

ALKI and MAP

2015-16 ENROLLMENT APPLICATION

ALKI and Marshall Alternative Program are parent participation middle school programs. Because they are highly dependent on parent involvement, these programs provide parents an opportunity to more actively take part in their children's middle school experiences. These programs also provide middle school students an opportunity to participate with increased personal responsibility in this individualized academic school environment.

Students with diverse needs, interests, and learning styles can succeed in ALKI and MAP as long as they are willing to work and take responsibility for their part in the learning process. Parents and students are best advised to give careful consideration to the requirements of the program, as well as the attributes of the student.

HOW TO APPLY TO ALKI or MAP

- 1. ATTEND AN INFORMATION NIGHT** – The student and their parents/guardians **must** attend one of the district's Middle School Application Information Nights.
- 2. FILL OUT ENROLLMENT APPLICATION** – The parent(s) and student must complete and return the following pages of this application packet:
 - INFORMATION SHEET
 - SAMPLE OF STUDENT WRITING
 - PARENT/GUARDIAN QUESTIONNAIRE
 - PARENT/GUARDIAN AGREEMENTS

NOTE: The entire application must be filled out completely and correctly (as per directions) with all necessary signatures; incomplete applications WILL NOT be included in the Lottery.

3. MAIL or HAND-DELIVER completed application to:

ALKI ENROLLMENT
Reeves Middle School
2200 Quince St NE
Olympia, WA 98506

-OR-

MAP ENROLLMENT
Thurgood Marshall Middle School
3939 20th Ave NW
Olympia, WA 98502

Application deadline: Friday March 6th 3:15pm

Applications received after the deadline will NOT be in the Lottery (postmarks do not count).

The Lottery will take place on Thursday March 19, 2015.

Late applicants will be offered seats as they become available or placed on a waiting list.

MAP and Alki

2015-16 Detailed Enrollment Process

Information Nights (MANDATORY-parents must attend one)

MIDDLE SCHOOL APPLICATION INFORMATION NIGHTS

- **Thursday February 19th 6pm** – Jefferson Middle School
- **Tuesday February 24th 6pm** – Reeves Middle School

Application Forms (MANDATORY)

- Enrollment applications are available ONLY at the Information Nights.
- Students may apply to both programs (MAP or Alki) with one Application form.
- Application forms must be received by 3:15 pm, Friday March 6th, 2015 to take part in the lottery.

Classroom Observation (NOT MANDATORY)

Sign-up sheets for classroom observations are available at Information Nights

- ALKI: March 3rd/4th/5th , during 5th period (1:12-2:05pm)
- MAP: Feb 25th/26th/27th , during 5th & 6th period (12:40-2:32pm)

Classroom Observation visits will be conducted in small groups. We ask that visitors respect that this is class time. We cannot accommodate individual visits or conferences during these Classroom Observation times.

Selection Rules and Procedures

In-district applicants have priority over out-of-district applicants. To be eligible to apply, students must be entering 6th, 7th, or 8th grade in the upcoming school year. Every effort will be made to maintain a balance of the grade levels. When siblings (more than one child from a single household) apply for new enrollment, the applications will be treated as one application for purposes of the lottery (i.e., if one child is drawn, the second applicant is automatically added). Please contact each program for details on the sibling rule.

Priority for acceptance into the program goes in the following order:

1. Returning students who have submitted a re-enrollment form.
2. Applicants who are siblings of currently enrolled MAP/ALKI students.
3. Applicants who are placed in the program as a result of the current year's enrollment Lottery.
4. Slots in the program and on the Waiting List will be awarded according to the applicant's position in the current year's enrollment Lottery. If space is available and the Waiting List is exhausted, later applicants may be considered on a first-come, first-served basis.

Notification & Decisions by Families

The lottery will be held on March 19th and placements made in accordance with the above priorities. ALKI and MAP draw Lottery placements together. Families will be notified within one week of the lottery. **Families have 2 WEEKS from notification to respond** for this round of placement and **one week** for each following round.

