

APPLICATION

THE ACADEMY OF CREATIVE EDUCATION

3736 PERRIN CENTRAL BLDG 2 * SAN ANTONIO, TX 78217

* Phone (210) 657-8970 * Fax (210) 657-8976

www.neisd.net/ace

The Academy of Creative Education is a non-traditional high school providing at-risk students with a unique learning environment for the completion of their high school diploma.

Your application to the Academy is considered complete when the following items have been submitted:

- Complete Application Form (must include Counselor/Administrator Section)
- Current High School Transcript (Submit with this form)
- Signature of Parent/Guardian if under 18
- Proof of Residency Attached to Application

Please print your responses.

APPLICANT'S LEGAL NAME _____
LAST FIRST MIDDLE (COMPLETE)

ADDRESS _____ ZIP _____

HOME PHONE(____) _____ WORK PHONE(____) _____ STUDENT'S PHONE(____) _____

CURRENT EMPLOYER _____ WORK PHONE(____) _____

AGE _____ DATE OF BIRTH _____ SS# _____ SEX M _____ F _____

PARENT/GUARDIAN _____ WORK PHONE(____) _____

APPLICANT RESIDES WITH _____ RELATIONSHIP _____
(NAME OF PERSON)

LAST SCHOOL ATTENDED _____ LAST GRADE COMPLETED _____

HOW LONG HAVE YOU BEEN OUT OF SCHOOL? YEARS _____ MONTHS _____

REASONS FOR LEAVING SCHOOL _____

Please list at least three people who know you well (employers, close relatives, teachers, etc.):

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

In accordance with Title VI-Civil Rights Act of 1964, Title IX-Education Amendment of 1972, Section 504-Rehabilitation Act of 1973, and Title II of the Americans with Disabilities Act of 1992, the North East Independent School District does not discriminate on the basis of race, color, national origin, age, sex, or handicap.

PLEASE COMPLETE THE BACK SIDE OF THIS APPLICATION

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MUST BE COMPLETED BY THE STUDENT APPLICANT

Please write in your own words why you would like to attend The Academy of Creative Education.

FUTURE GOALS_____

RECOMMENDATION from your NEISD home school is REQUIRED for Academy candidates. See your counselor or administrator to complete the following section.

HOME SCHOOL COUNSELOR’S /ADMINISTRATOR’S RECOMMENDATION SECTION

Counselor/Administrator:

- Please send the completed application and a copy of the student’s unofficial transcript to ACE by PONY.
- Student will be interviewed only after application and full transcript are received at ACE.
- Advise applicant to call for an interview appointment.

Those candidates closest to fulfilling graduation requirements will be considered first.

- Student is 16 years old or older
- Student has completed 12 or more credits of required courses
- Student has mastered 10th grade TAKS

COUNSELORS MUST COMPLETE THIS SECTION:

SPED:Y__N__TXTBKS CLEARED: Y__ N__ LEP:Y__ N__ Credits needed to Graduate:_____

Campus Special Ed Coordinator is aware of this student application.

Special Ed Coordinator Printed Signature

Special Ed Coordinator Written Signature

COUNSELOR/ADMINISTRATOR SIGNATURE_____DATE_____

***COUNSELOR’S SIGNATURE INDICATES ALL OF THE ABOVE REQUIREMENTS HAVE BEEN MET
AND
ALL FINES AND DEBTS ARE CLEARED.***

**DO NOT WITHDRAW FROM YOUR HOME SCHOOL UNTIL
YOUR START DATE AT THE ACADEMY.**

APPLICANT SIGNATURE

SIGNATURE OF PARENT/GUARDIAN