

# **SOAR Academy**

*School of Opportunities, Achievement, & Results*



*PERSONALIZED LEARNING CENTER (PLC)*

## **2018-19 PLC APPLICATION PACKET COVERSHEET**

**Instructions:** All students who would like to be considered for the PLC program at SOAR Academy should complete all documents included in this application packet, as well as attach the required additional documents as indicated in the checklist below. All application packets should be sent to SOAR Academy and must be received by **August 31, 2018.**

### ***Student Information:***

Name: \_\_\_\_\_  
Last First Middle

The following documents are included in this completed student application packet for the Personalized Learning Center (PLC) at SOAR Academy:

- Student Application
- Student Contract
- Parent Contract/Permission Form
- Teacher/Counselor/Principal Recommendation
- Behavior Record for previous two years (*must reflect a history of good behavior*)
- High School Transcript

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE SUBMITTED

# SOAR Academy

School of Opportunities, Achievement, & Results



## PERSONALIZED LEARNING CENTER (PLC) 2018-19 APPLICATION FOR ADMISSION

(PLEASE PRINT OR TYPE)

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

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

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

Is this your mailing address?  Yes  No If no, please specify: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Student I.D. Number \_\_\_\_\_  
Area Code

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender  Female  Male

Grade \_\_\_\_\_ Number of Credits Earned \_\_\_\_\_ Year Entered 9<sup>th</sup> Grade: \_\_\_\_\_

Current School: \_\_\_\_\_

**Ethnicity**  
 Asian or Pacific Islander  American Indian/Alaskan Native  Black  
 Hispanic (including Puerto Rico)  White  Other \_\_\_\_\_ (specify)

Student resides with:  
 Both Parents  Guardian *Specify Relationship* \_\_\_\_\_  
 Father  Group Home *(specify)* \_\_\_\_\_  
 Mother \_\_\_\_\_  
Name of Home \_\_\_\_\_ Contact Name \_\_\_\_\_  
Contact Phone \_\_\_\_\_ Area Code \_\_\_\_\_

Were you previously enrolled in the PLC?  Yes  No If yes, grades and years attended \_\_\_\_\_

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

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

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

STUDENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Mr. & Mrs.     Mr.     Ms.     Other \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_ Area Code \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Emergency phone: (    ) \_\_\_\_\_

Number of adults in household: \_\_\_\_\_ Number of children in household: \_\_\_\_\_

Is the student a parent?     Yes     No    Age of child \_\_\_\_\_

Does the child live with the student?     Yes     No

Does the student work?     Yes     No

Hours worked weekly \_\_\_\_\_

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

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

## FREQUENTLY ASKED QUESTIONS

### **1. What is the Personalized Learning Center (PLC) at SOAR Academy?**

The Personalized Learning Center gives students a non-traditional environment where they can recover and accrue credits at an accelerated pace and make progress towards graduation.

### **2. Which schools do the PLC serve?**

The PLC serves students from the high schools in Bibb County, including Central, Howard, Northeast, Southwest, and Westside.

### **3. What is the criteria for student selection?**

Students interested in the program must apply and be accepted. The following criteria will be used for student selection:

- Juniors and seniors who are approximately seven classes behind.
- Must be at least 16 years of age.
- Must submit a complete Application Packet
  - Behavior Records for previous two years (*must reflect a history of demonstrated good behavior*)
  - High School Transcript
  - Parental Permission Form
  - Teacher/Counselor/Principal Recommendation
- Participation in a face-to-face interview with PLC Team.
- Willingness to make a one-year commitment.
- Access to a home computer with Internet and willingness to complete work in at least three classes per week for a minimum of one hour per class.

### **4. How will the PLC benefit me?**

The PLC learning environment balances structure and support with independence and autonomy. Students take an active role in monitoring their own learning as they complete their coursework in the Edgeunity online program while having the benefits of being in a small class setting (no more than 15 students per class) and having a classroom instructor to provide individual and small group remediation.

### **5. Will I earn a diploma from SOAR Academy?**

No, you will still earn your high school diploma from your home school and will still be able to participate in your home school's graduation ceremony upon earning the required credits and passing the required assessments needed for graduation.

