



# SOUTH PALM GARDENS HIGH SCHOOL

Weslaco Independent School District

3907 Camino Real Viejo, Weslaco, Texas 78596

Phone: (956) 969-6621

Fax: (956) 565-5994

Priscilla Canales, Ph.D.  
Superintendent of Schools

Principal  
Tina Wells

Counselor  
Martha Guerrero

Social Worker  
Araseli Mireles

Dear Applicant:

Welcome to South Palm Gardens High School. Our goal is to provide you a positive learning environment that will prepare you to become self-directed, lifelong learners ready to achieve personal success in today's 21<sup>st</sup> century world.

Please complete the attached application and be sure to include all information requested in the application. **Please make sure your counselor has completed the referral form on the last page of this packet and that all transcripts and test scores are attached.**

South Palm Gardens High School offers an environment that is different from the current high school structure.

To be considered for enrollment, we consider the following factors:

- Motivation
- Commitment to attend our program daily
- Ability to work at an accelerated pace
- Attend classes each day including EOC preparation classes( if not test complete)
- Have earned 6 or more credits
- Students attempting at least their 3<sup>rd</sup> year of high school
- At-Risk and in need of Credit Recovery
- Students in need of early graduation for one reason or another ( To be decided by principal, parent and student)

Our staff is dedicated to you and will help guide you every step of the way to ensure your success. In order to be successful, you must fully commit to the program. This is a wonderful opportunity for you so take full advantage of it. We are proud to be a part of Weslaco ISD, the Right Choice!

Sincerely,  
*Tina Wells*  
Mrs. T. Wells

**Winners. Inovators. Scholars. Doers.**

## STUDENT APPLICATION

Date of Application: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ Campus ID# \_\_\_\_\_

Home Campus: \_\_\_\_\_ Cohort (year you should graduate): \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Student's cell phone number: \_\_\_\_\_

Is the student a parent? \_\_\_\_\_

Is the student pregnant? \_\_\_\_\_

Is this student one year or more behind on credits? \_\_\_\_\_

Does student currently have job? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Hours worked per week \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Employer's/Manager's name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Who do you live with? \_\_\_\_\_

Current Address: \_\_\_\_\_

Street

City

State

Zip Code

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Has student ever been referred or placed in a discipline alternative setting (Guidance Center at Horton, JJAEP, or Boot Camp)? \_\_\_\_\_

If yes, which placement (s)? \_\_\_\_\_

Date of placement (s): \_\_\_\_\_

If yes, why were you sent? \_\_\_\_\_

Are you currently on probation? \_\_\_\_\_ If yes, is it adult or juvenile probation? \_\_\_\_\_

Name of probation officer: \_\_\_\_\_

How do you get to school each day? \_\_\_\_\_

If you ride the bus, what bus do you normally ride to your current high school? \_\_\_\_\_

Who told you about South Palms Gardens High School?

\_\_\_\_\_

Do you know any students that currently attend S.P.G.H.S.? \_\_\_\_\_

\_\_\_\_\_

List any other information you feel we would need to know to help you better succeed if you attend South Palm Gardens High School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please turn in this completed application to your counselor or drop it off, completely filled out, at South Palm Gardens High School between 8:00 a.m. and 4:00 p.m. All students will be contacted, so please write in current phone numbers.

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*"Where students enter to learn and leave to achieve"*

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Date of Referral: \_\_\_\_\_

Student Name: \_\_\_\_\_

ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please circle cohort year: 2017 2018 2019 2020

Former Campus:  Weslaco High School  Weslaco East High School  CATE Early College High School

Parent Consent (for students under 18)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Consent Form (Counselor at former campus): STUDENT MEETS ALL CRITERIA**

- Attach current transcript
- Attach EOC profile/CSR
- At-Risk
- 504

- Migrant
- Special Ed.
- GT
- ELL

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SLC Administrator/Principal Approval:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Data Entry Clerk:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SPGHS Administrator (Enroll student if cleared):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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