



# Cap Sante High School Student Application Checklist

## #1- FILL OUT ALL OF THE ENCLOSED FORMS USING A PEN.

**\*New to District:** YOU WILL ALSO NEED THE FOLLOWING DOCUMENTS:

- A completed variance form from your resident school district, if you do not intend to relocate to the Anacortes School District.
- An official copy of your birth certificate.
- Proof of residence. An example is a utility bill.
- An unofficial copy of your transcript and immunization records from the last school you attended. A State law prohibits students from attending school without updated immunizations.
- Your withdrawal slip from your previous/current school. This IS REQUIRED in order for you to enroll in the Anacortes School District.

## #2- MAKE AN APPOINTMENT WITH A COUNSELOR AT 293-1226.

Counselors: Marci Fankhauser: All Students A-F  
Maggie Lahey: All Students G-M  
Jean Lungren: All Students N-Z

## #3- BRING THE COMPLETED APPLICATION & ENROLLMENT PAPERWORK TO THE COUNSELING OFFICE ON OR BEFORE YOUR SCHEDULED APPOINTMENT TIME.

#4 - AFTER MEETING WITH YOUR COUNSELOR YOU WILL THEN BE SCHEDULED FOR AN INTERVIEW MEETING WITH THE CSHS ADMINISTRATOR. \*NOTE: If possible, we will make every effort to combine both meetings.

**My parent/guardian will also attend.**

#5- IF YOU ARE RECOMMENDED TO ATTEND CSHS AFTER YOUR MEETING, CSHS STAFF WILL ARRANGE YOUR APPOINTMENT/START DATE WITH AN INSTRUCTOR AT CAP SANTE HIGH SCHOOL, 1517 22<sup>nd</sup> St.

## #6- DO THE FOLLOWING BEFORE YOUR SCHEDULED APPOINTMENT WITH YOUR INSTRUCTOR:

- Check in with the ASB secretary to understand if you have any fines and/or fees. You will need to address these prior to enrollment in CSHS.
- Read the Cap Sante High School Handbook in your folder and familiarize yourself with the policies, procedures, and expectations. The handbook is yours to keep and refer back to.
- Be prepared to pay the technology fee/check out a laptop and, if you drive to school, a \$5.00 parking permit fee if new to Anacortes School District.
- Be prepared to have your picture taken for a Cap Sante identification card.

Sign after reading- I have read the CS Handbook. \_\_\_\_\_



**Cap Sante High School – Anacortes School District  
STATEMENT OF UNDERSTANDING**

In accordance with the Alternative Learning Experience Implementation Standards, *WAC 392-121-182 (6)(j)*, prior to enrollment parent(s) or guardian shall be provided with, and sign, documentation attesting to the understanding of the difference between home-based instruction and enrollment in an alternative learning experience (ALE).

Provided on the front and back of this form are summary and narrative descriptions of the difference between home-based instruction and an ALE. Please read these descriptions and sign below.

Summary Description

**Home-Based Instruction**

- Is provided by the parent or guardian as authorized under RCW 28A.200 and 28A.225.010.
- Students are not enrolled in public education.
- Students are not subject to the rules and regulations governing public schools, including course, graduation, and assessment requirements.
- The public school is under no obligation to provide instruction or instructional materials, or otherwise supervise the student’s education.

**Alternative Learning Experience**

**Cap Sante High School**

- Is authorized under WAC 392-121-182.
- Students are enrolled in public education either full-time or part-time.
- Students are subject to the rules and regulations governing public school students including course, graduation, and assessment requirements for all portions of the ALE.
- Learning experiences are:
  - Supervised, monitored, assessed, and evaluated by certificated staff.
  - Provided via a written student learning plan.
  - Provided in whole, or part outside the regular classroom.

**Part-time Enrollment of Home-Based Instruction Students**

Home-based instruction students may enroll in public school programs, including ALE programs, on a part-time basis and retain their home-based instruction status. In the case of part-time enrollment in ALE, the student will need to comply with the requirements of the ALE written student learning plan, but not be required to participate in state assessments or meet state graduation requirements.

I have read the summary and detailed descriptions of home-based instruction and alternative learning experience provided and I understand the difference between home-based instruction and the alternative learning experience program in which my child is enrolling.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Name(s) of Student(s) \_\_\_\_\_  Copy placed in student file

\_\_\_\_\_  Copy placed in student file

\_\_\_\_\_  Copy placed in student file

*Narrative Description of the Differences Between Home-Based Instruction and Public School  
Alternative Learning Experiences*

Home-based instruction is authorized under Revised Code of Washington (RCW) 28A.225.010 and RCW 28A.200. When a parent or guardian has filed a ‘declaration of intent to provide home-based instruction’ with the district and is meeting the requirements for home-based instruction stated in RCW 28A.225, the student is eligible to receive home-based instruction. Students receiving only home-based instruction are not enrolled in public education, and they do not have to comply with the rules and regulations regarding public schools. Since the student is not registered or enrolled in the public school system, the school district is under no obligation to provide instruction or instructional materials for these students. Home-based instruction students are not required to participate in any district or state testing and/or assessments. Additionally, home-based instruction students are not eligible for graduation through a public high school unless they meet all of the graduation requirements established by the state, district, and the local high school. This includes earning the Certificate of Academic Achievement.