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*PERSONALIZED LEARNING CENTER (PLC)*  
**2018-19 STUDENT CONTRACT**

As a member of the PLC, you will become a part of a learning community that truly cares about your success – not just your graduation from high school, but your success in life and in the future, whether you plan to attend college, post-secondary training, or a career. The PLC staff members are committed to ensuring that you will be successful. Likewise, it is just as important that you are 100% committed as well.

I, \_\_\_\_\_, acknowledge that my attendance at the PLC is a privilege, not a right, and that my success and continued enrollment is conditioned on my abiding to this contract. I agree to do the following:

1. Maintain at least 95% attendance.
2. Achieve a grade of 80% or higher in each course prior to advancing to the next level and complete projects and off-line assignments.
3. Obey all rules and policies concerning behavior and conduct as determined by SOAR Academy and the school district, including dress code and acceptable computer use guidelines.
4. Commit to having access to a home computer with Internet so that I can complete work in at least three classes per week at home for a minimum of one hour per class. I will complete a Daily Log to record my time spent working in the program at home.
5. Commit to being enrolled in the PLC program for a minimum of one academic school year.
6. Meet the requirements for graduation in order to receive a diploma from my home school.

I understand that by fulfilling all academic and performance requirements that I will be eligible to receive a diploma from my home school. I also understand that the PLC may terminate my enrollment should I fail to abide by this contract.

\_\_\_\_\_  
**Student's Signature**

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

\_\_\_\_\_  
**PLC Representative's Signature**

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

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*PERSONALIZED LEARNING CENTER (PLC)*  
**2018-19 PARENT CONTRACT/PERMISSION FORM**

Parent's Name \_\_\_\_\_

Student's Name \_\_\_\_\_

I, \_\_\_\_\_, understand that the PLC is not only committed to helping my child successfully graduate from high school but also to helping my child continue his/her education beyond high school. I agree to fully support my child and the PLC in these efforts. I also acknowledge that my child's attendance at the PLC is a privilege, not a right, and that his/her success and continued enrollment is conditioned on my abiding to this contract. I agree to do the following:

1. Ensure that my child maintains at least 95% attendance.
2. Ensure that my child is punctual for class and other appointments.
3. Attend scheduled, as well as emergency, face-to-face parent/teacher conferences.
4. Provide a place in my home for my child to study.
5. Provide a home computer with Internet access for my child so that he/she can complete work in at least three classes per week at home for a minimum of one hour per class. Ensure that he/she completes a Daily Log to record the time spent working in the program at home.
6. Encourage my child to obey all rules and policies concerning behavior and conduct as determined by SOAR Academy and the school district, including dress code and acceptable computer use guidelines.
7. Commit to my child being enrolled in the PLC program for a minimum of one academic school year.

I understand that the PLC may terminate my child's enrollment should I fail to abide by this contract.

\_\_\_\_\_  
**Parent's Signature**

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

\_\_\_\_\_  
**PLC Representative's Signature**

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

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PERSONALIZED LEARNING CENTER (PLC)  
**2018-19 RECOMMENDATION FORM**

**To Applicant:**

Please print or type your information in the top section and have your teacher, counselor, or administrator to complete the bottom section.

**Student's Name** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
Last First Middle

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

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

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**- TO BE COMPLETED BY EVALUATOR -**

**To Evaluator:**

The student named above is applying to the PLC program at SOAR Academy. Please complete this form and return it to the student so that he/she can include it in his/her packet or send it directly to the counselor at SOAR Academy.

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

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

Please rate the student on each of the following areas:

Below Average	Average	Good	Excellent	Outstanding	Area	Comments
					Concern for Others	
					Emotional Maturity	
					Leadership	
					Personal Appearance	
					Personal Initiative	
					Personality	
					Respect for Authority	
					Reaction to Setbacks	
					School Conduct	
					Self-Confidence	
					Self-Discipline	

What make the applicant above a good candidate for the PLC program at SOAR Academy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
EVALUATOR'S SIGNATURE

\_\_\_\_\_  
DATE