acceptance.

THIS APPLICATION WILL BECOME ACTIVE WHEN ALL REQUESTED INFORMATION IS RECEIVED BY THE STARS PROGRAM

Include the following in the application folder:

A current transcript	504 accommodation information
State assessment scores	Student attendance report from Skyward
A copy of the last report card issued	Student behavior report from Skyward
A student application form – to be completed by parent or student	

Counselor's Signature: _____ Date: _____

Student Application – COMPASS Academy STARS Program

Student's Name: _____ Grade: _____

Date of Birth: _____ Age: _____ Gender: Male / Female

Home Address: _____

Number Street (Apt. # or Lot#) City Zip

Home Phone #: _____ Cell#: _____

Additional contact information:

Father's Name: _____ Work #: _____ Cell #: _____

Mother's Name: _____ Work #: _____ Cell #: _____

Guardian's Name: _____ Work #: _____ Cell #: _____

Parent/Adult Student E-mail address: _____

TEEN PARENT INFORMATION

If you are a teen parent, please provide the name and birth date of your child or children.

Last Name First Name Date of Birth Age

Last Name First Name Date of Birth Age

If you are an expectant teen parent, please provide an estimated date of delivery: _____

Circle Yes or No to the following questions and explain any Yes answers on the blank lines provided.

YES (CMC/Resource)	NO	Do you receive any special education accommodations?
YES	NO	Do you receive 504 accommodations?
YES	NO	Do you receive Dyslexia services?
YES	NO	Do you receive ESL or Bilingual Services?

Please explain any YES answers circled above:

Please describe IN DETAIL why you wish to transfer to COMPASS Academy STARS Program.
To be completed by the student, not parent.

Student Handbook and Code of Conduct

My signature below indicates I have read and I am familiar with the CISD Student Handbook and Code of Conduct. I agree to abide by the district’s expectations for student behavior, attendance, dress code, acceptable use policy for computers etc. As outlined in these documents.

Consent for Counseling

My signature below indicates permission to participate in individual and group counseling sessions for the purpose of moving toward mental growth and maturity.

Credit Requirements

I understand that during the current school year, a student must complete a minimum number of credits per semester and year. I also understand that I must have at least 90% attendance.

I consent and have given authorization for all the areas detailed above on behalf of myself or my child.

Signature of student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____