



Rockingham Early College High School

2023-2024

Admissions Application

School Mission:

To prepare students for college, work and life through rigorous and relevant academics while building school and community relationships.

Principal: Russell Vernon

School Counselor: Julia Tatum

336.342.4261 ext. 2605

Please return your completed application to your middle school counselor by **February 24, 2022** or mail your completed application to Rockingham Early College High School, P. O. Box 288 Wentworth, NC 27375 by **February 27, 2022**.



RECHS Application Instructions & Helpful Tips



We are so excited that you are interested in Rockingham Early College High School! Completion of the student application is the first step to participating in this exciting high school experience.

- Section I- Application for Admission
To be completed by applicant and parent/legal guardian
- Section II- Parent/Legal Guardian Information
To be completed by parent/legal guardian
- Section III- Student Statement
To be completed by applicant
- Section IV- Student and Parent/Legal Guardian Agreements
To be completed by applicant and parent/legal guardian
- Section V- Academic Information
To be submitted by applicant's School Counselor with the application
- References- **Three** references are required as a part of your application packet, these are attached to the application. These must be returned to you in a **sealed envelope** with the signature of the person completing the reference written across the seal. Please provide the following individuals with a reference form:
 - Your 8th grade language arts teacher**
 - Your 8th grade math teacher**
 - One of the following: an additional past/current teacher, coach, club advisor, counselor, assistant principal, or principal**

Helpful Tips:

- Read the entire application carefully **BEFORE** completing any information.
- Complete the APPLICATION in black or blue ink.
- Remember to fill in your name and school at the top of each page.
- Remember to SIGN your part of the application.
- Make certain that your PARENT OR LEGAL GUARDIAN SIGNS in the parent section of the application.
- When all pages of your application are completed, and you have received the three recommendation forms back, RETURN your complete application packet to your **School Counselor by February 24, 2023**. Your counselor will then complete Section V of the application. Please DO NOT WAIT until the last minute to complete your application. **The completed application must reach Rockingham Early College High Schools office by February 27, 2023.**
- Once your counselor has received your application, they will submit your application packet to Rockingham Early College High School by **February 27, 2023**.
- After all applications are received and reviewed, eligible students will be notified for student interviews.

If you have any questions, please feel free to contact the counselor at your child's current school or Mrs. Tatum at RECHS.



Section I: Application for Admission



Student Name: _____

Current School: _____

Name: _____
Last First Middle

Address: _____
Street, Route, P.O. Box

City, ST, Zip Code: _____
City State Zip Code

Home Phone: (____) _____ Cell: (____) _____

Social Security #: Birthdate: ___/___/___ Birthplace: _____

RCC requests the Social Security number solely for administrative convenience and record-keeping accuracy, and is required only to provide a personal identifier for the internal records of this institution. Please be aware that federal tax credits cannot be calculated without a valid Social Security Number on file.

Ethnic/Racial Categories

Are you of Hispanic/Latino origin?

Yes

No

Please choose one or more racial categories to describe yourself:

- Black/African American
- Asian
- Native Hawaiian or Other Pacific Islander
- Native American or Alaska Native
- White

Gender (check one):

Male

Female

Pathway Entry (check one):

1st time early college student

Transfer student from another early college

Start Term: Year 2023 Fall

Program Code: A10100EC
Intended Load: P
Student Type: CCPP

Office Use Only:

XNC2 _____ Pathway: CIE _____	Program Code: <u>A10100EC</u> Colleague ID#: _____	Advisor: <u>ECHS Coord</u> Original Entry Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Initials: _____ Date Entered: _____
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Section I continued on next page



Section I: Application for Admission (continued)



Student Name: _____

Current School: _____

Citizenship (select appropriate designation):

U.S. Citizen Yes No— list Country of Citizenship: _____

If you are NOT a US Citizen, indicate your status:

Permanent Resident (Card #: _____)

Non-Immigrant Visa (Visa #: _____)

Residency:

Have you lived in NC continuously for the past 12 months? Yes No

If "YES", list county of residence: _____

If "NO", list previous state of residence: _____ Date moved to NC: ____/____/____

Emergency Contact: _____ / _____ Phone Number: _____
Name Relationship to student

Family Physician: _____ / _____ Phone Number: _____
Physician Name Physician's Office Name

Does your child have any severe allergies? _____

Last Middle School Attended: _____
Name of School Address

Highest Grade Level Completed: _____ Last Date Attended: ____/____/____

How did you hear about RECHS?: _____

I certify that the above information is complete and accurate. I further agree to observe all rules and regulations of Rockingham Community College, Rockingham Early College High School, and Rockingham County Schools. **We agree the applicant will remain at RECHS for the entire 2023-2024 school year because once accepted the student has committed to a spot at RECHS.**

Signature of applicant _____ Date _____

Signature of parent/legal guardian _____ Date _____

Section II: Parent/Legal Guardian Information



Student Name: _____

Current School: _____

This section of the application **MUST** be completed by the parent/legal guardian. Please **PRINT** in blue or black ink.

