



# BORDENTOWN REGIONAL HIGH SCHOOL

A GOVERNOR'S SCHOOL OF EXCELLENCE

## OPTION TWO PROGRAM APPLICATION

1. Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

2. Title of Program/Course \_\_\_\_\_

3. Length of Program/Course: Total weeks \_\_\_\_\_ Total hours \_\_\_\_\_  
(Course syllabus or detailed description **must** accompany this application)

4. Will the student be participating in this program during school hours? (If yes, then please attach a schedule of dates and times when the program will take place.)

5. Name of Teacher/Professor/Facilitator \_\_\_\_\_

Name and telephone number of contact person and participating institution \_\_\_\_\_

6. Certification(s) and Qualifications of Teacher/Professor/Facilitator  
(**Attach** all documentation necessary, i.e. résumé)

7. Please indicate the BRHS course to be replaced: \_\_\_\_\_

Or

Proposed Content/Subject Area to  
receive elective credit for: \_\_\_\_\_

**(If this program is satisfying required graduation credits, a complete analysis of how this program meets the appropriate CCCS of the replaced BRHS course must accompany this application)**

8. Total number of high school credits desired: \_\_\_\_\_

Robert S. Walder, Principal  
Meredith Morley, Assistant Principal

Jennifer Cicale, Assistant Principal Athletics  
Teresa Valentin, Assistant Principal

9. Will the student be earning any money as a result of this program? If yes, then please explain.

10. Attach the methods of assessment to be used. In order for credit to be granted, BRHS must be provided with **proof** that the applicant has achieved the objectives that correspond to the CCCS.

11. Describe how a formal submission of grades will occur: \_\_\_\_\_

\_\_\_\_\_

\*Please note the following:

- All costs including transportation and tuition are the responsibility of the student and their parent(s)/guardian.
- BRHS staff reserve the right to visit, monitor and/or contact the appropriate people involved in this program to insure credibility.

Date Submitted: \_\_\_\_\_

Person Submitted to: \_\_\_\_\_

I hereby acknowledge that all information contained in this application is truthful. I also acknowledge that I have read and understand all the information contained in the **Option Two Guidelines**.

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

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

Date \_\_\_\_\_

Please use additional pages if necessary.

Robert S. Walder, Principal  
Meredith Morley, Assistant Principal

Jennifer Cicale, Assistant Principal Athletics  
Teresa Valentin, Assistant Principal