

Student Application



Serenity High

Dear Student/Parent,

Thank you for your interest in Serenity High. Serenity supports the educational needs of teenagers in recovery from substance abuse addiction. It is often scary and overwhelming for a teen to start a treatment program or begin their journey of recovery. However, becoming substance-free is only the beginning of building a foundation for a lifetime of recovery. One of the biggest challenges teens report that they face when re-entering school is feeling isolated, misunderstood, judged and lost. Studies have shown that young people who start on the path to health but then return to the same people, places and things that got them into trouble dramatically reduce their chances for a successful recovery.

Serenity High offers students in recovery an opportunity to grow (academically, emotionally, and socially) by integrating the principles of recovery into their education. Serenity High's culture and academics create an environment where students in recovery can truly flourish.

This application must be submitted for consideration for Serenity High. For questions, feel free to reach out to Allie Long, Dean of Students at 469-302-7830 or allong@mckinneyisd.net

Please submit your completed application to allong@mckinneyisd.net

STUDENT INFORMATION:

Student Name: _____ Age: _____ Current grade level: _____

Student Address: _____ Student email: _____

Student Cell Phone Number: _____ Home Phone: _____

Date of Birth: _____

PARENT/GUARDIAN INFORMATION:

	Parent/Guardian #1	Parent/Guardian #2
Name		
Address		
City, State, ZIP		
Daytime Phone #1		
Daytime Phone #2		
Nighttime Phone		
Email address		
Occupation		
Employer		

ACADEMIC INFORMATION:

Last school attended: _____

Has the student been served in or qualified for any of the following Special Services?

- Gifted & Talented Bilingual/ESL Section 504 Dyslexia Services
- Medical Conditions/Adaptations Requiring Medical Conditions Special Education/IEP
- Speech Orientation and Mobility Services

IF CHECKED YES TO ONE OF THE ABOVE, PLEASE PROVIDE ANY SUPPORTING DOCUMENTATION REGARDING THE SERVICES TO EXPEDITE THE APPLICATION PROCESS.

RECOVERY INFORMATION:

Student Sobriety Date: _____

Eligibility Requirements for Serenity: (please check to confirm eligibility for the student)

- Have 1+ day of sobriety
- Are an active member of a recovery support group, or in the process of joining one
- Show willingness to participate in academic, recovery, and other activities at Serenity High
- Exhibit a strong commitment to recovery and are working a program of recovery (for example, a 12-step program, but 12-step is not mandatory)
- Are following their individual plan for recovery (as determined by their counselor, therapist, or group)
- Are following recommendations for any medical, mental health, or other significant 2nd-stage recovery issues (as recommended by their recovery program, counselor, therapist)
- Have a recommendation and assessment from a counseling/rehabilitation center that they are ready to enter Serenity High

*Name, Phone & Email of Recommender: _____

* Check this box to confirm and give permission for Serenity Staff to contact the recommender regarding the student's application and eligibility for Serenity High.

How did you hear about Serenity High?

Describe the student's history of substance use and drug(s) of choice:

Describe previous treatment programs (residential, outpatient, wilderness, boarding, etc):

Describe previous hospitalizations (psychiatric or medical or other):

Describe the student's current program of recovery and their participation in recovery activities:

Student Statement: Why do you want to attend Serenity High?

PSYCHOSOCIAL INFORMATION (PARENTS & STUDENTS MAY NEED TO FILL OUT TOGETHER):

FAMILY:

Who does the student live with (list age and relation)?

Relationship	Age		Relationship	Age

Any important information about his/her relationship with primary caregivers?

Any important information about his/her relationship with siblings?

Any history of family abuse?

- No Physical Sexual Emotional Verbal Other

If yes, please elaborate:

FRIENDS:

Which of the following best describes the student's social relationships?

- Very good Good Acceptable Poor Very Poor N/A

Does the student feel accepted in their peer group? No Yes

Please elaborate:

What role does the student usually play in friendships? (leader, follower, aggressor, invisible, etc)

Any other important information about friendships?

PERSONAL GRIEF:

What significant losses has the student experienced that are currently affecting him/her? Please elaborate:

WORK:

List any jobs the student has had:

Employer	Dates	Job Title	Reason for Leaving

List any volunteer/service work:

RECREATION:

List any sports, hobbies, or talents:

How does the student spend his/her free time?

LEGAL:

Is the student currently on probation for legal issues? No Yes

If yes, please describe the type of offense: _____

Has the student ever been arrested? No Yes

If yes, please elaborate: _____

Are there any legal situations pending at the present time? No Yes

If yes, please elaborate: _____

Has the student been the victim of violent behavior? No Yes

If yes, please elaborate: _____

Has the student been violent towards others? No Yes

If yes, please elaborate: _____

EDUCATION HISTORY:

Please list three adjectives that best describe the student's attitude towards school:

- 1)
- 2)
- 3)

Has the student ever failed or repeated a grade? No Yes

If yes, please elaborate: _____

Has the student ever been expelled or suspended from school? No Yes

If yes, please elaborate: _____

Is attendance at school a challenge? No Yes

About how often does the student miss an entire day of school?

0-5 days/year 1-2 days/month 1-2 days/week 3-4 days/week Every day Unsure

About how often is the student late to school?

Rarely 1-2 days/month 1-2 days/week 3-4 days/week Every day Unsure

Approximate number of days out of school last year: _____

EMOTIONAL / PSYCHIATRIC HISTORY:

Does the student have any current psychiatric diagnoses? Please describe.

Please check any of the following symptoms and/or signs that the student is currently experiencing or has experienced in the past (even if not formally diagnosed):

- Depression Anxiety Panic attacks Obsessive/Compulsive Disorder
- ADD/ADHD Oppositional Defiance Disorder Conduct Disorder Bipolar Disorder
- Mania Personality Disorder Psychosis Paranoia Schizophrenia/Schizoaffective
- Autism spectrum Fire starting Other: _____

Please elaborate on any checked boxes:

Any history of past suicide attempts or self-harm?

- No Yes, past suicide attempt(s) Yes, cutting Yes, other:

If yes, please elaborate:

Please list all the medications the student is currently prescribed:

Check any that apply:

- Sleeps too much Bored Procrastinates Lacks self-confidence Angry
- Lonely Acts without thinking Lacks friends Bad temper Worries a lot
- Unmotivated Dishonest Nervous Dislikes people People dislike them
- Shy Awkward

Is there anything else you would like to add to this application?

Application Submission:

I hereby certify that the information in this application is correct to the best of my knowledge.

Parent/Guardian Electronic Signature: _____

Date: _____

Thank you for your application to Serenity High. We will contact you soon to set up an interview (if qualified), so we can get to know your student and family better, and discuss Serenity High in more detail. Please note, all applications are reviewed on a case-by-case basis and individualized determinations are made regarding enrollment in Serenity High. For any questions, please email Allie Long, Dean of Students at allong@mckinneyisd.net or call 469-302-7830. Thank you.

Submit completed application to allong@mckinneyisd.net

STATEMENT OF NONDISCRIMINATION. No officer or employee of a district shall, when acting or purporting to act in an official capacity, refuse to permit any student to participate in any school program because of the student's race, religion, color, sex, national origin, or any other legally protected characteristic.