

Name: _____

Date: _____

Hereford Center for Accelerated Learning Enrollment Application

Bring the completed application to the HCAL office at 241 Avenue H.
They will schedule an interview only after they have received the
completed application.
806-363-7720



Hereford Independent School District does not discriminate on the basis of race, religion, color, national origin, sex, or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.

Hereford Center for Accelerated Learning
241 Ave H, Hereford, TX 79045
(806) 363-7720

**Must be completed by HHS School Counselor and signed by
Principal and Counselor**

Which At-Risk criteria (as coded in Skyward) does this student meet?

List most current state testing results: **(Must have passed Algebra 1 EOC for application to be considered)**

Number of Credits: _____

Classification: _____

Any additional information:

Is student being served through 504? Yes _____ No _____

Is student in Special Education? Yes _____ No _____

****ATTACH CURRENT TRANSCRIPT****

Recommend Not Recommended

Signature _____ **Date** _____
Counselor

Recommend Not Recommended

Signature _____ **Date** _____
Principal

TO BE COMPLETED BY THE STUDENT

Applicant Employment Information:

Employed: Yes _____ No _____

Place of Employment: _____

Number of hours you work per week: _____

Please answer the following questions. Attach additional sheet if necessary.

Explain your current educational goals? How do you believe HCAL will be able to meet those goals?

1. "What do you think makes a student successful?"

2. "Does that describe you?"

3. "How would you describe yourself as a student? "

4. What commitments will you make in order to be successful at HCAL?

5. Explain any circumstances HCAL staff should be aware of in order to assist in your success.

Student Signature _____ **Date** _____

TO BE COMPLETED BY THE PARENT/GUARDIAN

3. What do you think your student's biggest frustrations/issues are in school?

- I understand that a parent or guardian must be present in my student's interview at HCAL.
- I believe that my student will benefit from attending HCAL.

Parent Signature _____ **Date** _____

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HCAL Interview

Date _____

Reading Ability:

Interview Notes: (Age, lack of credits, health, family, early graduation, intention, requested entry date, GED, application questions, etc.)

Approved: _____
Denied: _____ Reason for denial:

HCAL Administrator Signature

Date