**Part-time enrollment**

Home-based instruction students may have access to ancillary services and may enroll in a public school course, such as an alternative learning experience program, on a part-time basis where space is available. Part-time enrollment is defined as being less than full-time enrollment. In these cases, the student is responsible for maintaining acceptable attendance and meeting all course and school requirements. For an alternative learning experience, this will mean meeting the requirements of the written student learning plan. The student continues to be considered a home-based instruction student when enrolled **part-time** in a public school setting. Therefore, except for the individual class requirements, school and district attendance rules, and school behavior policies, the limitations and restrictions noted in the paragraph above are in force.

**Full-time enrollment**

A student enrolling **full-time** in a public school alternative learning experience program is **not** receiving home-based instruction, even if the parent or guardian has filed a ‘declaration of intent to provide home-based instruction’ with the school district. The student is considered a public school student and is subject to all the rules and regulations governing the actions of all public school students. This includes, but is not limited to, attendance, meeting course requirements, graduation requirements, and assessment requirements. Full-time students are eligible for graduation from a public high school upon meeting all of the school, district, and state requirements.

# Cap Sante High School

Please provide the information below in order to enable us to communicate better with you and to assist in determining and planning learning activities with you.

Thank you!

## Student Information:

Name:	Grade:	
	Birth Date:	
Street Address:		
City:	, WA	Zip Code:
Home Phone:	Cell Phone:	
May we send text messages to your cell?	YES	NO
Do you have access to internet at home?	YES	NO
Place of Work:	Hours:	
Email Address:		
Can we add you to "Remind.com" for school communication?	YES	NO

## Parent/Guardian Information:

Name:		
Street Address:		
City:	, WA	Zip Code:
Home Phone:	Work Phone	
May we send text messages to your cell?	YES	NO
Internet Provider:	Cell Phone:	
Email Address:		

# CAP SANTE HIGH SCHOOL CONTRACT

An alternative learning experience means a course that is a delivery method for the program of basic education and is: Provided in whole or in part independently from a regular classroom setting or schedule, but the learning plan may include some components of direct instruction; is supervised, monitored, assessed, evaluated, and documented by a certificated teacher; and provides guidance through a written student learning plan. This alternative learning experience ensures that students enrolled have available to them educational opportunities designed to meet their individual needs.

1. **As an onsite learner, and** as part of my Written Student Learning Plan, I will be in attendance onsite specific days and/or times as scheduled by the Certificated Teacher according to my individual Student Learning Goals.
2. **As an offsite learner,** I understand that I am required to make weekly "direct personal contact" with my instructor(s).  
"Direct personal contact" means a one-to-one meeting between a certificated teacher and the student. Direct personal contact can be accomplished in person or through the use of telephone, e-mail, instant messaging, interactive video communication, or other means of digital communication. Direct personal contact must be for the purposes of instruction, review of assignments, testing, evaluation of student progress, or other learning activities or requirements identified in the written student learning plan; must be related to an alternative learning experience course or course work identified in the written student learning plan; and must at minimum include a two-way exchange of information between a certificated teacher and the student. (WAC 392-121-182)
3. Options include **onsite** and **offsite**, self-paced, learning utilizing hardcopy and online curriculum. Attendance is individualized and determined by course load and the estimated time needed to make adequate academic monthly progress. Students must make adequate academic monthly progress in order to remain enrolled at Cap Sante High School.
4. **Attendance Matters!** When attendance improves, your academic prospects and chances for graduating also improve. Research shows that missing 10 percent of school (about 18 days per year) negatively affects a student's academic performance. That equates to just two days a month. Cap Sante High School attendance **ALSO** includes working on courses as defined in the Written Student Learning Plan while **OFFSITE (total hours per week as identified on the WSLP)**. A student making unsatisfactory academic progress any given month could be considered truant.
5. **Adequate Academic Monthly Progress means** a determination is made that a student's progress toward achieving the specific learning goals and performance objectives specified in the written student learning plan is satisfactory. (WAC 392-121-182). If after no more than three consecutive calendar months in which it is determined the student is not making satisfactory progress despite documented intervention efforts, a course of study designed to more appropriately meet the student's educational needs must be developed and implemented by a certificated teacher in conjunction with the student and where possible, the student's parent. This may include removal of the student from the alternative learning experience and enrollment of the student in another educational program offered by the school district.

