



Transforming student's experiences
now and for the future

Application 2009 – 2010

A message to prospective Parents and Students:

The Nashville Diploma Plus High School offers a rigorous and authentic environment that connects academics to the real world. Students best suited for Diploma Plus include those that have been disengaged from the traditional system, are over-aged and under-credited, and demonstrate a wealth of creativity.

The three phases in the NDPHS are the Foundation, Presentation, and Plus Phases. In all three phases, students meet content objectives through clearly defined competency expectations while participating in real-world experiences and building relationships with caring adults.

Diploma Plus is built around four essentials for success: performance-based education, supportive school culture, future focus on college and careers, and effective supports for teachers and schools.

Our main focus is instilling in students the need and desire to take personal control and responsibility for their own education. The Nashville Diploma Plus High School does not fit into the definition of most “Alternative High Schools”. NDPHS is alternative in the best sense of the word. We are here to assist students that *desire to learn and be successful*. If you have reached a point in your educational career where you feel the need for something different, challenging, and rewarding – then Diploma Plus may be your new home.

Thank you for your interest in Nashville Diploma Plus High School.

Mrs. Jill Bates



Nashville Diploma Plus High School Student Application 09-10

Personal Information

Date:		SS#	
Name: (Last)	(First)	(Middle)	
Address:		Student Email:	
City:	State:	Zip:	
Home Phone Number:		Cellular Phone Number:	
Date of Birth: (M/D/Y)		Gender:	MALE FEMALE
City and State of Birth:			
Race:	AFRICAN AMERICAN	PACIFIC ISLANDER	WHITE LATINO/ HISPANIC ASIAN NATIVE AMERICAN Other (Specify):
Does Student have an IEP? (Special Education Services)		YES:	NO: Does Student have a 504? YES: NO:
Name(s) of Legal Guardian(s):		Email:	
Relation to Legal Guardian(s):			
Name(s) of Parent(s):			

Previous Education Information

Name of Last School Attended	Official Withdrawal Date:
When did you Stop Attending? (M/D/Y)	Last Grade Completed:
Have you enrolled in or attended any GED or other educational program since withdrawing from school? YES NO	
If YES, please complete the following:	
Program Name:	Agency/Company Name: Name of Teacher:

Emergency Contact Information

Name:	
Address:	Email:
Home Phone Number:	Cellular Phone Number:
Relationship with Emergency Contact:	



**Nashville Diploma Plus High School
Student Reference Form 09-10**

Name of Student:

Name of Person Completing this Form:

The student named above has applied to a Diploma Plus School. In each category below, please circle the word below that best describes this student.

The student's ability to speak, listen, and write clearly is:

Excellent Good Fair In need of improvement

The student's ability to behave in a mature and responsible manner, demonstrate self-control and take directions from those in authority is:

Excellent Good Fair In need of improvement

The student's ability to work respectfully with different individuals, to resolve conflicts in a constructive manner, and to maintain a positive attitude when faced with difficult situations is:

Excellent Good Fair In need of improvement

The student's ability to take responsibility for his or her choices, to make school attendance and participation a priority, and to seek assistance and guidance when needed is:

Excellent Good Fair In need of improvement

How do you know this student?

How long have you known this student?

Do you have any additional information you would like to share about this student?

Reference's Information

School or Organization:			
Title:			
Address:		Email:	
City:	State:	Zip:	
Home Phone Number:		Alternative Phone Number:	
Relationship to Applicant:			

Your Signature:

Date:



**Nashville Diploma Plus High School
Student Conduct Agreement
2009 - 2010**

To help students meet the challenges of returning to school, we have developed both a structured academic program and a comprehensive system of student support. All students who enroll at our school are expected to follow **all** policies as outlined in the Student Handbook. As a student who is serious about furthering your education, you are expected to:

- Focus on your goals and maintain a positive attitude with regard to class work and other requirements
- Take responsibility for your own personal behavior
- Work cooperatively with teachers and classmates
- Arrive to school and classes on time
- Attend all classes except when excused
- Provide written excuses for absences and early dismissals from appropriate persons (parent, guardian, doctor, probation officer, etc.)
- Use appropriate language at all times

In signing this agreement, you fully understand and agree to accept the terms and responsibilities described above. Failure to abide by these terms and responsibilities may result in your discharge from this Diploma Plus School.

Student Signature: _____

Student Name: _____

Date: _____

Sponsor Signature: _____

Sponsor Name: _____

Date: _____



**Nashville Diploma Plus High School
Contract of Support
2009 - 2010**

To the Applicant: Please print your name on the line below before giving this form to the person who will support your participation and celebrate your achievements at this Diploma Plus School.

