GLOUCESTER ONLINE ACADEMY OF LEARNING (GOAL)
Application for Admission

Congratulations! You have been chosen as a candidate for admissions to the Gloucester Online Academy of Learning (GOAL). Please complete the application packet and submit to the GOAL Selection Committee.

Please use the checklist below to ensure that you have completed and included the required documentation in your final packet.

☐ Student has completed pages 2-5 of the application.

☐ Parent or guardian has signed pages 3 and 5.

☐ Counselor has completed page 6 and has provided the transcript.

☐ A copy of the discipline record is attached.

☐ Student has completed self referral form, page 7.

☐ The Principal or Counselor Recommendation forms (pages 8 and 9) have been submitted to ___________________________ for completion.

Please provide the name of the Principal or Counselor in the space provided.

Thank you for your interest in Gloucester County Public Schools as well as the Gloucester Online Learning Center.
GLOUCESTER ONLINE ACADEMY OF LEARNING (GOAL)
Application for Admission

(Please print or type)

Legal name of applicant: ______________________________________________________________________

Last     First (indicate preferred in CAPS)     Middle

Parent/Guardian’s name: _____________________________________________________________________

Last     First

Street Address (911 Address): ____________________________________________________________________

City: ____________________________ State: _____________ Zip Code: ____________

Mailing Address: (if different than above) ____________________________________________________________________

Home Phone: ( ) Cell Phone: ( )

________________________________________________________

Student ID number: ________________________

STUDENT BIOGRAPHICAL INFORMATION

Date of birth: ____________________________ Age: ________________ Gender: M    F

Student resides with: [ ] Both parents [ ] Guardian

[ ] Father Specify relationship: ______________________

[ ] Mother

Have you previously attended GOAL? [ ] Yes [ ] No If yes, grades and years attended __________

Have you previously applied to GOAL? [ ] Yes [ ] No If yes, what year? ________________

Last grade completed: __________________________________________________________________________
GLOUCESTER ONLINE ACADEMY OF LEARNING (GOAL)
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PARENT/GUARDIAN INFORMATION

Parent/Guardian 1: _______________________________________________________________________
Last First (indicate preferred in CAPS) Middle
E-mail Address: _______________________________________________________________________

Parent/Guardian 2: _______________________________________________________________________
Last First
E-mail Address: _______________________________________________________________________

Emergency contact: ___________________________ Relationship to student: ________________
Emergency contact number: (   )

ADDITIONAL BIOGRAPHICAL INFORMATION

Number of adults in the household: _______________
Number of children in the household: _______________
Is the student a parent? Yes ☐ No ☐
Age of the child: _______________
Does the child live with the student? Yes ☐ No ☐
Does the student work? Yes ☐ No ☐
Place of employment: ___________________________
Phone number: ___________________________
Number of hours worked per week: ____________

The information in this application is true and accurate, to the best of my knowledge. The Gloucester Online Academy of Learning may verify any part of this application. The applicant wants to be a student in the Gloucester Online Academy of Learning.

_________________________________________________________ ________________
Student Signature Date

_________________________________________________________ ________________
Parent/Guardian Signature Date
GLOUCESTER ONLINE ACADEMY OF LEARNING (GOAL)
Application for Admission

APPLICANT’S CURRICULAR AND EXTRACURRICULAR INTERESTS

What subject(s) do you consider your strength? ____________________________________________________________
_______________________________________________________________________________________________

In what subject(s) have you struggled with the most? _____________________________________________________
_______________________________________________________________________________________________

What profession/vocation are you considering after high school? _____________________________________________
_______________________________________________________________________________________________

What college(s) are you interested in attending? __________________________________________________________
_______________________________________________________________________________________________

List the organizations in which you have been involved. ____________________________________________________
_______________________________________________________________________________________________

Check the activities in which you have participated:

☐ Chorus
☐ Band
☐ Service Organizations
☐ Sports – Please specify:

☐ Student Government
☐ Newspaper
☐ Yearbook

☐ Honor Societies
☐ Creative Arts (Drama)
☐ Technology Club

List other interests, hobbies:
_______________________________________________________________________________________________
_______________________________________________________________________________________________
GLOUCESTER ONLINE ACADEMY OF LEARNING (GOAL)
Health Information

To Parent/Physician:
Please print or type the information.

Applicant’s Name: _____________________________________________________________________________

Street Address: _______________________________________________________________________________

City: ________________________ Zip Code: _______________ Home Phone: __________

Emergency Contact Name: _____________________________________ Best phone number: ______

Applicant’s Date of Birth: ______________________ Gender: ☐ Male ☐ Female

Family Physician: ______________________ Phone number: _______________

Can the student participate in all school activities? ☐ Yes ☐ No

Please specify any limitations: __________________________________________________________________

____________________________________________________________________________________________

Please list any health conditions or limitations: ____________________________________________________

____________________________________________________________________________________________

Please list medications currently being taken on a regular basis: ______________________________________

____________________________________________________________________________________________

Please list any allergies: _______________________________________________________________________

____________________________________________________________________________________________

Please list any mental health conditions: __________________________________________________________

____________________________________________________________________________________________

Please list any other medical information of which the school should be aware: __________________________________________________________

____________________________________________________________________________________________

As parent/guardian of the applicant, I attest that the above information is true and accurate to the best of my knowledge. If the applicant is accepted the Gloucester Online Academy of Learning, I grant the school officials permission to secure the necessary medical attention for the above named applicant in case of an emergency in our absence.

