



Burlington County Special Services School District *Burlington County Alternative School*



Mrs. Joan Barbagiovanni
Director/Principal
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1020 Briggs Road
Mt. Laurel, NJ 08054
(609) 261-5600, x2501

Mrs. Michelle Delaney
Assistant Principal
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Application Process

By following the instructions below, you will assist the staff of the Burlington County Alternative School in assessing applications and servicing students as expeditiously as possible. Please refer any questions to **Joan Barbagiovanni at (609) 261-5600 ext. 2501.**

Sending District Responsibilities

- **Application for Admission:** Please complete the application in full (especially the STATE ID). The application should be completed by sending school personnel only.
- **Narrative Statement:** This should be completed by the professional(s) most familiar with the student. Generally speaking, the more narrative statements we have, the more information we have, and the more likely we are to accept a candidate.
- **Checklist of Specific Behaviors:** Please complete as suggested in directions at top of checklist.
- **Pertinent Records:** Please attach a complete and current transcript, the most recent report card, along with any other academic, disciplinary and immunization/medical records. If the student is classified as a special needs student, please include a complete and current IEP (including complete psychological, social and learning evaluations) and/or any details pertaining to PL 504 accommodations.
- **BCAS Transcript Form:** Even though you will be sending us a complete and current transcript, please complete this form to specify which of the student's graduation requirements have been completed and which ones remain unfulfilled. It is often difficult for us to determine from the course titles which requirements certain courses satisfy, so accurate completion of this form is a big help to us in preparing a student's Individual Program Plan.

Student Responsibility

- **Student Essay:** The directions to the student are clear. As this essay is also treated as one more indicator of the student's academic ability, it is imperative that the student completes this task without any outside assistance. Additionally, this provides an opportunity for the students to reflect on their current situation.

Parental Responsibility

- **Interview/Orientation:** Once an application has been evaluated and an applicant deemed appropriate, BCAS will notify the student's parent(s)/guardian(s) to arrange for an interview and orientation on our Briggs Road campus. Successful completion of this final step will lead to the student being placed in the first available opening.

PLEASE SEND COMPLETED APPLICATIONS TO:

Joan Barbagiovanni, Principal
jbarbagiovanni@burlcoschools.org



BURLINGTON COUNTY SPECIAL SERVICES SCHOOL DISTRICT

Application for Admission – **Burlington County Alternative School**

Date: _____

Tuition Responsible District: _____ CODES (Cty) _____ (Dist) _____ (Sch) _____

CST/Sending District: _____ Home School: _____

(REQUIRED) NJ SMART NUMBER: _____

Case Mgr./Guidance Counselor: _____ Phone _____ Ext: _____

Case Mgr. - Email Address: _____

STUDENT NAME _____ D.O.B. _____ General Ed Student

Student's Cell #: _____ Special Ed Student
*Disability Category _____

Sex _____ Grade Level _____ *Original Graduation Year _____

Current School Year: _____ *Total Credits Accrued _____

Race:* _____ 1. Black 2. Hispanic 3. Asian or Pacific Islander 4. American Indian or Alaskan 5. White

Applicant resides with: _____ Phone #: _____

Current Address: _____
Number and Street City State Zip

Father's Name: _____ **Mother's Name:** _____

Father's Work #: _____ Mother's Work #: _____

Father's Cell #: _____ Mother's Cell #: _____

Father's Email: _____ Mother's Email: _____

Please check off documents sent with application. All information MUST BE CURRENT

IEP/504 (**MUST BE CURRENT**) - Date: _____

Classification Conference/Re-Evaluation - Date: _____ Psychological Psychiatric Social

Learning Neurological Speech/Language OT/PT

Physical (Must be furnished to the school nurse within 30 days of enrolling the student)

Immunization Record (Required prior to start of school) **Discipline Records**

Student Essay **Transcripts** (Required for HS Students) **Report Cards**

Student has satisfied NJ State testing requirements for graduation (HS ONLY): YES NO

Please complete: Test _____ Date _____ Location _____ Score(s) _____

Test _____ Date _____ Location _____ Score(s) _____

****Please provide copies of standardized tests when applicable.**

IMPORTANT INFORMATION NEEDED: When a student is living in a group home, skilled, DDD, treatment home, etc. and the **TUITION RESPONSIBLE DISTRICT** is different than the CST/Sending District listed above, please provide the name of the parent/guardian, address, and phone number where they live:

Name of Parent/Guardian Address Phone



STUDENT ESSAY

In the space provided below, as clearly and concisely as possible, develop a response to one of the three suggested topics. Your essay is another piece of information we use to consider your ability and suitability for our program. You may use a computer and/or attach pages, but it is not necessary.

- 1) Explain aspects of yourself that your teachers and/or parents have never understood.
- 2) Describe someone who you admire or who has influenced you.
- 3) Describe the biggest challenge in your life so far, and how did you (or how could you) handle this situation?

Name of Student (printed) _____



Date: _____

The following **NARRATIVE STATEMENT** is made as justification for the nomination of

as a candidate for admission to the Burlington County Alternative School.

