

STUDENT APPLICATION

STUDENT NAME: _____

DATE OF BIRTH: _____ AGE: _____ GRADE: _____

STUDENT EMAIL: _____ STUDENT CELL: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN PHONE: _____ ALT PHONE: _____

PARENT EMAIL: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PLEASE CIRCLE ANY THAT APPLY: CIRCLE BUS TRANSPORTATION NEEDED:

IEP 504 SST/RTI AM PM

STUDENT COMPLETES THIS SECTION

WHY ARE YOU INTERESTED IN BEING A STUDENT AT D-B EXCEL?

WHAT ARE YOUR GOALS FOR HIGH SCHOOL & PLANS FOR AFTER GRADUATION?

PLEASE CIRCLE ANY OF THE EXTRA CURRICULARS THAT YOU ARE INTERESTED IN:

BAND CHORUS ORCHESTRA JROTC

NOTES:

PLEASE NOTE: ALL APPLICATIONS MUST BE SIGNED BY THE PROSPECTIVE STUDENT AND HIS/HER PARENT/GUARDIAN BEFORE BEING CONSIDERED FOR D-B EXCEL'S PROGRAM. THIS SIGNATURE INDICATES YOU ARE AWARE THAT ACCEPTANCE TO D-B EXCEL IS NOT GUARANTEED. ACCEPTANCE IS DETERMINED THROUGH A CRITERIA PROCESS FOCUSING ON ACADEMICS, ATTENDANCE, AND BEHAVIOR. PROSPECTIVE STUDENTS AND THEIR PARENTS WILL BE NOTIFIED BY D-B EXCEL AFTER THE APPLICATION IS PROCESSED.

STUDENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

COUNSELOR SIGNATURE: _____ DATE: _____

COURSE	CREDIT EARNED	CREDIT RECOVERY	CURRENTLY ENROLLED	1ST TIME CREDIT
ENGLISH 9				
ENGLISH 10				
ENGLISH 11				
ENGLISH 12				
MATH 1				
MATH 2				
MATH 3				
MATH 4				
SCIENCE 1				
SCIENCE 2				
SCIENCE 3				
WORLD HISTORY				
WORLD GEOGRAPHY				
U.S. GOVERNMENT				
ECONOMICS				
PERSONAL FINANCE				
U.S. HISTORY				
WELLNESS I				
WELLNESS II				
FOREIGN LANGUAGE I				
FOREIGN LANGUAGE II				
FINE ART				
ELECTIVE FOCUS I				
ELECTIVE FOCUS II				
ELECTIVE FOCUS III				
ELECTIVE				
ELECTIVE				
ELECTIVE				
TOTAL				