For more information, contact the Enrollment Chairs:

ALKI: Bobbi Blankenship (360) 480-6878, alkienrollment@gmail.com

MAP: Stephanie Benfield (360) 870-8134, mapenrollment@gmail.com

Return completed application to Marshall or Reeves by March 6th!
To be included in the Lottery, all information must be filled out completely.

INFORMATION SHEET

MAP / ALKI Application for 2015-2016 School Year

Student Name (please print): _____ **Applying for Grade:** _____ **M/F:** _____

Current school: _____ **Designated middle school¹:** _____

Current Teacher: _____ **Current Grade:** _____

Is a sibling currently enrolled in or a graduate of ALKI?: _____ (No/Yes) **Years attended:** _____

Is a sibling currently enrolled in or a graduate of MAP?: _____ (No/Yes) **Years attended:** _____

Is your child interested in taking a music elective (check one ONLY):

- Band
 Choir
 Orchestra

We are applying for placement in the following programs(s).

First Choice: _____ **Second Choice:** _____

Please choose MAP or ALKI in order of preference.

If only interested in one program, enter that program only.

Which Information Night(s) did you attend?

- Thurs. Feb. 19th – JMS Tues. Feb. 24th – RMS

Contact Information: Parent /Guardian #1

Name: _____ **Preferred Phone:** _____ **2nd phone:** _____

Mailing address: _____ **City:** _____ **State:** _____ **Zip:** _____

E-mail address²: _____ (please write clearly!!)

Contact Information: Parent/Guardian #2

Name: _____ **Preferred Phone:** _____ **2nd phone:** _____

Mailing address: _____ **City:** _____ **State:** _____ **Zip:** _____

E-mail address²: _____ (please write clearly!!)

¹ "Designated Middle School" is the one the child would attend if not in the Alternative program.

² We depend **heavily** on email communications throughout the enrollment process as well as throughout the school year.

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SAMPLE OF STUDENT WRITING

(Viewed ONLY by Alki/MAP Teachers and OSD staff)

This page must be filled out in either the student's handwriting or typed, and in the student's voice. **Parents should not dictate the content.** This page is intended to give the child an opportunity to communicate their ideas and hopes to the Alki or MAP teacher, and will only be seen by the teacher or Olympia School District staff. It has no impact on whether or not your child gets into the program.

Student name _____

Why are you applying to an alternative program? Explain in detail your reasons.

Describe your school and learning history. Give specific examples from the last year of projects or activities. Include independent activities and activities you have worked on with others.

Describe your overall behavior and participation in school.

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PARENT/GUARDIAN QUESTIONNAIRE

(Viewed ONLY by Alki/MAP Teachers and OSD staff)

This page is intended to give the parent/guardian an opportunity to communicate their ideas and hopes to the Alki or MAP teachers.

It has no impact on whether or not your child gets into the program.

Student name _____

Please describe student's previous school/classroom history or group experience (such as camp or youth organizations).

Please describe the student in terms of:

Attitude toward school and learning:

Peer relationships:

Creativity and imagination:

Problem solving and reasoning skills:

Explain why you think your child is appropriate for this program:

Student's special talents, interests and/or strengths:

Please share your goals for your child for the coming years:

Please provide any additional information that may help the teachers understand your child's needs:

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Alki ENROLLMENT AGREEMENT

(Viewed **ONLY** by Alki Teachers and OSD staff)

To be signed only if applying to the Alki program.

Student name _____

STUDENT AGREEMENT

I understand that ALKI is an Olympia School District parent participation middle school program that students and parents choose to meet their interests and needs. I know that my success in the program is contingent upon my agreeing to the following statements:

- I have selected ALKI because I think this is a good academic and personal choice for me.
- I will take personal responsibility in learning how to manage and organize my homework and classroom work assignments.
- I will fully participate in the development of a cooperative learning contract (the Student Agreement) and will abide by its terms once developed.
- I will work toward achieving the academic and personal goals I set with my parents and teachers.
- I understand that consistently maintaining appropriate classroom and school behavior is a condition of continuance in ALKI.
- I will help create a climate where my ALKI classmates and I can work together to develop a sense of community in our program and in Reeves Middle School.
- I will work with my ALKI classmates toward the goals we set for the program.

