



San Angelo ISD Night School

2010—2011 Information for Obtaining a High School Diploma



- There is **no fee** for the program; SAISD provides it **free** of charge to you.
- Night School was opened in order to help those who have dropped out of school. Anyone who desires to complete his/her credits and graduate should apply; however, **applicants must be at least 18 years of age or older to apply**. There is no age maximum.
- Applicants who have been out of school **90 days** or more will be given priority.
- Applicants must **provide and attach official copies of transcripts from ALL previously attended high schools** to expedite the application process.
- Transcripts will be evaluated in order to determine what credits each prospective student needs to graduate.
- Applicants will be interviewed prior to being accepted into the program.
- Night school is held on Tuesday, Wednesday, and Thursday nights and some Saturdays January—May and September—December.
- The hours for Night School are 4:30 p.m. to 8:30 p.m. nightly. **Applicants must attend EVERY NIGHT weekly to reach a minimum of 10 hrs..**
- Night School will be held in Fulton Hall at Central High School in the CCR computer lab (610 Guadalupe St.). Fulton Hall is on the corner of Locust St. and Guadalupe St., off of Houston Harte.
- Curriculum will include computer-based learning and courses created by the Night School staff. Students work independently with support from teachers.
- Applications must be turned in at the Central High School Counseling Center, Lake View High School Counseling Center, or the S.A.I.S.D. Administration building, 1600 University.
- For more information call: **659-3434 Ext. 176, 657-4012, or 947-3838 Ext. 750**
- ***FAX transcripts to 325-657-4012 or 325-659-3409, Attn.: Deborah Campbell***



You must fill out the entire form and sign at the bottom.



San Angelo ISD Night School Application

Name: _____
Last First Middle Maiden

Physical address: _____
Street Apt. # City State Zip Code

Mailing Address: _____
Street Apt. # City State Zip Code

Home #: _____ Cellular#: _____ Work#: _____

Family Contact: _____ Phone #: _____

Birthday: ____ / ____ / ____ Social Security Number: _____

Student I.D. Number: _____ (If you remember it, please list school I.D.#)

PAST SCHOOL INFORMATION

Circle the grade in which you LAST attended high school: *none 9th 10th 11th 12th*

LAST school attended: _____
Name City State

Date (month & year) when you left school: ____ / ____ Exit Tests: TAKS TAAS

LIST ANY AND ALL OTHER HIGH SCHOOLS YOU ATTENDED FROM 9th to 12th grade:

1. _____ 2. _____
HS Name City, State HS Name City, State

Year you entered the 9th grade: _____ Original graduation date: _____

Did you receive special education services in school? ___No ___Yes If yes, which ones?:
___Dyslexia ___ADD/ADHD ___Basic/Inclusion Classes ___Other: _____

PLEASE ATTACH AN OFFICIAL COPY (from the school) OF ALL OF YOUR HIGH SCHOOL TRANSCRIPTS AND EXIT-LEVEL TEST SCORES AS THIS WILL EXPEDITE YOUR REQUEST.

(Please fill out and sign below):

Night School Student Record Release Form & Signature

I understand that admission to the SAISD Night School is by selection only and is intended for students who have already dropped out of school and who are also eighteen or older. If selected, I will follow the rules, expectations, and attendance requirements pertaining to Night School. I will provide transcripts from previous schools and/or give SAISD the right to request those transcripts on my behalf.

Last Name of Student First Middle Maiden

School Name(s) (List all high schools again)

Signature of Student

Today's Date