



## 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

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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](mailto: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 #: \_\_\_\_\_ Grade Level \_\_\_\_\_ ☐ Special Ed Student  
\*Disability Category \_\_\_\_\_

Birth Sex \_\_\_\_\_ Gender \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_

Current School Year: \_\_\_\_\_ \*Original Graduation 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

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

☐ 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*