

# DAVIDSON COUNTY HIGH SCHOOL

2061 East Holly Grove Road  
Lexington, North Carolina 27292  
Phone: (336) 242-1459  
Fax: (336) 242-1465

<http://www.davidson.k12.nc.us/davidsoncountyhighschool>

Anthony Krapf  
Principal

*A commitment to educating one student at a time in Davidson County since 1975*

Dear Potential Davidson County High School Student:

Thank you for your interest in Davidson County High School (DCHS). Please complete and return the application packet to begin the application process. Once your application has been received, please allow at least two weeks for your application to be processed. You will be contacted to schedule an interview with the Davidson County High School selection committee at the numbers listed on your application.

- **Please return your admission packet in its entirety. We will not begin reviewing your packet until we receive all documents.**

Please follow the checklist below when turning in your admission packet:

- Student has completed the two page application
  - Application: Has it been signed by both the student & parent?
  - Home Language Survey: Has it been completed and signed by the parent?
  - Student has completed the Student Self-Referral Form
  - The School Counselor/Administrator recommendation form has been completed and sealed in an envelope.
- Please provide counselor/administrator's name \_\_\_\_\_
- Student has a copy of Transcript (It does not have to be an official transcript)

We look forward to reviewing your application!

If you have any questions, please call our office at (336) 242-1459 (Monday – Friday, 8:00 a.m. – 4:00 p.m.)

To return your application, please mail or drop-off at:

Davidson County High School  
2061 East Holly Grove Road  
Lexington, NC 27292  
Or Fax to (336) 242-1465

Check out our website:

[www.davidson.k12.nc.us/davidsoncountyhighschool](http://www.davidson.k12.nc.us/davidsoncountyhighschool)

For Davidson County High School  
Office Use Only

Date Received: \_\_\_\_\_

Follow up:

\_\_\_\_\_

Interview

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

Status: \_\_\_\_\_



# Davidson County Schools

## DAVIDSON COUNTY SCHOOLS DAVIDSON COUNTY HIGH SCHOOL STUDENT APPLICATION

### I. Personal Information

Applicant's (Legal) Name \_\_\_\_\_  
Last First Middle Preferred Name

D.O.B. \_\_\_\_\_ SSN: \_\_\_\_\_ School: \_\_\_\_\_ Student ID # \_\_\_\_\_

Ethnic Heritage: (Check One) White \_\_\_\_\_ Black \_\_\_\_\_ American Indian \_\_\_\_\_ MultiRacial \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_

<p><b>Student Information:</b></p> <p>Street _____ Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Student Home Phone ( ) _____</p> <p>Student Cell Phone ( ) _____</p> <p>Student Email Address _____</p>	<p>Is this your mailing address?</p> <p>If no, please specify:</p> <p>_____</p> <p>_____</p> <p>_____</p>
---	---

### Additional Biographical Information:

Does the student applying for admission have children?  Yes  No If yes, does the child live with the student? \_\_\_\_\_

Does the student work?  Yes  No Number of hours worked weekly \_\_\_\_\_

### II. Parent/Guardian Information

Parent/Guardian 1: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

Parent Email Address: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

Parent Email Address: \_\_\_\_\_

<p>The student resides with (Check one):</p> <p><input type="checkbox"/> Both Parents</p> <p><input type="checkbox"/> Mother Only</p> <p><input type="checkbox"/> Father Only</p> <p><input type="checkbox"/> Mother/Step-Father</p> <p><input type="checkbox"/> Father/Step-Mother</p> <p><input type="checkbox"/> Grandparents</p> <p><input type="checkbox"/> Legal Guardian</p> <p><input type="checkbox"/> Living on their own</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Other ( )</p>
--

**III. Emergency Contact Information**

Contact 1 \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact 2 \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ Phone #: \_\_\_\_\_

**IV. Curricular & Extracurricular Activities**

Is the student identified in the Academically Gifted education program?  Yes  No

Does this student have a 504 plan?  Yes  No If yes, please provide a copy

Is this student an ESL student (English as a second language)?  Yes  No

Has this student ever been identified in the exceptional children's/special education program?  Yes  No

\* If yes, please provide a copy of IEP.

Is this student currently identified in the exceptional children's/special education program?  Yes  No

\* If yes, please provide a copy of IEP.