**Onsite Schedule** \_\_\_\_\_  **Offsite Check-In Day** \_\_\_\_\_ (subject to approval)

\_\_\_\_\_/ / 20  
(Administrator Signature)

\_\_\_\_\_/ / 20  
(Student Signature)

\_\_\_\_\_/ / 20  
(Teacher Signature)

Cap Sante High School  
STUDENT Interview Form

Date \_\_\_\_\_

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ BD \_\_\_\_\_

Last School Attended \_\_\_\_\_ How many credits have you completed? \_\_\_\_\_

Reason for interest in CSHS: \_\_\_\_\_

Other things you would like to share about yourself:

Please take the time to answer these questions so that we will better know how to meet your individual needs:

I work best when \_\_\_\_\_

Do you have a homework/studying routine at home? \_\_\_\_\_ Explain \_\_\_\_\_

Do you feel like you have sufficient support from others away from school when working on schoolwork?

What motivates you? \_\_\_\_\_

What goals do you have for yourself? \_\_\_\_\_

How would you rate your attitude towards school? 1 2 3 4 5

<----->  
Needs Improvement Super

Favorite subject(s) \_\_\_\_\_

Least favorite subject(s) \_\_\_\_\_

Attendance (have there been any issues & if so why/what):

What do you enjoy doing outside of school? \_\_\_\_\_

How would you rate your organization skills? 1 2 3 4 5

<----->  
Needs Improvement Super

Do you have a job? \_\_\_\_\_ If yes, where & work hours \_\_\_\_\_

Program preference (AM/PM Times/Remote) \_\_\_\_\_

Reason for preference? \_\_\_\_\_

# Cap Sante High School

## Documentation for Students Choosing a Third Credit of Math Other Than Algebra II

File with the student's permanent record

Parent or Guardian Name \_\_\_\_\_

Student Name \_\_\_\_\_

Graduating Year of Student \_\_\_\_\_

I have met with \_\_\_\_\_ to discuss the option of my son or  
(staff/school counselor/administrator)

daughter taking the following course, \_\_\_\_\_. This  
course replaces Algebra 2 or Integrated Mathematics 3 in order to meet the third math credit  
graduation requirement for students in the graduating class of 2013 and beyond.

I understand that students may choose a math course other than Algebra 2 or Integrated  
Mathematics 3 if another course better meets their education and career goals, as identified in  
their high school and beyond plan.

During our meeting, we received information about the math admission requirements for two  
and four year colleges, and for credit-bearing math courses at both types of institutions.

Parent or Guardian signature \_\_\_\_\_

School Official signature \_\_\_\_\_

Student signature \_\_\_\_\_

Date \_\_\_\_\_

Cap Sante High School  
PARENT Interview Form

Date \_\_\_\_\_

Legal Name of Student \_\_\_\_\_ Age \_\_\_\_\_ BD \_\_\_\_\_ Grade \_\_\_\_\_

Reason for interest in CSHS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other comments or concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please take the time to answer these questions so that we will better know how to meet your student's individual needs:

Does your student work well on their own? \_\_\_\_\_

Student's learning style \_\_\_\_\_

What goals/plans do they have? \_\_\_\_\_

Where do you see your student in five years? \_\_\_\_\_

Attendance (have there been any issues & if so why):  
\_\_\_\_\_  
\_\_\_\_\_

Describe their organization skills? \_\_\_\_\_

Do they have a homework/studying routine? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Are you able to supply sufficient support for your student in their courses while working on schoolwork at home?  
Areas of strength/weakness:

\_\_\_\_\_  
\_\_\_\_\_

What unique talent or skill do they have? \_\_\_\_\_

Areas you are able to support the school: \_\_\_\_\_

What session/program preference do you have for your student's attendance at Cap Sante?

\_\_\_\_\_





# Anacortes School District STUDENT HEALTH INFORMATION

Information on this form is to be filled out (updated) for each new school year. Please complete both sides of this form and return to your school as soon as possible.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_  
Last First MI

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## LIFE THREATENING CONDITIONS

Does your child have a life-threatening health condition? Yes\* \_\_\_ No \_\_\_

*\*If yes, a meeting with the school nurse is required prior to starting school.*

Asthma \*Severe – (If this box is checked, please answer the following questions.)

Yes  No  Does child use rescue inhaler routinely for asthma symptoms?

Yes  No  Has your child been hospitalized for asthma in the past year?

Yes  No  Has your child used steroids (Prednisone) for asthma symptoms in the past year?