Name:

To the Sponsor: The person named above is applying for admission to a Diploma Plus School. This school offers young people the opportunity to earn a rigorous high school diploma, college credits, and work experience. As a Sponsor you will:

- Provide support and encouragement
- Keep the student focused on reaching his/her goals
- Help the student make arrangements to get to our school's portfolio presentations, exhibitions, interviews, classes, internships, etc.
- Motivate the student to arrive at school on time every day and to complete all assignments and requirements professionally and to the best of his/her ability
- Communicate regularly with the Diploma Plus School staff

By signing this contract of support, you agree to accept the responsibilities above. You may receive telephone calls, letters, or both from our school staff. You may also be requested to attend progress meetings. And of course, you will be invited to promotion and graduation ceremonies.

Sponsor Information

Name:			
Address:		Email:	
City:	State:	Zip:	
Home Phone Number:		Alternative Phone Number:	
Relationship to Applicant:			

Sponsor Signature:

Date:



Nashville Diploma Plus High School Emergency Information

Date: _____

Student Information

Name: (Last)	(First)	(Middle)
Address:	Student Email:	
City:	State:	Zip:
Home Phone Number:	Cellular Phone Number:	
Date of Birth: (M/D/Y)		

Parent/Guardian Information

Name:	
Address:	Email:
Home Phone Number:	Alternative Phone Number:
Relationship with Emergency Contact:	
Place of Employment:	
Student lives with: Mother Father Guardian Grandparent(s) Other (Specify):	

Medical Information

Physician's Name:	Phone Number:
Address:	
Local Hospital Choice:	
Does Student have Health Insurance: YES NO	
If YES, please complete the following:	
Health Insurance Provider:	Policy Number:
Has student had a Physical Exam in the past two years? YES NO	

I give the Diploma Plus School permission to treat, share medical information with the appropriate school personnel, to contact above physician as necessary and for school personnel to have my child, a student of the Champion, transported to the local hospital which I have selected for treatment in the event of an emergency.

Signature of Parent/Guardian: _____

Date: _____



**Nashville Diploma Plus High School
Release and Informed Consent Form**

I/We, the parent(s)/guardian(s) of _____ (student's name), and I, the student,

give permission and/or agree to fully participate in all activities associated with the Nashville Diploma Plus High School at the following locations:

1. Others including: Field Trips, Informational Interviews, Job Shadow Days and Extracurricular Activities. In connection with and consideration of my/my son/daughter's participation in the NDPHS, I, on behalf of my child/myself, my heirs, personal representative(s) and assigns, hereby represent and agree as follows:
2. I am aware that injuries may occur during participation in the NDPHS and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the NDPHS and related activities, including, but not limited to: cuts, scrapes, bruises, broken bones and other bodily injuries. The following is a description and examples of specific, significant, non-obvious the NDPHS and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the NDPHS and related activities, including, but not limited to: cuts, scrapes, bruises, broken bones and other bodily injuries. The following is a description and examples of specific, significant, non-obvious dangers and risks associated with this program. There is potential for accidents and/or injuries arising from:
 - a. Participating in activities associated with this program.
 - b. Transportation by public carrier, vehicle driven by a Metro representative, or program volunteer.
 - c. Fire and/or weather related events.
3. I understand that I am/my son/daughter is not in any way required to participate in the NDPHS, but I want to/I want him/I want her to participate, despite the possible dangers and despite this Release.
4. I understand that photographs may be taken of me/my son/daughter while engaged in activities of the NDPHS. Such photographs will be used to promote ND{HS and possibly appear in different media forms. I agree that I/my son/daughter may be photographed for this purpose. I give my permission for my son/daughter to be interviewed by media concerning the activities surrounding his/her experience.
5. I represent and warrant that I have/my child has no physical, health related or other problems, which would preclude my/his/her participation in the NDPHS or otherwise render my/his/her participation dangerous or harmful to them or others.
6. Knowing the dangers, hazards, and risks associated with the NDPHS and with sufficient knowledge of my/my child's physical condition(s) and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which I/my child may, in any way, sustain in connection with participation in the NDPHS and related activities.
7. I agree that I/my child must abide by all rules and regulations applicable to participation in the NDPHS. Should I/my son/daughter require medical treatment or first aid as a result of illness or injury associated with NDPHS or related activities, I consent to such first aid and/or treatment.
8. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the Metropolitan Government, officers, agents, employees, and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my/my son/daughter's participation in NDPHS and/or related activities, whether due to negligence, mistake or other action or inaction of the Metropolitan Government or any other person or entity.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Participating Student's Name (Please Print)

Signature of Participating Student Date

Name(s) of Parent(s)/Guardian(s) (Please Print)

Signature(s) of Parent(s)/Guardian(s) Having Care and Custody of Participating Student Date

Telephone Nos. _____ (Work) _____ (Home)