



Alger B. Wilkins High School Application to Attend

Dear Applicant:

Thank you for your interest in Alger B. Wilkins High School. Please complete and return the entire application to begin consideration for admission. (*Application does not guarantee acceptance.*) **When your completed application has been received, you will receive an invitation to our virtual interest meeting.**

Your application is not considered complete if you are missing any of the following components:

(use the following as a checklist)

	Student Section (completed by the student only)
	Parent/Guardian contact info (Completed by Parent/Guardian)
	School Counselor/Administrator recommendation form completed
	Copy of CCS Transcript (Attendance area school will provide)
	Copy of Discipline Record
	EC Documentation if applicable (AG, IEP, 504 Plan, BIP, etc)

Your School counselor will submit your completed application via courier or email.

I permit my child to participate in the program. The service may include but is not limited to supportive School/counseling, educational support, tutoring, mentoring, enrichment activities, testing, and referrals to other agencies as needed. I understand that the data and information collected on my child are maintained in a secure computer database and case file. Alger B. Wilkins High School uses this information to access and document services provided to students and families for tracking and reporting purposes. I also understand that Alger B. Wilkins may use the information to update service information, provide closure and follow-up information, and evaluate and determine the program's effectiveness. I authorize Alger B. Wilkins High School to maintain the information provided for the purposes noted above in the Alger B. Wilkins High School or Cumberland County Schools computer database and case file. As safety is a major concern, we may report any type of suspected abuse for the protection of students from potential dangers.

Parent Signature:		Date:
Student Signature:		Date:



Student Section (Step 1)

Applicant Name (Legal): _____
Last First Middle

Date of Birth: _____ Student # _____

Current School (CCS):

	Cape Fear High School		Cross Creek Early College		Cumberland Academy
	Cumberland International		Cumberland Polytechnic		Douglas Byrd High School
	E. E. Smith High School		Gray's Creek		Jack Britt High School
	Massey Hill Classical		Pine Forest High School		Ramsey Street High School
	Reid Ross Classical		Seventy-First High School		South View High School
	Terry Sanford High School		Westover High School		

Why do you wish to attend Alger B. Wilkins High School (ABWHS)? What do you hope to gain from attending ABWHS? *(The student will write their response in the space below in paragraph format. You may continue your response on a the back, if needed.)*

In compliance with federal law, Cumberland County Schools administers all educational programs, employment activities, and admissions without discrimination against any person based on sex, race, color, religion, national origin, age, or disability. In signing, the parent and student believe that the information obtained in this application is accurate to the best of his/her ability and also validates that the parent gives consent and release of information.

Student signature: _____ Date: _____



Parent / Guardian Section (Step 2)

Parent/Guardian 1: _____

Phone #:	
email:	
Relationship to Student:	
Street Address:	
City/St/Zip	
Emergency Contact?	
Employer:	
Work Phone:	

Parent/Guardian 2: _____

Phone #:	
email:	
Relationship to Student:	
Street Address:	
City/St/Zip	
Emergency Contact?	
Employer:	
Work Phone:	

In compliance with federal law, Cumberland County Schools administers all educational programs, employment activities, and admissions without discrimination against any person based on sex, race, color, religion, national origin, age, or disability. In signing the parent and student believe that the information obtained in this application is accurate to the best of his/her ability and also validates that the parent gives consent and release of information.

Parent Signature: _____ Date: _____



**Alger B. Wilkins High School
School Counselor/Administrator Recommendation
(Completed by School Office - Step 3)**

To Applicant:

Please make sure the following information is completed when delivering your application to your High School counselor or Principal. The School Counselor Office or Principal will submit your completed application via courier or email.

Applicant's Name: _____
 Grade at time of application: _____ Student Number: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Date: _____ Parent Signature: _____
 Date: _____ Student Signature: _____

To School Counselor/Administrator:

The above student has applied for admission to Alger B. Wilkins High School. This form is included in our application. Please complete this form (along with the student's recent transcript and incident summary) and return it to: keithblackwell@ccs.k12.nc.us or mail to us:

**Alger B. Wilkins High School
1429 Skibo Road
Fayetteville, NC 28303**

School Counselor/Administrator

Name: _____
 Title: _____ School: _____
 Phone: _____ Extension: _____
 Email: _____



**Alger B. Wilkins High School
School Counselor/Administrator Recommendation
(Completed by School Office)**

How long has the student been enrolled at your school? _____

How long have you known the student? _____

Do any of the following apply for this student?

- ESL
- Learning Disability
- Other Exceptionality (specify) _____

To your knowledge:

Has the student had any history of conduct problems and/or emotional problems? _____

If yes, please explain: _____

Describe the student's strengths: _____

Please comment on the student's attitude towards school: _____



**Alger B. Wilkins High School
School Counselor/Administrator Recommendation
(Completed by School Office)**

Please complete the following:

	No basis for judgment	Below Average	Average	Good	Excellent
Motivation					
Creative Qualities					
Self-Discipline					
Growth Potential					
Leadership					
Self-Confidence					
Emotional Maturity					
Personal Initiative					
Reaction to set-backs					
Respect for Authority					
School Conduct					
Out of school conduct					

Additional comments (if any):

School Counselor/Administrator signature: _____ Date: _____