



## Corvallis School District Expanded Options Program Application

**Directions:** If you want to participate in the Expanded Options Program, complete this form and submit it by May 15 to:

- Sally McAfee, Coordinator of Alternative Education, Harding Center, 510 NW 31<sup>st</sup> Street, Corvallis, Oregon 97333 or
- The counseling office in your school.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Name(s): \_\_\_\_\_ Parent's Work Phone: \_\_\_\_\_

Student E-mail: \_\_\_\_\_ Parent(s) E-Mail: \_\_\_\_\_ High School: \_\_\_\_\_

1. \_\_\_\_ I will be a junior or senior in 2008-2009. I will be enrolled at either Corvallis High School (CHS) or Crescent Valley High School (CVHS) while participating in this program.
2. \_\_\_\_ I understand the district is required to provide priority to "at risk" students defined as (1) a student who qualifies for a free or reduced price lunch program; or (2) an at-risk student as defined by rules adopted by the State Board of Education if it has adopted rules to define an at-risk student. An "at-risk" student includes a student who meets state or federal thresholds for poverty as indicated by eligibility for services under any of the following provisions of the No Child Left Behind Act:
  - a. Title I—Improving Academic Achievement of the Disadvantaged, Part A—Improving Basic Programs Operated by Local Educational Agencies (A student with a cumulative grade point average below 2.0, a student with two consecutive semesters with a grade point average below 2.0, or a student who is has been retained or is deficient 3 or more credits);
  - b. Title I, Part C—Education of Migratory Children;
  - c. Title I, Part D—Prevention and Intervention Programs for Children and Youth Who are Neglected, Delinquent, or At-Risk;
  - d. Title III—Language Instruction for Limited English Proficient and Immigrant Students; and
  - e. Title X—Repeals, Redesignations, and Amendments to Other Statutes, Part C—Education of Homeless Children and Youth Program
3. \_\_\_\_ I understand that if student interest exceeds credits available, the district will use the following procedure to choose students approved for the program:
  - a. Eliminate incomplete applications.
  - b. If demand still exceeds the credit cap, use a lottery drawing to eliminate applications for 10<sup>th</sup> graders not at risk and then 11<sup>th</sup> graders not at risk until requests equal the credit cap.
  - c. If demand still exceeds the credit cap after eliminating all students not at risk, reduce the number of credit hours students may take, with the goal being to move toward equalizing the number of credit hours each student may take until the number of credits approved equals the credit cap.
  - d. If demand still exceeds the credit cap after equalizing requested courses, use a lottery drawing to eliminate 10<sup>th</sup> grade at risk students and then 11<sup>th</sup> grade at risk students who are not drop outs until requests equal the credit cap.
4. \_\_\_\_ I understand that I will not be able to take courses similar to those offered at a district high school without applying for and receiving a waiver from the Coordinator of Alternative Education.
5. \_\_\_\_ I understand that I may not exceed 14 credits per year when my high school credits and equivalent college credits are combined unless I apply for and receive a waiver from the Coordinator of Alternative Education. (See attached sheet showing how LBCC credits convert to high school credits.)
6. \_\_\_\_ I understand that my parent/guardian and I are responsible for transportation to and from the college class(es).
7. \_\_\_\_ I understand that I will not be able to take courses for more than two academic years if I am a current sophomore OR one academic year if I am a current junior.
8. \_\_\_\_ I did not participate in the Expanded Options program last year as a senior. I have not received a high school diploma.
9. \_\_\_\_ I am not a foreign exchange student.
10. \_\_\_\_ I agree to work towards all state and district requirements for a high school diploma and/or counselor approved post-secondary educational plans.
11. \_\_\_\_ I will attend my Expanded Options course(s) regularly and make adequate academic progress in these class(es). Otherwise, I will not be able to continue in the Expanded Options Program.
12. \_\_\_\_ I understand that eligible students will first need to be accepted by the post-secondary institute, and the post-secondary institutions have the right to deny access to any or all of the classes they offer.
13. \_\_\_\_ I understand that the grades I earn in post-secondary classes will be posted on my transcript and used to calculate GPA, class standing, and valedictorian/salutatorian status.

14. \_\_\_\_ I will follow all behavioral and academic expectations of the post-secondary institution and all Expanded Options rules and guidelines identified by the state, district, and high school.
15. \_\_\_\_ I understand that the Corvallis School District will not pay for unapproved courses.
16. \_\_\_\_ I understand that textbooks provided to me as part of the Expanded Options program must be sold to the Linn Benton Community College book store during finals week of the term of enrollment.
17. \_\_\_\_ I understand that, unless I am 18, I will need to show parent permission in writing to the school prior to enrolling in any post-secondary course.
18. \_\_\_\_ I understand that I also have access to Advanced Placement classes and College Now classes to pursue my post-secondary goals and that the district must pay fees for these programs for at risk students.
19. \_\_\_\_ I authorize the school district to access my Expanded Options grade reports from the college or university.
20. \_\_\_\_ I agree to review my progress in college classes with the Extended Learning Specialist in my high school every two weeks during any term that I am enrolled in Expanded Options.

Each course must be initiated by your counselor. Counselor verifies with his/her initial that the course meets all of the following criteria for the Expanded Options Program:

- The course is part of student's personal education plan and is related to his/her learning goals.
- The counselor has explained to the student how the course fulfills graduation requirements and how much high school credit will be awarded for each course.
- Student's total educational program does not exceed 14 credits when high school and equivalent college credits are combined. (or student has attached a completed waiver).
- The course is not a duplicate of a course offered at the school (or student has attached a completed waiver).
- If the student is at risk, the counselor has explained that the Expanded Options program will pay for AP testing, LBCC placement testing, and College Now fees.
- The counselor has explained the role of the Extended Learning Specialist in supporting students in this program.
- This student is a junior or senior, has not participated in the Expanded Options program more than 2 years if a senior and 1 year if a junior. If student participated in Expanded Options as a senior last year, student is not eligible.

Please fill in the following information regarding the courses you are requesting for consideration.

General Course Categories (Above and Beyond High School Offerings)	Preferred Term if Class Is Available (Fall, Winter, Spring)	Relationship of Course to Post-Secondary Goals	Estimated # of Credits	Counselor Initial
1 <sup>st</sup> choice:				
2 <sup>nd</sup> choice:				
3 <sup>rd</sup> choice:				
4 <sup>th</sup> choice:				
5 <sup>th</sup> choice:				
6 <sup>th</sup> choice:				
7 <sup>th</sup> choice:				
8 <sup>th</sup> choice:				
9 <sup>th</sup> choice:				

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Counselor Approval \_\_\_\_\_

Date \_\_\_\_\_

Student meets the following district criteria of at risk (by number and letter): \_\_\_\_\_