

LEONARD BRAUTIGAM CENTER

Student/Parent/School Declaration of Interest Process/Checklist

- 1. **Student:** complete all pages of the declaration through "Home Campus Input" and then, give the declaration to your **COUNSELOR**.
All items MUST BE addressed – Please do not leave answers blank.
- 2. **School personnel** will complete the last part of the declaration starting with "Home Campus Input" plus all requested attachments if they apply.
- 3. Home campus sends the completed declaration to the Brautigam Center via email: **BDI@cfisd.net**
- 4. Brautigam Center personnel will call student/parent to schedule an **Admissions Orientation** after evaluation of the declaration, if approved.
- 5. At the time of the orientation, student/parent **must** be ready to:
 - Take notification of attending the Brautigam Center to the Registrar at the **home campus**—EXTREMELY IMPORTANT!!!
 - Enroll at the **home campus** if coming from out-of-district
- 6. **Parent or guardian must accompany student at the time of the orientation** if student is **under 18 years of age**. (Step-parents or other family members are not allowed to enroll students.)
- 7. Student and parent must understand:
 - All courses are on-level and only 3 periods are offered per day.
 - Electives are placed into the schedule by the Brautigam Center counselor.
 - Students on Foundations with Endorsement can usually only receive a Multidisciplinary Endorsement
 - **Credits:** on the average, students earn 1.5 credits each 9 weeks that they are in attendance. Average max per year=6.0 credits



Main: 281-807-8684

"Lighting the way one student at a time"

LEONARD BRAUTIGAM CENTER Declaration of Interest

Student is requesting enrollment for:

Circle one: Aug Oct Jan Mar School Year: _____ Home Campus:

*** **IN MARCH AND OCTOBER:** students will lose all progress and will be starting over at LBC

Student Name: _____ Student ID # _____
Last First Middle

Address: _____
Street City Zip

Student e-mail: _____ Student cell: _____ Birthdate _____ Age _____

Gender: ___ Male ___ Female ___ Other Current Grade: 12 11 10 09

1) With whom do you live? Name _____ Relationship _____ Cell _____

2) Will you be riding the shuttle bus to and/or from the Brautigam Center? Yes No.

If no, please put a check next to your transportation method:

OWN CAR CAR RIDE BIKE OTHER _____

STUDENT INPUT:

Students: Please respond to the following questions. We appreciate any informative details that show us who you really want to become.

3) **WHY?** Why do you want to attend the Brautigam Center?

4) **TEEN PARENT?** If you are teen a parent, check one:

PARENT: Age & name of child _____ EXPECTING: Due date _____
Do/will you need child care? Yes No

5) **SUMMER SCHOOL?** If summer school is needed, would you be able to pay and be in attendance? Yes No

6) **YOUR FUTURE?** Future Educational Plans:

Check one: Workforce 2 year college 4 year college
 Trade School 2yr to 4 yr Military: _____

7) **CAREER?** What career would you like to pursue? _____

Students graduating without an endorsement must begin at a 2yr college.

8) **COURSE INTEREST:** Check beside all that you would be interested in taking:

Welding Plumbing Culinary Business/Computers Family/Consumer Sci.

Students may have limited ability to choose electives at LBC due to special scheduling parameters.

PARENT INPUT:

Parents/Guardians: Please respond to the following questions. We appreciate any and all input that may help us better serve your child.

1.) Why do you feel that the Brautigam Center is a better learning environment for your child?

2.) How will you team with us and your child to support his or her success at the Brautigam Center?

By signing below, I certify that the information in both the student and parent sections are accurate:

Student's Signature

Date

Parent's Signature

HOME CAMPUS STAFF INPUT: MAY REQUIRE DOCUMENTATION!

Please complete the following regarding the student named on page 1.

School Counselor Name _____
Please Print

- **EOCs:** Passed all? Yes No. If answer is "no," **CHECK ALL STILL NEEDED BELOW:**
ALG: ORIGNL RETEST ◆ **BIOL:** ORIGNL RETEST ◆ **ENGL:** ORIGNL RETEST
ENG2: ORIGNL RETEST ◆ **USH:** ORIGNL RETEST
- **Regular Education?** Yes No
- **Evaluation for Special Education?** Yes No
- **Parent Denial of Special Education services?** Yes No
- **Gifted and Talented Education?** Yes No If yes, Exit Letter must be completed by home campus prior to enrollment at the Brautigam Center.
- **Limited English Proficient (LEP)?** Yes No
If yes, attach most recent LPAC.
- **504:** Yes No
IF YES, ATTACH 504 Accommodations.

➤ Utilizing DCR? Yes No

If yes, list courses and % COMPLETED: _____

- After the student is accepted to the Brautigam Center, please have the DCR teacher on the home campus disable all courses. We will enable them as needed once they arrive.

➤ Teen Parent? Yes No. If yes, attach current intake form.

➤ Early Graduate? Yes No. If yes, attach completed Early Graduation form.

➤ FHS Plan? Yes No. If yes, attach completed Endorsement Opt-out Form.

➤ Reading Info: DYSLEXIA? Yes No.
If YES, attach accommodations.

➤ **CREDIT VERIFICATION:** On the attached form, indicate **ONLY** the courses **STILL NEEDED**. Home campus counselors are responsible for the Brautigam Center student's transcript checks each year. Please circle or use a green or blue highlighter to indicate needed courses.

Counselor's Signature & Extension: _____ Date _____

Please complete the following regarding the student named on page 1.

Assistant Principal Name _____
Please Print

Is there an AEP pending? Yes No

➤ Does this student have EA's? Yes No
If yes, can the EA's still be made up if admitted as a Brautigam Center student?
 Yes No

➤ Do you have additional information that should be considered? Yes No
If yes, please send a typed statement via email to marlo.paulk@cfisd.net. The subject line should contain the student's name and ID number.

AP's Signature & Extension#: _____ Date: _____

THE BRAUTIGAM CENTER: FOR COUNSELOR USE ONLY. CIRCLE NEEDED ITEMS OR USE BLUE OR GREEN HIGHLIGHTER TO INDICATE NEEDED ITEMS.

LAST	FIRST	ID	COHORT	GRAD PLAN	EOCS NEEDED	HOME CAMPUS
			20__-20__	FHS or FHSE	ALG BIOL E1 E2 USH	

ENGLISH		HEALTH/PE		DCR ALREADY ASSIGNED:	
ENG1 A	ENG1 B	HEALTH	PE1		
ENG2 A	ENG2 B		PE2		
ENG3 A	ENG3 B	FINE ART			
ENG4 A	ENG4 B	ART1 A	ART1 B		
PACE-USUALLY NOT TAUGHT AT LBC					

MATH		LOTE		DCR RECOMMENDED:	
ALG1 A	ALG1 B	SPN1 A	SPN1 B		
GEOM A	GEOM B	SPN2 A	SPN2 B		

ELECTIVES		COURSES THAT COULD BRIDGE:	
TOTAL # ELECTIVE CREDITS NEEDED: ____			
CIRCLE ALL THAT WOULD BE RECOMMENDED FOR THIS STUDENT			
MARKETING DYNMX CO-OP (must need elective credit to access)		EAs (that can be recovered)	

SCIENCE	
BIOL A	BIOL B
IPCA	IPCB
CHEM A	CHEM B
PHYSX A	PHYSX B
ENSYST A	ENSYST B

SOCIAL STUDIES	
WGEOG A	WGEOG B
WHIST A	WHIST B
USH A	USH B
GOV	ECO

NOTES:

COUNSELOR SIGNATURE: _____

LIAISON SIGNATURE: _____