*If mild or moderate asthma, see box below - HEALTH CONDITIONS*

Allergy/Anaphylaxis - \*Severe - with Epipen/epinephrine prescription (for example: food, insect stings.)

Allergen(s): \_\_\_\_\_

Other: \_\_\_\_\_

Diabetes – Date of diagnosis: \_\_\_\_\_ My student has  insulin pump  insulin pen  injected insulin

Seizure Disorder - My student needs emergency medication for Seizures. Name of medication: \_\_\_\_\_

Special Health Care Planning – My child has special health care needs such as – wheelchair, tube feedings, breathing tube, catheter, intravenous tubes or other. Please describe your child's condition(s): \_\_\_\_\_

**ALERT TO PARENTS/GUARDIAN:** The school must know of **LIFE THREATENING** conditions (for example severe allergy with anaphylaxis, diabetes, asthma) **prior to the start of school**, as these may require an Individual Health Plan (per RCW 28A.210.320). Contact your school nurse to begin the process for the student health care plan.

My child has NONE of the health concerns/conditions listed above.

## HEALTH CONDITIONS

Check any of these conditions which your child has or has had:

ADD/ADHD

Blood Disorder

Concussions

Hearing/Vision

Orthopedic/Bone

Allergies mild or moderate (circle one)

Bowel/Bladder

Dental

Heart problems

Skin Condition

Asthma mild or moderate (circle one)

Cancer

Headaches/Migraines

Mental Health Conditions

Other

If you have checked any of the above medical conditions/concerns, please explain: \_\_\_\_\_

Has your student ever visited a hospital or an emergency room for the medical issue? YES / NO (circle) If yes, date \_\_\_\_\_

My child has NONE of the health concerns/conditions listed above.

**PLEASE SEE OTHER SIDE**

**MEDICATIONS**

List any medications taken by student:

Medication Taken: \_\_\_\_\_ For \_\_\_\_\_  At Home  At School

Medication Taken: \_\_\_\_\_ For \_\_\_\_\_  At Home  At School

Medication Taken: \_\_\_\_\_ For \_\_\_\_\_  At Home  At School

If your student needs to take any medication (over the counter, prescription, herbal) at school, a medication authorization form is required. This form must be completed by physician and parent prior to any medication being brought to school. This form is available through the ASD web site or any school office.

**SHARING HEALTH CARE INFORMATION**

In order to provide a safe and healthy environment for your student, the school nurse may need to share information about your student’s health condition with teachers and essential school staff. If you have questions, please contact your school nurse.

**CONTACT INFORMATION**

Please provide correct and current contact numbers and inform school office of any changes.

Name of Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Student’s Name

\_\_\_\_\_  
Parent/Guardian name printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Today’s date



## Anacortes School District #103

### Consent Form to Participate in Off-Campus Activities



As part of your student’s enrollment in Cap Sante High School off-campus travel on Fidalgo Island may be expected.

**The Anacortes School District is not responsible for transporting students for school related activities. Parents should make arrangements to transport students to off-campus related activities.**

Some students will not be under direct supervision of Anacortes School District Staff while working on individual assignments (community service, scientific sampling). The types of activities your student may be involved in may include, but are not limited to:

- Classroom learning experiences at other sites;
- Extended learning opportunities.

District Staff will take attendance at the site prior to scheduled activities. Individual students on off-campus assignments must document their hours on their homework logs.

#### Parent Waiver and Release:

I certify that I am the parent of legal guardian of (please print student name) \_\_\_\_\_; that I have read and understand the foregoing release; and that I join in the release without reservation, granting full consent and authorization for my child to participate in the off-campus activity. I agree to protect, indemnify, and hold harmless Anacortes School District, its elected and appointed officials, employees, agents and staff for any and all claims or loss directly attributable to my participation in the off-campus activity, except for the sole negligence of Anacortes School District.

\_\_\_\_\_  
Signature of Parent/Guardian (Date)

\_\_\_\_\_  
Name of Medical/Accident Insurance & Policy #

Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

#### Participant Waiver and Release:

Although the district will make every reasonable effort to provide a safe environment, I am fully aware of special dangers and risks inherent in the activity, including physical injury, death, or other consequences that may arise or result directly or indirectly from the activity. Being fully informed as to these risks and in consideration of the privilege of participating in the above described activity, I agree to protect, indemnify, and hold harmless Anacortes School District, its elected and appointed officials, employees, agents and staff for any and all claims or loss directly attributable to her/his participation in the off-campus activity, except for the sole negligence of Anacortes School District.

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

\_\_\_\_\_  
Today’s Date

This off campus activities consent form will remain in effect while student is enrolled as Cap Sante High School