Student Signature _____ Date _____

PARENT/GUARDIAN AGREEMENT

I understand that ALKI is an Olympia School District parent participation middle school program which students and parents choose to meet their interests and needs. I know that my child's success in the program is contingent upon my agreeing to the following statements:

- I have selected ALKI because I think this program is a good academic and personal choice for my child, and because I **want to be an active participant** in my child's education, **so will volunteer time in the program.**
- I will help my child work toward achieving the academic and personal goals he/she sets with the ALKI teachers and me.
- I understand that consistently maintaining appropriate classroom, school and field trip behavior is a condition of continuance in ALKI.
- I will provide supportive counsel to my child should he/she experience behavioral difficulties.
- **I will be an active participant in my child's education by volunteering my time and talents in the program.**
- I will maintain ongoing communication with the ALKI teachers.
- I understand that ALKI's success is contingent upon **parent participation in and outside the classroom** and in other support activities, so:
 - **I will participate in the ALKI parent group by reading and following the ALKI Bylaws.**
 - **I (or a family representative) will support ALKI activities as a chaperone, driver, group leader, presenter, organizer or behind-the-scenes worker.**
 - A representative from our family will attend ALKI Community Team Meetings
 - I understand that there are many out of classroom activities at ALKI that are NOT funded by the Olympia School District. These activities are supported through **additional fees (\$200/child) that my family will be expected to pay in order** for my child to participate. (Installment or reduced payment plans are available.)
 - I will be provided, upon acceptance into the ALKI program, the ALKI fee options and fundraising options that are available to me, and agree to participate in either or both of these options.

Parent or Guardians _____ Date _____

Parent or Guardians _____ Date _____

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MAP ENROLLMENT AGREEMENT

(Viewed **ONLY** by MAP Teachers and OSD staff)

To be signed only if applying to the Marshall Alternative Program.

Student name _____

STUDENT AGREEMENT

I understand that MAP is an Olympia School District parent participation middle school program in which students and parents choose to meet their interests and needs. I know that my continued enrollment in the program is contingent upon my agreeing to the following statements:

- I will fully participate in the development of the MAP Expectations Contract and abide by its terms once developed.
- I understand that consistently maintaining appropriate classroom behavior is a condition of continuance in MAP.
- I have selected MAP because I think this is a good academic and personal choice for me.
- I will work toward achieving the academic and personal goals I set with my parents and teachers.
- I will help create a climate where my MAP classmates and I can work together to develop a sense of community in our program and in Marshall Middle School.
- I will work with my MAP classmates toward the goals we set for the program.

Student signature _____ Date _____

PARENT/GUARDIAN AGREEMENT

I understand that MAP is an Olympia School District parent participation middle school program in which students and parents choose to meet their interests and needs. I know that my child's continued enrollment in the program is contingent upon my agreeing to the following statements:

- I have selected MAP because I think this program is a good academic and personal choice for my child.
- I will help my child work toward achieving the academic and personal goals she/he sets with the MAP teachers and me.
- I understand that consistently maintaining appropriate classroom behavior is a condition of continuance in MAP.
- I will provide supportive counsel to my child if experiencing behavioral difficulties.
- I will maintain ongoing communication with the MAP teachers. I know that it is recommended I contact the teachers at least once every four weeks.
- I will participate in the MAP parent group by reading and following the MAP Administrative Code, attending required meetings, and supporting MAP activities.
- I understand that MAP's success is contingent upon parent participation in and outside the classroom and in other support activities.
- I will be an active participant in my child's education.

Parent /Guardian signature _____ Date _____

Parent /Guardian signature _____ Date _____

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