*****Please provide statement below of what the goals are for this student with respect to his/her return to district (i.e. temporary placement, may not return to sending district, district will consider this student's return to home school, etc):**

Name of individual providing the above statement _____

Title of individual providing the above statement _____



CHECKLIST OF SPECIFIC BEHAVIORS

Referral for students with behaviors of concerns should be based upon behaviors that have been observed and are occurring in the school setting. Generally, most students recommended for out of district placement have demonstrated histories of inappropriate behavior. With this in mind, it is suggested that copies of this form be distributed to all teachers and other professionals who are familiar with the candidate, and that the referring professional collate their responses (in either numerical or tally form) on a single copy of this form and attach it to the remaining pages of the student's application. Be reminded that the information you write below becomes a record that is protected by Federal Law. Federal Regulations (42 CFR Part 2) prohibit any further disclosure.

Student's Name: _____ Grade: _____

Completed by: _____ Date Completed: _____

PLEASE CHECK ALL RELEVANT ITEMS:
ACADEMIC PERFORMANCE

- _____ Decline in quality of work
- _____ Declining grades
- _____ Incomplete work
- _____ Work not handed in
- _____ Failing in this subject

CLASSROOM PERFORMANCE

- _____ Disruptive in class
- _____ Inattentiveness
- _____ Lack of concentration
- _____ Lack of motivation
- _____ Sleeping in class
- _____ Impaired memory
- _____ Extreme negativism
- _____ Cutting class
- _____ Late to class
- _____ Defiance of authority; breaking rules
- _____ Frequently needs discipline
- _____ Cheating
- _____ Fighting
- _____ Throwing objects
- _____ Verbally abusive
- _____ Obscene language; gestures
- _____ Sudden outbursts
- _____ Vandalism
- _____ Frequent visits to the nurse, counselor
- _____ Frequent visits to the lavatory
- _____ Hyperactivity, nervousness
- _____ Inappropriate sense of humor

OTHER BEHAVIORS

- _____ Inappropriate behavior day-to-day
- _____ Change in friends and/or peer group
- _____ Sudden, unexplained popularity
- _____ Mood swings
- _____ Seeks constant adult contact
- _____ Seeks adult advice without a specific problem
- _____ Time disorientation
- _____ Apparent changes in personal values
- _____ Depression
- _____ Defensiveness
- _____ Withdrawal; a loner; separateness from others
- _____ Other students express concern about student
- _____ Fantasizing; daydreaming
- _____ Compulsive overachievement
- _____ Perfectionism
- _____ Difficulty in accepting mistakes
- _____ Rigid obedience
- _____ Talks freely about drug use; bragging
- _____ Associates with known drug users
- _____ Lying
- _____ Excessive crying
- _____ Poor hygiene
- _____ Dramatic attention getting
- _____ Unrealistic goals
- _____ Irresponsibility, blaming, denying
- _____ Family problems (death, divorce, illness)
- _____ Frequently observed wandering halls
- _____ Stealing
- _____ Suicidal ideation
- _____ Possesses or exchanges large amounts or money
- _____ Non-Involvement in activities
- _____ Extreme dissatisfaction with school

POSSIBLE ALCOHOL OR DRUG ABUSE - SPECIFIC BEHAVIORS

Witnessed	Suspected	
_____	_____	Selling; delivering
_____	_____	Possession of alcohol, drugs
_____	_____	Possession of drug paraphernalia
_____	_____	Use of alcohol, drugs
_____	_____	Intoxication
_____	_____	Smelling of alcohol or other substance
_____	_____	Glassy / Blood-shot eyes
_____	_____	Needle marks
_____	_____	Dreamy / Blank expression
_____	_____	Trembling

OTHER BEHAVIORS NOT LISTED:



Burlington County Alternative High School Student Transcript

Course / Credit / Grade

0

DISTRICT__

English I:		English II:	
English III:		English IV:	
Health I:		Health II:	
Health III:		Health IV:	
Phys Ed I:		Phys Ed II:	
Phys Ed III:		Phys Ed IV:	
Math I:		Math II:	
Math III:			
History I:		History II:	
History III:			
Science I:		Science II:	
Science III:			
F/A Art:		Finance:	
Lang 1:		Lang 2:	
Elective 1:		Elective 2:	
Elective 3:		Elective 4:	
Elective 5:		Elective 6:	
Elective 7:		Elective 8:	
Elective 9:		Elective 10:	
Elective 11:		Elective 12:	

Dismissed
 Withdrew
 Graduated
 On...



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RECORDS RELEASE

Student Name: _____

Date of Birth: _____ Grade: _____

Address: _____

Change in Educational Placement to:

BURLINGTON COUNTY ALTERNATIVE SCHOOL
Burlington County Special Services School District

Reason: _____

I do hereby authorize the **sending school district** to release all academic, discipline and health records concerning the above named student. Please include grades up to the time of withdrawal, standardized test scores and other pertinent data concerning this student.

Parent/Guardian Name (Please Print)

Date

Parent/Guardian *Signature*