



The Academy

at Greenfield-Central

700 N. Broadway St. Greenfield, IN 46140 317-477-4622 www.gchs.gcsc.k12.in.us

STUDENT APPLICATION

What is the mission of The Academy at Greenfield-Central?

- In order to support the greater mission of GC Schools, The Academy at Greenfield-Central will provide a **unique, flexible, holistic, and supportive** academic environment for students who need an individual approach to their education in a non-traditional setting.

Who is eligible?

- Students must complete an application and be referred to The Academy by their GCHS guidance counselor.
- Interested students will need to complete an application and participate in an intake interview with a parent/guardian.
- Priority will be given to students who demonstrate a need for an alternative academic environment, have completed 12 credits, and are a junior or senior.

What are the expectations of The Academy at Greenfield-Central?

- Students are required to be in attendance Monday - Friday on-time for the entirety of their assigned session in either the morning (8:30-11:30) or afternoon (12:25-3:25).
*The Academy does not offer a fully online option.
- Students need to provide their own mid-day transportation.
- Students need to make consistent weekly progress in their assigned courses.
- Students will not use their phones or personal electronic devices during the school day.
- Students will complete goal-setting and self-monitoring reports.
- Students will participate in daily Academy community activities (stretching, daily questions, test prep, etc.)
- Students will participate in the Career Information and Exploration course activities.
- Students will agree to the policies and procedures set forth in The Academy Handbook.

Student Signature

Date

Parent Signature

Date



The Academy
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Parent/Guardian Information:		
Mother/Guardian:		
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Email address:		
Preferred method of contact?		

Father/Guardian:		
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Email address:		
Preferred method of contact?		



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STUDENT PROFILE

Name:		Date:	
Address:			
City:		State:	Zip:
Student Home Phone:		Student Cell Phone:	
Student Personal Email:			
Date of Birth:		Age:	
Grade:		Graduation Year:	
Transportation Plan (The Academy does not provide mid-day transportation):		Do you prefer AM or PM? Why?	
Do you have a parking pass?			
Do you attend Walker? If yes, what program?			
Employer:			
Supervisor:		Work Phone:	
Student Athlete / Sport?			
Club Involvement / Club?			



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Please answer the following questions in complete sentences.

What prevents you from being more successful at GCHS? Why do you believe enrollment at The Academy would help you improve?

Why do you want to earn a High School diploma? When do you want to be complete? What is your plan for after high school?



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What are your academic strengths and weaknesses? Please give specific examples.

What assistance and support do you need from our program in order to meet your academic goals?

Explain your school attendance pattern and discuss any discipline issues you have had. If applicable, please explain why these issues exist.



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**Career Exploration and Information Elective
Community Service Waiver of Liability and Field Trip Release
2019-2020**

PLEASE READ THIS CAREFULLY

It affects any rights you may have if you or your child are injured or otherwise suffer damages while participating in community service.

I, _____ (participant) hereby release, waive, discharge, and covenant not to sue The Academy at Greenfield-Central, Greenfield-Central High School, and any of the principals, directors, teachers, and any employees of the above-mentioned entities, and any of the facilities who have allowed us to send volunteers or any staff members of aforementioned facilities, and during any field trips, (hereinafter referred to as RELEASEES) for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, that occurs as a result of my participation in the above-described activities.

I agree to indemnify and hold harmless the RELEASEES whether injury is caused by my negligence, the negligence of the RELEASEES or the negligence of any third party. I further agree that this Release and Waiver of Liability shall bind the member of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE and COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Release and Waiver of Liability shall be construed in accordance with the laws of the State of Indiana.

By signing this Release and Waiver of Liability, I state that I have read and understand the condition set forth in this Release and that I agree to all conditions set forth herein, and that I sign this voluntarily.

Student Printed Name _____ Date _____

Student Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____

I hereby give permission, to attend Academy field trips, being transported by school transportation, and in the event of accident, injury, or illness, for any and all necessary medical care to be administered to my child. I hereby and hold harmless the Greenfield-Central Community School Corporation from all liability to all such treatment in an emergency situation.

Student Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____



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Student Referral Form

Student Name:			
Age:		Grade:	
Credits Earned:		Diploma Type:	
ISTEP Scores:	English:	Math:	
Pathways Plan:	Box 2:	Box 3:	
Previous credit recovery experience			
Special Services:	None	IEP	504
Special Services Comments:			
Teacher of Record:			
Walker Field of Study (AM or PM):			
Counselor Recommendation:			
Scheduling Suggestions:			
Counselor Signature:			Date: