



BAISD EDGE Early Middle College Student Application

(To be completed by Student & Parent or Guardian)

Please Print

Last Name	First Name	MI	Date of Birth	Student Cell Phone
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List your Current High School	Current Grade Level
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Student email	PROGRAM OF STUDY*
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Parent/Guardian Name	Home Phone	Cell Phone
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Home Address	Parent/Guardian Email Address
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*If the student is pursuing an Associate's of Arts/Science Transfer Program, list the university. If not, list the Career & Technical Education (CTE) program or other.

Student Interest:

Directions to Student: Please respond to the following questions. You may use additional paper if needed.

1. Please explain why you are interested in attending the BAISD EDGE Early Middle College Program.

2. How will your enrollment in the BAISD EDGE Early Middle College Program allow you to meet your educational, college, and/or career goals?

**Return the application and recommendations to your high school counselor.*



I understand that my participation in my child’s education will help determine his/her likelihood of success in the program. Therefore, I agree to be accessible and readily available to my local school or BAISD EDGE to discuss my child’s progress and development. I understand that acceptance into the BAISD EDGE Early Middle College requires a commitment through the fifth year (grade 13), including:

- Fulfilling the 5th year math requirement and receipt of high school diploma after the completion of the 5th year.
- I also understand that attendance and full participation in all program activities is vital to my child’s success. These activities will include enrollment at Delta College or Davenport University.
- I understand that acceptance into the program is a privilege, and my child must adhere to the Campus Standards set by the College in order to remain enrolled.
- Failure to meet those standards may result in his/her dismissal from the BAISD EDGE Early Middle College, and could result in failure to graduate from high school.
- I understand that Early Middle College students must attend and pass all required high school classes and all program-approved college courses.
- I understand that college classes that are not passed at a ‘C’ or better may not be transferable to a four-year university.
- I understand that the cost of college tuition will be paid for by the student’s individual school district, but not to exceed the state aid allotment. Some districts will cover the cost of textbooks, check with your local high school.
- Students are required to reimburse their local school district if they fail or withdraw from college class(es).
- I understand that all textbooks and required materials are property of the local high school and must be returned to the individual school district at the end of each semester. No refunds will be given for any damaged or lost textbooks, or for those textbooks and required materials students wish to keep.
- Students will be expected to provide their own transportation to and from the program for off-site classes unless otherwise arranged.
- I understand that some college courses will be offered on a traditional college campus with other students of varying ages and that are not a part of the BAISD EDGE Early Middle College program, and that some of the college content within these courses may include subject matter that is not typically taught at the high school level, and may contain adult content.
- I understand that Early Middle College students are subject to academic and disciplinary standards and policies established by the individual handbooks of their local school district, the BAISD EDGE Early Middle College, as well as the college.
- I understand that Early Middle College students will be considered enrollees of their high school district and that they are subject to laws, policies, and graduation requirements of the individual school district until the completion of their 5th year.
- I understand dismissal from the BAISD EDGE Early Middle College due to course failure, poor attendance, discipline issues, etc. could result in failure to graduate from high school.
- By signing this form, I also authorize BAISD EDGE Early Middle College to access my child’s Educational Development Plan as well as other pertinent school records.

Parent/Guardian Signature

Date

Student Signature

Date

**Return the application and recommendations to your high school counselor.*



Recommendation Form (2 required)

To be completed by the Applicant:

Student Name

Current School and Grade

Waiver: I hereby waive my right to access the information provided by this recommendation:

Student signature

Date

To be completed by the Respondent:

Respondent Name

Phone Number

Email Address

In what capacity do you know the applicant? How long have you known the applicant?

Respondent Signature

1. Please provide a sentence or two describing your general impression and evaluation of this student.

2. Additional Comments:

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3. Based on your experience with the applicant, your overall recommendation for this student is:
- Highest Recommendation (No reservations about this student)
 - Recommendation (Fairly confident this student will be successful)
 - Recommendation with Reservation (Some concerns, student lacks a few qualities necessary for success)
 - Do Not Recommend

Please rate the student in terms of the following attributes:

Academic Capability

- Exceptional
- Above Average
- Average
- Below Average
- No Basis for Evaluation

Motivation

- Exceptional
- Above Average
- Average
- Below Average
- No Basis for Evaluation

Self- Confidence

- Exceptional
- Above Average
- Average
- Below Average
- No Basis for Evaluation

Intellectual Curiosity

- Exceptional
- Above Average
- Average
- Below Average
- No Basis for Evaluation

Relationship with Peers

- Exceptional
- Above Average
- Average
- Below Average
- No Basis for Evaluation

Relationship with Adults

- Exceptional
- Above Average
- Average
- Below Average
- No Basis for Evaluation

Maturity

- Exceptional
- Above Average
- Average
- Below Average
- No Basis for Evaluation

Judgment

- Exceptional
- Above Average
- Average
- Below Average
- No Basis for Evaluation



Recommendation Form (2 required)

To be completed by the Applicant:

Student Name

Current School and Grade

Waiver: I hereby waive my right to access the information provided by this recommendation:

Student signature

Date

To be completed by the Respondent:

Respondent Name

Phone Number

Email Address

In what capacity do you know the applicant? How long have you known the applicant?

Respondent Signature

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Signature Page

_____	Approved / Not approved
Counselor Signature	
_____	Approved / Not approved
Principal Signature	
_____	Approved / Not approved
Superintendent Signature	
_____	Approved / Not approved
ISD Representative Signature	
_____	Approved / Not approved
Career Center Instructor Signature	

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