

# *Clearview*

**HIGH SCHOOL**  
**P.O. BOX 428**  
**2613 THORNTON ROAD**  
**FERNDALE, WA 98248**  
**(360) 383-9345**

*Go where there is no path – Leave a trail for others to follow...*

**Clearview High School** has been established to provide for the educational needs of students who meet one or more of the following criteria:

1. Student not presently in school who are committed to completing their high school education.
2. Students whose unique needs make completing high school at the traditional school extremely difficult.
3. Students who seek an educational experience which is different from the traditional high school.
4. Students who are deficient in credit toward graduation.

NOTE: Students who qualify for Special Services or other learning programs are urged to seek placement in those programs already available in the regular high school.

To apply for admission to Clearview High School:

1. Fill out an application form obtained from Clearview High School or the counseling office at Ferndale High School.
2. Submit your complete application and the two student profile forms or two letters of recommendation to Clearview or the FHS counseling office. The profile forms or letters of recommendation must be from a teacher, counselor, employer, or other adult who has worked closely with your education and understands your learning needs. Students applying from out of district should attach a copy of their transcript with the application.
3. Once your complete application is submitted, a Clearview staff member will call to make an interview appointment.

After the student interview, students will be notified whether they have been accepted into the Clearview program. All students must register at Ferndale High School in order to attend Clearview.

Thank you for your interest in Clearview High School! If you have any further questions please call Clearview at 383-9345.

Clearview High School  
Application Check-off List

Before you submit your application, please make sure it is complete with the following items. It is the **student's** responsibility to have the things completed. Incomplete applications will not be accepted for consideration.

\_\_\_\_\_ Complete Application

\_\_\_\_\_ Admissions Information Sheet

\_\_\_\_\_ 2 Student Profile Forms or 2 Letters of Recommendation

## Clearview High School Application

Student Name \_\_\_\_\_ Gender: M F  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Work phone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Student cell \_\_\_\_\_

Last school attended \_\_\_\_\_

The following questions are designed to enable you and Clearview to find out if we are a good fit for each other. Please answer as honestly as possible. Your responses will be kept confidential:

1. Why do you want to attend Clearview high School?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you applied to our school before? Yes \_\_\_\_\_ No \_\_\_\_\_

2. How do you think Clearview will be different than your previous school experience? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What are your goals?

This year? \_\_\_\_\_

By the end of 5 years? \_\_\_\_\_

By the end of 10 years? \_\_\_\_\_

\_\_\_\_\_

4. Are your friends and your parents supportive of these goals?

Explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What are your strengths and weaknesses. Give yourself a “+” or “-” before each skill listed below:

- |  |   |
|--|---|
| <input type="checkbox"/> Reading             | <input type="checkbox"/> Self-motivation      |
| <input type="checkbox"/> Writing             | <input type="checkbox"/> Follow through       |
| <input type="checkbox"/> Math computation    | <input type="checkbox"/> Cooperative learning |
| <input type="checkbox"/> Problem solving     | <input type="checkbox"/> Independent learning |
| <input type="checkbox"/> Computer skills     | <input type="checkbox"/> Oral speaking        |
| <input type="checkbox"/> Art                 | <input type="checkbox"/> Leadership           |
| <input type="checkbox"/> Physical activities | <input type="checkbox"/> Mental games         |

6. Describe your learning style. How do you learn best? Put a check by the styles below that work best for you:

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Discussion | <input type="checkbox"/> Doing (“Hands-on”) |
| <input type="checkbox"/> Listening  | <input type="checkbox"/> Group work         |
| <input type="checkbox"/> Writing    | <input type="checkbox"/> Independent work   |
| <input type="checkbox"/> Reading    |   |

7. Why was your experience at your last school less than satisfying? Check those below which are appropriate:

- Easily distracted
- Attendance problems
- Classroom behavior issues
- A learning style that didn’t fit at your school
- Personal issues at this time of your life
- Drug / Alcohol involvement
- Peer pressure
- Involvement in the juvenile justice system
- Conflict with teaching staff
- Conflict with school administration
- You feel like you didn’t fit in
- Other – please explain here:

8. Do you have any physical health issues that might affect your success at school? Explain\_\_\_\_\_

\_\_\_\_\_

9. Do you have any emotional issues at this time that might keep you from being able to focus on your school life?\_\_\_\_\_

\_\_\_\_\_



**Parent / Guardian Information**

Parent/Guardian Names:

Mother \_\_\_\_\_

Work phone \_\_\_\_\_

Father \_\_\_\_\_

Cell phone \_\_\_\_\_

Address \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Home phone \_\_\_\_\_

\_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

Parent/Guardian Comment:

Clearview supports a cooperative effort with the student, the parent/guardian, and the school to enable your student to achieve success. Please tell us how you feel about your student attending Clearview High School:

Has your student had any past, current, or pending disciplinary action such as long term suspension or expulsion? If so, when and in what school?

Any health considerations that may affect school attendance?

Does your student have a current IEP or receive Special Education services?

I hereby authorize the release of all educational records for the above named student. I attest to the accuracy of this information. I understand that if incorrect information is provided, it will affect my student's placement at Clearview H.S.

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

Student signature \_\_\_\_\_

Date \_\_\_\_\_