APPLICATION FOR ADMISSION TO WEST OSO EARLY COLLEGE HIGH SCHOOL

CLASS OF 2024

COMPLETE APPLICATIONS ARE

DUE

FRIDAY

FEBRUARY 28TH, 2020

BY

4:00 P.M.

| Student Name: | | |
|----------------|------|------|
| | | |
| | | |
| Date Received: | | |

Only original and complete applications will be accepted.

WEST OSO EARLY COLLEGE HIGH SCHOOL

STUDENT INFORMATION

SECTION A

| Student Information | | | |
|-----------------------------|---------------|-------------------|------------|
| | | | |
| Last Name | First Name | Middle | Student ID |
| | | | 2024 |
| Gender | Date of Birth | Grade Level | Class of |
| Parent Guardian Information | | | |
| | | | |
| Last | First | Home Telephone | Cell Phone |
| | | Corpus Christi TX | |
| Physical Address Street | :/Apt # | City & State | Zip Code |

STUDENT ESSAY

SECTION B

| Name of Student Applicant | | | | |
|---|--|----------|------------|--|
| | | | | |
| Last Name | First Name | Middle | Student ID | |
| | | <u> </u> | | |
| Directions: The student only the space provided | Directions: The <u>student should respond</u> to the following question in their own handwriting. Use only the space provided. | | | |
| What are your College you achieve your goals' | What are your College and Career goals? How will the West Oso Early College High School help | | | |
| year weezer year general | • | | | |
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PARENT RESPONSE

SECTION C

| Name of Student Applicant | | | | |
|--|--|--------|------------|--|
| | | | | |
| Last Name | First Name | Middle | Student ID | |
| provided. | Directions: The parent/guardian should respond to the following question. Use only the space | | | |
| | Why do you believe your child is ready to attend West Oso Early College High School and Del Mar College? What is your four-year commitment to this choice? | | | |
| , and the second | • | | | |
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SECTION D

Student data may be retrieved for review from the WOISD student database of academic and personal records. If additional information is needed, the applicant will be contacted.

I am interested in attending the West Oso Early College High School and want to be considered for enrollment. I certify that the information provided is complete and understand that the submission of false information is grounds for denial of my application and/or withdrawal of admission. I grant and authorize administrative officials to verify, access, and utilize academic information such as grades and assessment data to support this application. I understand that the school and college expect a high standard of conduct for students, and if accepted for admission, I will abide by all rules and regulations set forth by both institutions.

| Name of Parent/Guardian (Print) | Signature | Date |
|---------------------------------|-----------|------|
| | | |
| Name of Student (Print) | Signature | Date |