

# The Birmingham Excelsior Program

1527 5<sup>th</sup> Ave N  
Birmingham, AL 35203  
Suite 230



**BIRMINGHAM**  
CITY SCHOOLS

*“The Expectation of Excellence”*



**(205) 266-3584 (Ms. McIntosh)**  
**(205) 219-0679 (Mr. Ellis)**

(Hours may not be available)

SESSION ONE:  
**7:00AM – 12:00PM**

SESSION TWO:  
**12:00PM – 5:00PM**

STUDENT NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_

## **FOR OFFICE USE ONLY:**

____ BIRTH CERTIFICATE	GRAD EXAMS ____ PASSED: READING LANGUAGE MATH SOCIAL STUDIES SCIENCE/ BIOLOGY
____ SOCIAL SECURITY CARD	____ TRANSCRIPT (CREDITS EARNED _____)
____ PICTURE ID (_____)	____ COUNSELOR'S EVALUATION (CREDITS NEEDED _____)
____ PROOF OF RESIDENCE	____ DIPLOMA TRACT: _____
____ IMMUNIZATION (BLUE CARD) EXPIRES _____	____ MANDATORY EXIT DATE: _____ ____ IEP ____ ELIGIBILITY ____ VERIFY ESE ____ IQ
____ STATE ID #(_____)	____ PREVIOUS SCHOOL WITHDRAWAL FORMS (____) ____ APPLICATION PACKET COMPLETE

**LAST HIGH SCHOOL ATTENDED:** \_\_\_\_\_

**WANTS TO ATTEND WHICH EXCELSIOR SITE:** \_\_\_\_\_

**DEMOGRAPHICS:**

Name: \_\_\_\_\_ Gender: Male Female  
                    First                    Middle                    Last                    (Maiden)

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**GUARDIAN INFORMATION:**

Parent/Guardian's Name: \_\_\_\_\_

Relationship to student: Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

EMERGENCY CONTACT #1: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relation: \_\_\_\_\_

EMERGENCY CONTACT #2: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relation: \_\_\_\_\_

**MEDICAL INFORMATION:**

Check (✓) any medical problems the student has NOW or has had in the PAST:   \_\_\_ **No known health concerns**

\_\_\_ADD/ADHD   \_\_\_Arthritis   \_\_\_Asthma   \_\_\_Behavior   \_\_\_Blood   \_\_\_Cancer   \_\_\_Dental   \_\_\_Diabetes (Type 1 or Type 2)

\_\_\_Emotional   \_\_\_Genetic   \_\_\_Headaches   \_\_\_Hearing   \_\_\_Heart   \_\_\_High Blood Pressure   \_\_\_Kidneys   \_\_\_Migraines

\_\_\_Seizures   \_\_\_Sickle Cell Anemia   \_\_\_Vision   \_\_\_Allergies (\_\_\_Food   \_\_\_Insects   \_\_\_Medications   \_\_\_Environment)

EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

List any medication student is taking: \_\_\_\_\_

\_\_\_\_\_

Type of Health Insurance: \_\_\_No Insurance   \_\_\_Private (\_\_\_\_\_)   \_\_\_Medicaid  
\_\_\_Other

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PARAMEDICS ARE CALLED IN THE EVENT OF A HEALTH EMERGENCY.**

In an emergency, I authorize school officials to:

- 1. Seek medication assistance as may be needed.                     Yes     No
- 2. Administer any treatment deemed necessary by a physician.    Yes     No
- 3. Other suggestions: \_\_\_\_\_

If hospitalization is considered necessary, to which hospital should the student be taken?

\_\_\_\_\_

OTHER HEALTH CONCERNS: \_\_\_\_\_

**STUDENT BACKGROUND INFORMATION:**

Has the student ever been **arrested** or **convicted** of a **misdemeanor** ?    Yes    No    If Yes, please explain:

\_\_\_\_\_

Has the student ever been **arrested** or **convicted** of a **felony**?     Yes    No    If Yes, please explain:

\_\_\_\_\_

Does the student have a Probation Officer?    Yes    No

PO's Name / Phone #: \_\_\_\_\_

Has the student ever received Special Education Services?    Yes    No

If Yes, does student have an IEP?     Yes    No

**MEDIA RELEASE AUTHORIZATION:**

I (the above named student) agree to permit the Birmingham Excelsior Program / The J. Vincent Group / BCSD to photograph, audiotape or videotape myself at any time while at school, or at any school function or activity. I give permission to the Birmingham Excelsior Program / The J. Vincent Group / BCSD to use any such photographs, audiotapes, or videotapes, including my name, for whatever purpose they may deem necessary.     I Agree     I Disagree

