



Declaration Packet Checklist

All materials must be received by April 24, 2006.

_____ **Part One: Personal Information**

Please complete the information and secure parent signature.

_____ **Part Two: Statement of Intent—Student**

Please declare your intent to enroll in the Wake Early College of Health and Sciences and state your rationale.

_____ **Part Three: Statement of Intent—Parent**

Please have your parent declare his/her support for your enrollment in the Wake Early College of Health and Sciences and state his/her rationale.

_____ **Part Four: Teacher/Counselor Input**

Please provide a teacher or counselor of your choice with the Teacher/Counselor Input form provided. S/he should submit it directly to the Wake Early College of Health and Sciences principal.

**Please submit all required information to
Declaration Committee
c/o Richard Murphy
Wake Early College of Health and Sciences
Wake County Public School System
3600 Wake Forest Road
Raleigh, NC 27609**



Part One: Personal Information

Last Name		First Name		Middle Name	
Preferred Name					
Date of Birth		/		/	
	Month		Day		Year
Street Address		Apt.#	City		Zip
Home Phone			Email	@	
Current School (Name/Address)					
8 th Grade Counselor					
Teacher/Counselor Reference	List the teacher or counselor in your current school you will use as a reference.				
Parent/Guardian Name (Please print)					
Parent/Guardian Signature					

All materials must be submitted by April 24, 2006.



Part Two: Statement of Intent: Student

The Wake Early College of Health and Sciences (WECHS) is a non-traditional high school that provides students the opportunity to graduate in five years with a high school diploma and an Associate degree or two years of earned college credit. The intent of the WECHS is to prepare students for post-secondary study or highly skilled employment in new and emerging industry. The school will be located on the Wake Technical Community College campus. Co-curricular activities will be related to the school's mission.

1. Please read the description of the WECHS. What about this learning opportunity interests you? In a brief statement, describe why you are seeking this experience.

2. What educational and career plans do you have after you complete high school?

3. Students who are assigned to the WECHS must meet the following expectations:
 - Attend school regularly and have parent/guardian notify school in the event of an absence.
 - Arrive at school as scheduled and to all classes on time.
 - Devote a minimum of 2 hours each day to homework and study.
 - Keep parents/guardians informed of their academic progress at WECHS.
 - Complete all WECHS and North Carolina graduation requirements.
 - Expect to attend college after high school graduation.

Your signature indicates your commitment to meeting these expectations.

Student Signature

Date

All materials must be submitted by April 24, 2006.



Part Three: Statement of Intent: Parent/Guardian

The Wake Early College of Health and Sciences (WECHS) is a non-traditional high school that provides students the opportunity to graduate in five years with a high school diploma and an Associate degree or two years of earned college credit. The intent of the WECHS is to prepare students for post-secondary study or highly skilled jobs in new and emerging industry. The school will be located on the Wake Technical Community College campus.

1. Please read the description of the WECHS. What about this learning opportunity interests you? In a brief statement, describe why you are seeking this experience for your child.

2. Students succeed best when the school, the parent/guardian, and the student work together. Families assigned to the Wake Early College of Health and Sciences will
 - Support regular attendance and notify the school in the event of an absence.
 - Provide for 2 hours each day for students to study and do homework.
 - Review progress reports and report cards with their child.
 - Participate in student-led conferences twice a year.
 - Agree to participate in conversations that develop and guide their child's educational plan.
 - Contact school if they have questions or if there is a gap in information coming home.
 - Attend and participate in school functions.
 - Monitor WECHS activities by reading all materials sent home.
 - Encourage and expect students to attend college after high school graduation.

Your signature indicates your commitment to meet these expectations.

Parent/Guardian Signature

Date

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Part Four: Teacher/Counselor Input

The student named below is applying for Wake Early College of Health and Sciences (WECHS) This non-traditional high school provides students the opportunity to graduate in five years with a high school diploma and an Associate degree or two years of earned college credit. The intent of WECHS is to prepare students for post-secondary study or highly skilled jobs in new and emerging industry. The school will be located on the Wake Technical Community College campus.

Your responses will assist WECHS staff in identifying students who will benefit from and succeed in this setting.

Student's Name _____ School _____

8th Grade Counselor Name _____

Recommending Counselor or Teacher/Subject _____

How long have you known the applicant? _____ In what capacity? _____

The WECHS will serve first generation college students, gifted students, and students who have unrealized potential. The following characteristics describe these kinds of student. Please check any characteristics you recognize in this student for whom you are providing input.

<input type="checkbox"/>	Bright/intelligent	<input type="checkbox"/>	Capable of performing at a higher level
<input type="checkbox"/>	Shows leadership capabilities	<input type="checkbox"/>	Shows little/no interest in learning
<input type="checkbox"/>	Demonstrates artistic abilities	<input type="checkbox"/>	Bored with limited course offerings of HS
<input type="checkbox"/>	Seeks academic challenges	<input type="checkbox"/>	Experiences personal/social struggles
<input type="checkbox"/>	Participates in class discussion	<input type="checkbox"/>	Lacks in study, organizational, or time-management skills
<input type="checkbox"/>	Desires more freedom or independence	<input type="checkbox"/>	Needs help in determining educational or career goals
<input type="checkbox"/>	Eager to join the adult world	<input type="checkbox"/>	Does not follow through on homework assignments
<input type="checkbox"/>	Inconsistent in academic effort	<input type="checkbox"/>	Needs personal attention and encouragement
<input type="checkbox"/>	Not performing up to perceived capability	<input type="checkbox"/>	Discipline problems

Please evaluate the student's current performance by placing a check in the appropriate space:

Attendance	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Classroom Attitude	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Work ethic	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Potential for success in college environment (with support)	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor

Please write about any or all of the comments above (attach or use back of form if necessary).

Signature _____

Date _____

Submit your signed and dated form to Declaration Committee, c/o Richard Murphy, Wake Early College High School, Wake County Public School System, 3600 Wake Forest Road, Raleigh, NC 27609.

All materials must be submitted by April 24, 2006.



Academic Records Request

Attention Registrar: _____ (name of last school attended)

City and State: _____, _____

Student Name: _____ Date of Birth: ____/____/____
month day year

Please send to my attention, at your earliest convenience, the **copies of these records** of the student named above and include:

Please also include the following as appropriate:

- | | |
|--|---|
| 1. Dates of attendance at your school. | Psychological Evaluations |
| 2. Grades earned until that date. | Current and previous IEP's or 504 Plans |
| 3. Explanation of marks used in grading. | Current hearing/vision test |
| 4. Health and immunization record. | Personalized Education Plan |
| 5. Withdrawal form | SST Referral |
| 6. All assessment data | |

If you do not maintain the Special Education records, please forward this request to the appropriate office. Thank you for your prompt attention.

Please forward requested copies to: Wake Early College of Health and Sciences
ATTN: Declaration Committee
2901 Holston Lane
Raleigh, NC 27610

I consent to the transfer of copies of the requested records.

Parent Signature

Date

2901 Holston Lane, Raleigh, North Carolina 27610

focused environment for accelerated learning