Student lives with (please **check one** of the following):

- Mother and Father
 Mother Only
 Father Only
 Mother and step-father (or other male adult)
 Guardian(s)
 Father and step-mother (or other female adult)
 Other living arrangements (please describe)

Parent/Legal Guardian Information

Father or Male Legal Guardian

Name: _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address(es) _____

Mother or Female Legal Guardian

Name: _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address(es) _____

Do you have a brother or sister who currently attends or has attended RECHS? _____ yes _____ no

If YES, please give name (s) _____

Educational Background

Place a check under the highest level completed.

	Did NOT Finish High School	High School Graduate	Some Education after High School	Trade or Business School Grad- uate	Community, Technical or Junior College Graduate	Earned 4-yr. College Graduate	Graduate School Degree
Father/Male Guardian							
Mother/Female Guardian							



**Section III:
Student Statement**



Student Name: _____

Current School: _____

This section of the application **MUST** be completed by the **applicant**. Please **PRINT** in blue or black ink.

Write a brief summary of your middle school experience. Describe what has made it a positive or negative experience. Why do you want to attend RECHS and how will it be beneficial?



Section IV: Agreements



Student Name: _____

Current School: _____

Parent/Legal Guardian Agreement

Students succeed best when the school, the parent, and the student work together. Please sign below if you **AGREE** to the following expectations as parents/guardians.

- I agree to support and make every effort to ensure that my child is at school and on time everyday.
- I agree to attend informational sessions each year at Rockingham Early College High School.
- I will encourage and expect high academic and behavior standards from my child.
- I understand that there are NO athletic or ROTC or music programs at RECHS, however, students are encouraged to participate in school clubs.
- I understand that my student is permitted to participate in athletics and events at his/her district school based on where we reside.
- I understand that Rockingham Early College High School will operate on a calendar similar to Rockingham Community College, **and I will be able to provide transportation for my student when zonal bus service is not provided.**
- I understand that my child will be **required to devote adequate time each evening to homework and studying.**
- I understand that my child will be afforded an opportunity to complete the Early College and Rockingham Community College requirements, possibly earning both a high school diploma and a two year Associate's Degree or transferable credits.
- I understand that my child must comply with Rockingham Early College High School and Rockingham Community College regulations at all times.
- I agree my child will remain at RECHS for the 2023-2024 school year. **Upon return in the fall of 2024, my child agrees to remain until graduation in 2027 or 2028 for 5th year students.**
- I understand Rockingham County Schools will provide transportation for the first two years my child attends RECHS. **I will provide transportation for the final two or three years of attendance.** There are hardship options for these years if needed
- I agree to provide transportation for my child to attend orientation. I agree to attend the parent orientation.

I have read these statements and agree to abide by them as well as all rules and policies of the Rockingham Early College High School Program.

Student Agreement: Applicants, sign below if you **AGREE** to the following:

- I will maintain high academic and behavior standards.
- I understand that there are NO athletic, ROTC, or music programs at RECHS, however, I am encouraged to participate in school clubs.
- I understand that I am permitted to participate in athletics and events at my district school based on where I reside.
- I understand that Rockingham Early College High School will operate on a calendar similar to Rockingham Community College, **and I will have my own transportation when zonal bus service is not provided.**
- I understand that I will be **required to devote adequate time each evening to homework and studying.**
- I understand that I will be afforded an opportunity to complete the Early College and Rockingham Community College requirements, earning both a high school diploma and a two year Associate's Degree or transferable credits.
- I understand that I must comply with Rockingham Early College High School and Rockingham Community College regulations at all times.
- I agree that I will remain at RECHS for the 2023-2024 school year. **Upon return in the fall of 2024, I agree to remain until graduation 2027 or 2028 for 5th year students.**
- I understand Rockingham County Schools will provide for my transportation for the first two years I attend RECHS. **My family will provide transportation for the final two or three years of attendance.** There are hardship options for these years if needed.
- I agree to attend orientation.

I have read these statements and agree to abide by them as well as all rules and policies of the Rockingham Early College High School Program.

Student Signature: _____

Date: _____

Section V: Academic Information



Student Name: _____

Current School: _____

This section of the application **MUST** be completed by the **middle school counselor**, and submitted with the student's application. Please **PRINT** all information in blue or black ink.

Grades and Test Scores: Please include **copies** of the following documents:

- Final 6th grade report card
- Final 7th grade report card
- Most recent 8th grade report card
- Attendance profile for 8th grade to date
- 6th and 7th grade End of Grade reports for all subjects tested
- Other standardized test data (if applicable)
- Power School Discipline Record

Exceptional Children/ Section 504 Information

Check all that apply.