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby authorize release of school records regarding myself / my son / daughter from \_\_\_\_\_ (the last school they attended) to Birmingham Excelsior Program / The J. Vincent Group / Birmingham City Schools. My permission is freely given in this release of information, and is valid for the duration of my child's enrollment. I also understand that I have a right to inspect and review all records at any time.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**EDUCATIONAL HISTORY:**

Reason for enrolling with the Excelsior Program: \_\_\_\_\_  
\_\_\_\_\_

Did the student get a "GED"?  Yes  No

Did the student "walk" with a certificate from a high school?  Yes  No

School/Year: \_\_\_\_\_

Did the student get a diploma from a private or alternative school?  Yes  No

School/Year: \_\_\_\_\_

Circle the highest grade level the student completed: 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup> Other: \_\_\_\_\_

Circle high school attendance years? 2002-03 2003-04 2004-05 2005-06 2006-07 2007-08 2008-09 2009-10

Last 3 schools attended: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

AHSGE (Grad Exams) student has passed:  Reading  Language  Math  Social Studies  Science/Biology

**HOME LANGUAGE SURVEY:**

What language is spoken at home? \_\_\_\_\_

Is the student's first language, anything other than English?  Yes  No If YES, Which? \_\_\_\_\_

Was the student born in the United States?  Yes  No If YES, which state? \_\_\_\_\_

If NO, what country? \_\_\_\_\_ Date student entered the United States: \_\_\_\_\_

**Please check (√) one:**

Native American Indian  Native Pacific Islander  White, not of Hispanic origin  Hispanic/Latino

Alaska Native  Native U.S. Islander  Black, not of Hispanic origin

Asian: \_\_\_\_\_  Other: \_\_\_\_\_

Specify Region

Specify Country

**EMPLOYMENT SURVEY:**

The results of this survey will be used to determine if you are possibly eligible for the Migrant Education Program.

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Has your family moved in the last 3 years **to work, or to seek work**, even if it was a short period of time? \_\_\_Yes \_\_\_No

In which city, state, or country did you reside before here? \_\_\_\_\_

What type of work did you and your parents do before now? Student: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

**RESIDENCE QUESTIONNAIRE:**

**Your answers to the following questions will help determine if you are eligible for assistance.**

**A:** Is your current address a temporary living situation? \_\_\_Yes \_\_\_No

**B:** Is this temporary living situation due to loss of housing, eviction, or economic hardship? \_\_\_\*Yes \_\_\_No

\*\*\*\*\*If you answered **YES** to either A or B, **complete the remainder of this page.** If **NO**, skip to **E.**\*\*\*\*\*

**C:** \*Reason for loss of housing: \_\_\_\_\_

**D:** \*The student lives in the following situation (check (√) one):

\_\_\_ TS 1-- Shelters/Traditional Housing Programs (Includes any children living with parents in Penelope House, Salvation Army Women's Shelter, Family Promise, Alabama Baptist Children's Home, Volunteers of America Traditional or Disability Housing, Catholic Social Services Disability Housing)

\_\_\_ TS 2 – Doubled-Up (Living with family, friends, etc. on a temporary basis) \_\_\_\_\_

\_\_\_ TS 3 – Unsheltered (Living in cars, parks, campgrounds, etc.) \_\_\_\_\_ Name of Person

\_\_\_ TS 4 – Hotels/Motels (Includes regular hotels/motels and those pay-by-the-week motels)

\_\_\_ TS 5 – Unaccompanied Youth (Usually high school students who have been kicked out or left home for a variety of reasons)

\_\_\_ TS 6 – Permission for Emergency Enrollment (Missing parents, incarcerated or military parents, DHR removal, etc.)

\_\_\_ TS 7 – Unknown

**E:** Has the student been expelled from his/her prior school? \_\_\_Yes \_\_\_No \_\_\_\_\_

Name of School \_\_\_\_\_

**VERIFICATION OF INFORMATION:**

By signing below, I certify that the information provided in this document is true and correct, where penalty of falsification or omission may result in the student's immediate termination from the Birmingham Excelsior Program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# EXCELSIOR PROGRAM RULES AND POLICIES

Any violation of these rules may result in immediate termination from the Excelsior Program. Therefore, I hereby agree to follow these rules which are my responsibility to be part of the Excelsior Program. Place your initials in the space provided next to the rule signifying that you have read, understand, and will abide by the following rules.