What subject(s) do you consider your strengths? \_\_\_\_\_

In what subject(s) have you had the most difficulty? \_\_\_\_\_

What colleges are you interested in attending? \_\_\_\_\_

What profession(s) or vocation(s) are you considering? \_\_\_\_\_

Check the activities that you have participated in:

\_\_\_\_\_ Chorus \_\_\_\_\_ Student Government \_\_\_\_\_ Honor Societies \_\_\_\_\_ Band \_\_\_\_\_ Newspaper

\_\_\_\_\_ Creative Arts \_\_\_\_\_ Service Organization \_\_\_\_\_ Yearbook

Other \_\_\_\_\_ Sports (Specify): \_\_\_\_\_

*In compliance with federal law, Davidson County Schools administers all educational programs, employment activities and admissions without discrimination against any person on the basis of sex, race, color, religion, national origin, age of disability.*

**To the best of my knowledge, the information in this application is true and accurate. By signing below I give permission for my child to be assessed for possible admission to Davidson County High School.**

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Date / Fecha: \_\_\_\_\_ Grade / Grado: \_\_\_\_\_

School/ La escuela: \_\_\_\_\_

If a family is unable to complete this form, additional assistance may be obtained from an interpreter or school personnel.  
Si la familia no pueden/ enar esta forma, puede que necesiten asistencia adicional de un inteprete o empleado de la escuela.

Interpreter: Tricia Garcia (731-8256) Karla Prater (474-8209)

This survey must be administered to every student prior to enrollment in school. If the answer to any one of these questions reveals that a student or family speaks a language other than English, the student must take an English Language assessment (W-APT). The purpose of the assessment is to identify students who may need additional academic support as they acquire English language skills (Lau. v. Nichols, U.S. Supreme Court, 1974). If a student is identified as needing additional English language support, parents or guardians will have the option to accept or waive ESL services.

Este cuestionario se debe administrar a todos los estudiantes antes de ser registrados en la escuela. Si la respuesta a cualquiera de estas preguntas revela que el estudiante o la familia hablan un idioma diferente del ingles, el estudiante debera tamar una evaluaci6n del idioma ingles (W-APT). El pr6posito de esta evaluaci6n del idioma del ingles es para identificar a los estudiantes que necesiten apoyo academica adicional mientras adquieren destrezas en el idioma de ingles (Corte Suprema: Lav. Vs. Nichols 1974). Si el estudiantes es identificado como un estudiante que necesita ayuda adicional en el idioma de ingles, los padres o encargados tendran la opci6n de aceptar o rechazar los servicios de Ingles como Segundo Idioma, y si es necesario, como manda la LEY FEDERAL, reciba una ensenanza adecuada y asistencia en ingles.

Student Name/ Nombre del Estudiante: \_\_\_\_\_  
Last / Apellido First / Nombre Middle / Segundo Nombre

Date of Birth / Fecha de Nacimiento: \_\_\_\_\_ Country of Birth / Pais de Nacimiento: \_\_\_\_\_  
Month / Mes Day / Dia Year / Aïio

Date of Entry into US Public Schools / Fecha de entrada a las Escuela Publicas de EE.UU.: \_\_\_\_\_  
(Do not count Pre-K as a year in U.S. Public Schools // No cuente de Pre-Kinder como una aïio en las escuelas publicas de EE.UU.)

Parent's Name / Nombre de los Padres: \_\_\_\_\_ Phone / Telephone: \_\_\_\_\_

Address / Direcci6n: \_\_\_\_\_

Answer each question carefully / Conteste cuidadosamente:

1. What is the first language the student learned to speak?  
<,Cual es el primer idioma que el estudiante aprendi6 a hablar? \_\_\_\_\_
2. What language is most often spoken in the home?  
<,Que idioma se habla con mas freuencia en la casa? \_\_\_\_\_
3. What language does the student use most often?  
<,Que idioma se habla con mas frecuencia? \_\_\_\_\_
4. Does the student speak any other languages at home ON A REGULAR BASIS?  
<,El estudiante habla otros idiomas en la casa REGULARMENTE?  
No Yes / Si

If so, what are they? / (,Sies asï, cuales? \_\_\_\_\_

Do NOT include foreign languages studied in school or solely learned through media (TV, tape, COs, toys) / (no incluya idiomas estudiados en la escuela o aquellos aprendidos pro medio de la television, casetes, CDS or juguetes.)

