

Hastings Alternative School Program

Grade 9 Application for Admission (2021-2022)

Name _____ Guidance Counselor _____

Address _____

Home Phone _____ Your Grade _____ Birth Date _____

Parent/Guardian _____

Parent/Guardian Work/Cell Number _____

Parent/Guardian E-mail Address _____

Your E-Mail Address _____ Your Cell Phone _____

Guidance Counselor's Signature _____

Student's Signature _____

Parent/ Guardian Signature _____

If you have any questions, please reach out to Peter Scotch: 295-3043

Please type your responses to the following four questions and staple them to this sheet before submitting:

- 1) The HASP Advisory Committee would really like to know more about you. Write a narrative reflecting on your experiences in the High School so far. What are some of your expectations you have for yourself in High School? Feel free to focus on both academic and social expectations. (Please attach an additional sheet if needed.)
- 2) HASP offers many things to its members. What specific needs of yours do you think HASP can help with? What about HASP could make that possible?

- 3) **Student involvement is the foundation of HASP. Reflect on your experiences in the past and briefly describe how your participation in an activity, event, etc. demonstrated commitment to something.**
- 4) **Discuss something specific you need to improve on and explain how you would try to change if you joined HASP.**
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Application Received _____

Interview Conducted with HASP Director, Guidance Counselor and _____
on _____.

Application Screened by the Advisory Committee: _____

Recommendation: _____ **Approved** _____ **Disapproved**