## DISCIPLINARY CONTRACT

**please initial in the space provided**

1. \_\_\_\_\_ You may **NOT** leave the building or school grounds unless you have permission from an administrator.
2. \_\_\_\_\_ This is a smoke free campus. You may **NOT** smoke on school grounds.
3. \_\_\_\_\_ Remember, you are **NOT** to touch another student's computer that is in use.
4. \_\_\_\_\_ All cell phones must be **TURNED OFF** before entering the building. **NO** text messaging allowed. **NO** sharing of cell phones will be allowed. The use of cell phones is a disruption of the educational process and will **NOT** be tolerated.
5. \_\_\_\_\_ **NO** headphones, iPods, or any other music devices are allowed during school hours.
6. \_\_\_\_\_ Students having 10 or more unexcused absences will be withdrawn from the Program. Meet with Director to return to class.
7. \_\_\_\_\_ Students are expected to obey their teachers, as well as, other school employees.
8. \_\_\_\_\_ You may **NOT** disturb the class or school by being disrespectful or rude, refusing to obey any staff member, failing to follow classroom rules, throwing objects, or possessing any weapons.
9. \_\_\_\_\_ You may **NOT** possess and/or distribute materials prohibited by law including, but not limited to, pornographic/obscene material.
10. \_\_\_\_\_ You may **NOT** misrepresent yourself by cheating, copying, plagiarizing, counterfeiting, and/or using false identification.
11. \_\_\_\_\_ You may **NOT** abuse another student or staff member including, but not limited to, verbal abuse, actual or threatened physical harm, extortion, destruction of personal property, intentionally making a false accusation, or intentionally providing misinformation.
12. \_\_\_\_\_ Unauthorized students are **NOT** allowed on school property.
13. \_\_\_\_\_ You may **NOT** possess or use drugs, drug paraphernalia, alcohol and/or tobacco products.
14. \_\_\_\_\_ Students may **NOT** be involved in the sale/transmittal of drugs, alcohol, and/or tobacco products.
15. \_\_\_\_\_ You may **NOT** use insulting, profane, racially or sexually offensive written or oral language or make obscene remarks or gestures.
16. \_\_\_\_\_ You may **NOT** harass others because of disability or physical appearance.
17. \_\_\_\_\_ You may **NOT** threaten, stalk, hit or hurt a teacher or other school personnel.
18. \_\_\_\_\_ Other Criminal Incidents (see the Birmingham City Schools Code of Student Conduct).

## TECHNOLOGY USAGE

1. \_\_\_\_\_ Use of computers, networks, and online telecommunications systems must be related to the student's educational activities.
2. \_\_\_\_\_ Students must recognize that computers, networks, and equipment used to support online telecommunication systems are shared devices and agree to use them in ways which will maintain their continued operability for all users.
3. \_\_\_\_\_ No illegal activity may be conducted using the school's computers, networks or online telecommunications systems.
4. \_\_\_\_\_ Students must **NOT** access or distribute offensive, obscene, inflammatory, or pornographic material.
5. \_\_\_\_\_ Students shall **NOT** intentionally spread computer viruses, vandalize data, infiltrate systems, or degrade / disrupt computer and/or network performance.
6. \_\_\_\_\_ All users of computers, networks, and online telecommunications systems shall adhere to laws regarding copyright.

## DRESS CODE POLICY

1. \_\_\_\_\_ Safe footwear shall be worn at all times.
2. \_\_\_\_\_ Halter/tube tops, shorts, muscle shirts, midriff/backless shirts and/or blouses shall **NOT** be worn. Shoulder coverings must be at least 2" in width. **NO** bare skin may be exposed at the waist or abdominal area. Cleavage may **NOT** be exposed.
3. \_\_\_\_\_ Hats, headbands, bandanas, headgear or gang colors may **NOT** be worn on school grounds. Exceptions for hats may be made for religious purposes.
4. \_\_\_\_\_ Clothing shall be free of inflammatory, suggestive, or other inappropriate writing advertisements or artwork.
5. \_\_\_\_\_ Clothes must be fitted and belted so as **NOT** to slip.
6. \_\_\_\_\_ Grills will **NOT** be worn during school hours.
7. \_\_\_\_\_ Intentionally altered clothing or unbuttoned or ill fitting garments are **NOT** acceptable. Transparent, mesh or see through clothing may **NOT** be worn without appropriate clothing underneath.
8. \_\_\_\_\_ Clothing that exposes the upper thigh is **NOT** allowed.
9. \_\_\_\_\_ Clothing, jewelry, buttons, haircuts, and other items or markings which are suggestive, revealing, indecent, or associated with gangs or cults, encourage the use of drugs, alcohol, and violence or support discrimination on the basis of age, color,

disability, ethnicity, gender, linguistic differences, marital status, national origin, race, religion, socioeconomic background, sexual orientation, physical appearance or for any other reason is NOT allowed.