Signature / Firma del Padre de Familia o Encargado



# Davidson County High School

## Student Self-Referral Form

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

**\*\* STUDENT'S TRANSCRIPT MUST ACCOMPANY THIS REFERRAL. \*\***

**PLEASE INDICATE POSSIBLE REASONS FOR TRANSFERRING TO DAVIDSON COUNTY HIGH SCHOOL:**

- Been Retained (held back) one or more years
- Failed 2 or more subjects in recent semester
- Been Absent Frequently from School
- Had Difficulty Understanding Math
- Been Late to School Frequently
- Have Little/No Interest in School
- Feel Like You Do Not Fit in at School
- Do Not Get Along with Teachers at School
- Skipped Classes Frequently
- Excessive Work Schedule
- Highly motivated and interested in increasing course load and possibly graduating early
- Working in a virtual environment at your own pace appeals you
- Looking for an alternative, yet rigorous path to high school graduation

Why do you wish to attend the Davidson County High School? What do you hope to give to and get out of the experience? (Please write your response in this space. You may continue your response on the back if needed)



# Davidson County High School

## School Counselor/ Administrator Recommendation

### To Applicant:

Please print or type this section and deliver this form to your school counselor or principal. The evaluator will seal these forms in an envelope.

- **This form will not be considered valid if not sealed. \***

**Applicant's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_  
Last First Middle (Current)

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Date** \_\_\_\_\_

Parent Signature X \_\_\_\_\_

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

### To Evaluator:

The student named above has applied for admission to Davidson County High School. This form is included in our admission packet. Please complete this form and seal it in an envelope. The information will not be included in the student's permanent file. Please confer with professional colleagues to ascertain information, if necessary. Thank you.

**Evaluator's Name** \_\_\_\_\_

**Title** \_\_\_\_\_ **School** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**DISCIPLINARY TRACKING RECORDS (IF AVAILABLE) MUST ACCOMPANY THIS REFERRAL FORM. PLEASE ATTACH TO THIS FORM.**

**PRIMARY REASON FOR REFERRAL TO DAVIDSON COUNTY HIGH SCHOOL:**

- Academic Failure – not enough credits  Excessive Absenteeism – absences impeding the student’s education  
 Excessive Tardiness – late to class  Apathy/Indifference to Education – no interest in school  Social Issues – student exhibits poor self-esteem/does not interact well with peers.  Highly Motivated student interested in completing courses at an accelerated rate in a virtual environment  
 Other (please specify):
- 

**PLEASE CHECK ANY FACTORS OR CHARACTERISTICS LISTED BELOW WHICH APPLY TO STUDENT**

**1. POOR ACADEMIC ACHIEVEMENT**

- Retained (held back) one or more years  Grades are well below potential of students  
 Failed 2 or more subjects in recent semester  Student in need of remediation  
 Other (please specify):

**2. EXCESSIVE UNEXCUSED ABSENCES/TARDINESS/SKIPPING CLASSES**

- Absent \_\_\_\_\_ days last year/semester/marking period (please circle time period)  
 Late to school \_\_\_\_\_ days last year/semester/marking period (please circle time period)  
 Student skipped \_\_\_\_\_ classes last year/semester/marking period (please circle time period)  
 Other (please specify):

**3. APATHY/INDIFFERENCE TO EDUCATION**

- Little/No Interest in School  Student Needs to be Challenged/Student is Bored  
 Student Does Not Fit in at School  Other (please specify):

**4. SOCIAL ISSUES**

- Low Self Esteem  Does not interact well with peers  Student does not interact well with teachers/school administration  Other Issues (Anxiety, ADD, ADHD, ODD): Please explain:

How long has the student been enrolled at your school? \_\_\_\_\_

How long have you known the student?  
\_\_\_\_\_

Do any of the following apply for this student?  ESL  Learning Disability  Other Exceptionality

Please specify: \_\_\_\_\_

To your knowledge has the student had any history of serious conduct problems and/or emotional problems?

Yes  No If yes, please explain.  
\_\_\_\_\_

To your knowledge has the applicant ever been expelled or suspended?

Yes  No If yes, please explain.  
\_\_\_\_\_

Describe the student's strengths \_\_\_\_\_

Please comment on the applicant's attitude toward school. \_\_\_\_\_

Please complete the appropriate blanks. As with the above questions, you may desire to confer with colleagues to make your recommendation.

No Basis for Judgment	Below Average	Average	Good	Excellent	Outstanding	
						Motivation
						Creative Qualities
						Self-Discipline
						Growth Potential
						Leadership
						Self-Confidence
						Personal Appearance
						Warmth of Personality
						Sense of Humor
						Concern for Others
						Energy
						Emotional Maturity
						Personal Initiative
						Reaction to Setbacks
						Physical Condition
						Respect for Authority
						School Conduct
						Out of School Conduct

Additional Comments: \_\_\_\_\_

\* Please feel free to attach a letter of recommendation or any other pertinent documents. \*

Date \_\_\_\_\_

Evaluator's Signature X \_\_\_\_\_