- Not identified (No EC/Section 504 plans, services, or modifications)
- Identified as EC Classification _____ Area _____
- EC services, specified modifications _____
- EC consultative services only
- Section 504 Plan accommodations _____

Retentions: Has this student ever been retained? _____ yes _____ no

If yes, what grade? _____

Has this student received any risk assessments in middle school? If so, threat or suicide & grade (ex. Suicide/6th). Do they receive outside counseling? If so which organization. (This is a preparedness question only, does not exempt attendance)

Has this student had a concussion at anytime, please offer details and documentation.

I certify that this information is correct to the best of my knowledge.

School Counselor Signature _____ Date _____

**Reference
8th Grade
Mathematics Teacher**



Student Name: _____

Current School: _____

This section of the application **MUST** be completed by the **above stated reference**.
Please **PRINT** all information in blue or black ink.

The above student is asking for a reference as part of the application process for Rockingham Early College High School. Please complete the information requested to the best of your ability. Place the completed form in an envelope and seal the envelope. Then write your name across the seal before returning it to the applicant.

Name of Person Completing Form: _____

How long have you known the applicant? _____

All RECHS coursework is HONORS/COLLEGE level. Please check based on current performance.

	Successful/Yes/ Satisfactory	Requires sup- port /needs im- provement	Will Struggle/ Unsatisfactory
Oral and Written Communication			
Ability to work as a team member			
Analytical/Problem-Solving			
Leadership Skills			
Student passes due to remediation or multiple attempts			
Basic skills within the content are mastered			
Computer Knowledge/Skills			
Dependability/Reliability			
Behavior			
Organization			

Elaborate on characteristics noted above.

What would you say is the student's greatest strength? _____

Describe this student's general attitude toward the subject: _____

Your OVERALL recommendation for admission:

- I recommend the applicant for admission.
- I recommend the applicant for admission with reservation.
- I do not recommend the applicant.

Reference Signature: _____

Date: _____

Place the completed form in a **sealed envelope** with your signature written across the seal and return to applicant.



**Reference
8th Grade
Language Arts Teacher**



Student Name: _____

Current School: _____

This section of the application **MUST** be completed by the **above stated reference**.
Please **PRINT** all information in blue or black ink.

The above student is asking for a reference as part of the application process for Rockingham Early College High School. Please complete the information requested to the best of your ability. Place the completed form in an envelope and seal the envelope. Then write your name across the seal before returning it to the applicant.

Name of Person Completing Form: _____

How long have you known the applicant? _____

All RECHS coursework is HONORS/COLLEGE level. Please check based on current performance.

	Successful/Yes/ satisfactory	Requires sup- port /needs improvement	Will Struggle/ Unsatisfactory
Oral and Written Communication			
Ability to work as a team member			
Analytical/Problem-Solving			
Leadership Skills			
Student often requires remediation or multiple attempts			
Basic skills within the content are mastered			
Computer Knowledge/Skills			
Dependability/Reliability			
Behavior			
Organization			

Elaborate on characteristics noted above.

What would you say is the student's greatest strength? _____

Describe this student's general attitude toward the subject: _____

Your OVERALL recommendation for admission:

- I recommend the applicant for admission.
- I recommend the applicant for admission with reservation.
- I do not recommend the applicant.

Place the completed form in a **sealed envelope** with your signature written across the seal and return to applicant.



Reference School Reference

(current/past teacher, coach, club advisor,
guidance counselor, assistant principal, or principal)



Student Name: _____

Current School: _____

This section of the application **MUST** be completed by the **above stated reference**. Please **PRINT** all information in blue or black ink.

The above student is asking for a reference as part of the application process for Rockingham Early College High School. Please complete the information requested to the best of your ability. Place the completed form in an envelope and seal the envelope. Then write your name across the seal before returning it to the applicant.

Name of Person Completing Form: _____

Relationship to Applicant: _____

How long have you known the applicant? _____

All RECHS coursework is HONORS/COLLEGE level. Please check based on current performance.

	Successful/Yes/ Satisfactory	Requires sup- port /needs improvement	Will Struggle/ No/ Unsatisfactory
Oral and Written Communication			
Ability to work as a team member			
Analytical/Problem-Solving			
Leadership Skills			
Organization			
Student passes due to remediation or multiple attempts			
Basic skills within the content are mastered			
Computer Knowledge/Skills			
Dependability/Reliability			
Behavior			

Elaborate on characteristics noted above.

What would you say is the student's greatest strength? _____

Describe this student's general attitude toward school: _____

Your **OVERALL** recommendation for admission:

- I recommend the applicant for admission.
- I recommend the applicant for admission with reservation.
- I do not recommend the applicant.

Reference Signature: _____

Date: _____

Place the completed form in a **sealed envelope** with your signature written across the seal and return to applicant.