10. \_\_\_\_\_ Sunglasses may NOT be worn indoors.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Site

\_\_\_\_\_  
Date

# ENROLLMENT ELIGIBILITY AND ATTENDANCE CONTRACT

I, \_\_\_\_\_, understand that once I am enrolled in the Birmingham Excelsior Program, this will be my high school of choice and that I will complete my Alabama High School Diploma through the Birmingham Excelsior Program. I also understand that this is **NOT** a credit recovery program and my return to Birmingham School District once enrolled at the Excelsior Program is at the discretion of the Superintendent.

**Please initial in the space provided.**

\_\_\_\_\_ I understand that this program is a yearly high school program where students earn credits **at-their-own-pace** towards their high school diploma through computer based courses and direct instruction by certified high school teachers. Students are considered full time with at least four (4) courses scheduled, attend five (5) hours per day/five (5) days per week during four (9 week) quarters. With this program, credit will be earned based on completion of the requirements rather than on the timing of the end of the semesters. Students can earn a maximum of TWELVE (12) credits per school year through this program.

\_\_\_\_\_ I understand that student eligibility is based upon current age and the number of credits needed versus the student's mandatory exit date. Students must complete all of their diploma requirements (28 credits of required courses, passed all Alabama High School Graduation Exams, 40 hours community service per year enrolled, etc.) before their 21<sup>st</sup> birthday.

\_\_\_\_\_ I understand that students with less than 16 credits and 20 years old before August 1<sup>st</sup> may NOT have enough time to complete all requirements needed to receive a regular diploma before their mandatory exit date. Students that have not completed the necessary requirements to receive a diploma by their mandatory exit date will be counseled to proceed to Bishop State Community College to enroll in the GED program.

\_\_\_\_\_ I understand that students with disabilities who have **NOT** earned an Alabama High School Diploma and who have **NOT** reached their twenty-first (21<sup>st</sup>) birthday by August 1<sup>st</sup> are entitled to services up to age 21, even if it means that instruction is provided in excess of 12 years. A student with disabilities who turns 21 **on or after** August 1<sup>st</sup> is entitled to begin and complete the school year. [Alabama Administrative Code 290-8-9.04(3)(b)]. Students with Individual Education Plans (IEPs) must be evaluated before the student can be acceptance into this program.

\_\_\_\_\_ I understand that after any absence I will provide a written excuse to the lead teacher. If I miss 10 or more UNEXCUSED absences, I will be withdrawn due to lack of attendance. A student may be readmitted after a conference with the director of the Excelsior Program. You should call the Site Director if you know your situation will require you to be out of school for more than two weeks.

\_\_\_\_\_ I understand that in order to receive the verification of enrollment form to obtain an Alabama Driver's License, the student must attend school every day for 30 days in a row. If a student withdraws from school or is withdrawn for lack of attendance before the student turns 19 years of age or the completion of requirements to obtain an Alabama High School Diploma, the student's Alabama Driver's License can be revoked. The cost to renew a revoked Alabama Driver's License is \$150.00.

\_\_\_\_\_ I understand that all verification of enrollment forms that are submitted for, but not limited to: Social Security Disability Determination, Child Care Reimbursement, Birmingham Housing Board, etc can be revoked should the student withdraw from school or be withdrawn for lack of attendance before the student turns 21 years of age or the completion of requirements to obtain an Alabama High School Diploma.

\_\_\_\_\_ I understand that my attendance records may be requested (in writing or in person) at any time from, but not limited to: the student or his/her parents/guardian, Jefferson County DHR, Department of Youth Services, Probation Officers, Birmingham city School District, etc.



\_\_\_\_\_ I have read, understand, and will abide by the rules set forth in the Disciplinary Contract.

\_\_\_\_\_ I have read, understand, and will abide by the rules set forth in the Technology Usage.

\_\_\_\_\_ I have read, understand, and will abide by the rules set forth in the Dress Code Policy.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date