

K-12 I.C.E. Program

Port Townsend School District
mailing address:
1637 Grant Street
Port Townsend, WA 98368
(360) 379-4251 or 385-4477, ext. 4251

Classroom sites:
Grant Street Portable C
Grant Street ICE House
PTHS Gael Stuart Building, Rm S-14

Program Application

The Individualized Choice Education Program depends upon a partnership between students, parents and teacher to develop the optimal educational program for the student. This program serves those students who work best in a home and community-based environment through independent study.

In the I.C.E. Program, students strive to meet or exceed district academic and graduation requirements. Students are welcome to participate in on-campus events whenever possible and appropriate. Students enrolled in the program are considered students of the Port Townsend School District.

The I.C.E. Program supports the School Community Vision Statement and Educational Philosophy of the Port Townsend School District.

If a student is offered entry into a program and chooses NOT to enter at that time, she or he may go to the end of the waiting list if the family wishes to gain admission at a later date. Some students may be offered entry into a program before others due to special circumstances, including previous educational experiences, program needs, or other requirements. Depending on current enrollment figures, it is possible that the I.C.E. program is full and a waiting list is being used to admit new students. The application will remain on file and the student's name will be added to the waiting list until an opening becomes available.

COMPLETE THE FOLLOWING:

Student's full name: _____ 2009-2010 grade level: _____

Nickname: _____ Gender: _____ Age: _____ Birthdate: _____

Mailing Address: _____

City _____ State _____ Zip _____

Physical Address: _____

City _____ State _____ Zip _____

Home phone: (_____) _____ Student's work phone: (_____) _____

Living with: (circle) Mother Father Both parents Guardian
 Friend Other (describe) _____

Name of Parent(s)/Guardian: _____

Address (if different from above) _____

City _____ State _____ Zip _____

Home phone: (_____) _____ Work phone: (_____) _____

List other family at home (siblings, children) and their ages: _____

(continued on back)

EMERGENCY INFORMATION (other than parent)

Emergency contact: _____ Phone: _____

Alternate contact: _____ Phone: _____

Doctor: _____ Phone: _____

EDUCATIONAL HISTORY (Please attach most recent transcript/grade report if available)

Last school attended: _____ Years attended there: _____

Address: _____

TRANSPORTATION

What means of transportation will your child use to get to school? (Circle all that apply)

SCHOOL BUS PRIVATE CAR RIDE WITH FRIEND WALK RIDE BICYCLE

Do you qualify for Free / Reduced Lunches? (Please fill out form) YES NO

In compliance with RCW 28A.225, please answer the following:

Do you have:

Any history of placement in Special Education?	YES	NO
Any health concerns affecting your educational needs?	YES	NO
Any past, current or pending disciplinary action?	YES	NO
Any history of violent behavior?	YES	NO

If you answered YES to any of the above question, please explain: _____

(Please note that students above 3rd grade may need parent transportation to other buildings to continue special education services.)

Are you seeking: Full-time enrollment _____ Part-time enrollment _____

If part-time, please list other schools and classes the student will be connected with this year.
(If home-based, please contact us directly about part-time enrollment)

The information provided above is true to the best of my knowledge. I understand that this is an application for the I.C.E. Program and that it does not guarantee entry to this program. While we are waiting for acceptance into the program, my child will continue to participate in his/her current educational program or will be considered truant per RCW 28A.225.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Office use: Rec'd by _____ Date _____ FTE _____

Enrollment date _____ Immunizations _____ Records _____

STUDENT Questionnaire

Please answer these questions after thinking about them carefully.

1. Why do you want to be in this program?

2. Describe your "style of learning." How do you learn best?

3. Tell us about what you do well.

4. List 5 things you are excited about or are interested in learning more about.

5. What academic areas would like to improve upon? As you list each tell why you want to be better at those skills.