_________________________________________________________ Date ______________________
Parent/Guardian Signature
GLOUCESTER ONLINE ACADEMY OF LEARNING (GOAL)
Admission Referral Form

Student Name:____________________________________________ Grade: __________________________
Date: ____________________________________________________
Referred by: (Name/Position): _________________________________________________________________
Phone number: ____________________________________________

STUDENT'S TRANSCRIPT AND DISCIPLINARY TRACKING RECORDS MUST ACCOMPANY THIS REFERRAL FORM. PLEASE ATTACH TO FORM.

PRIMARY REASON FOR REFERRAL TO THE GLOUCESTER ONLINE ACADEMY OF LEARNING:
Check all that apply.
☐ Academic Failure – insufficient credits
☐ Excessive Absenteeism
☐ Excessive Tardies
☐ Apathy to education – no interest in school
☐ Social Issues: student exhibits poor self-esteem/does not interact well with peers
☐ Other (please specify): ______________________________________________

PLEASE CHECK ANY FACTORS OR CHARACTERISTICS LISTED BELOW WHICH APPLY TO THE STUDENT

1. POOR ACADEMIC ACHIEVEMENT
   ☐ Retained one or more years
   ☐ Grade are well below potential of student
   ☐ Failed two or more subjects in recent semester
   ☐ Student in need or remediation
   ☐ Other (please specify): ______________________________________________

2. EXCESSIVE UNEXCUSED ABSENCES/TARDINESS/SKIPPING CLASSES
   ☐ Absent ______ days last year/semester/marking period (please circle time period)
   ☐ Late to school ______ days last year/semester/marking period (please circle time period)
   ☐ Student skipped ________ classes last year/semester/marking period (please circle time period)
   ☐ Other (please specify): ______________________________________________

3. APATHY/INDIFFERENCE TO EDUCATION
   ☐ Little or no interest in school
   ☐ Student appears to be bored in class/school
   ☐ Student does not feel that he/she fits in at school
   ☐ Other (please specify): ______________________________________________

4. SOCIAL ISSUES
   ☐ Low self-esteem
   ☐ Does not interact well with peers
   ☐ Student does not interact well with teachers or administrators
   ☐ Other (please specify): ______________________________________________
GLOUCESTER ONLINE ACADEMY OF LEARNING (GOAL)
Student Self Referral Form

Student Name: ___________________________________________ Grade: _______________________
Date: __________________________________________________
Referred by: (Name/Position): ____________________________________________________________________
Phone number: ________________________________

STUDENT’S TRANSCRIPT AND DISCIPLINARY TRACKING RECORDS MUST ACCOMPANY THIS REFERRAL
FORM. PLEASE ATTACH TO FORM.

Why do you wish to attend the Gloucester Online Academy of Learning? What do you hope to give to and get out of the
experience at GOAL?

PLEASE INDICATE IF YOU HAVE EXPERIENCE ANY OF THE FOLLOWING IN THE PAST: (Check all that apply.)

☐ Been held back one or more years
☐ Failed two or more subject in recent semester
☐ Had difficulty with reading
☐ Had difficulty with math
☐ Have been absent frequently from school
☐ Have been late to school and/or classes
☐ Skipped classes frequently
☐ Have little or no interest in school
☐ Have been bored with school
☐ Feel like you do not fit in at school
☐ Do not get along with teachers at school
☐ Rarely participate in school activities (clubs, sports, etc.)
GLOUCESTER ONLINE ACADEMY OF LEARNING (GOAL)  
Principal/Counselor Recommendation

To Applicant:  
Please print or type this section and deliver this form to your guidance counselor or principal. The Evaluator will mail the completed form directly to the Gloucester Online Academy of Learning.

Applicant’s Name: ______________________________________________  Current Grade: ___________________

Street Address: __________________________________________________________

City: ___________________  Zip Code: ____________  Home Phone: ________________

Requesting Admission to Grade ___________ for the ________________________ term

____________________________________________   Date: ____________________________

Student Signature

____________________________________________   Date: ____________________________

Parent/Guardian Signature

TO BE COMPLETED BY THE EVALUATOR

To Evaluator:  
The student named above is applying for admission to the Gloucester Online Academy of Learning. Please complete this form and send it and the information indicated to the Gloucester Online Academy of Learning at TC Walker Education Center. Thank you.

Name of Evaluator: __________________________________________________________________________________________

Title: __________________________________________________________________________________________________

School: __________________________________________________________________________________________________

Phone: ___________________________  Email: ____________________________
Student Evaluation

1. How long has the student been enrolled in your school? _____________________________________________

2. How long have you known the student? __________________________________________________________

3. Do any of the following apply for this student? □ IEP □ 504 □ ESL □ Other
____________________________________________________________________________________________

4. To your knowledge, has the student had any serious behavior problems while at school? □ Yes □ No
   If yes, please explain. ______________________________________________________________________

5. Has the applicant ever been suspended or expelled? □ Yes □ No
   If yes, please explain. ______________________________________________________________________

6. Please comment on the applicant’s attitude toward school. _____________________________________________
____________________________________________________________________________________________

7. To your knowledge, has the applicant had any history of involvement with drugs, alcohol, or juvenile delinquency?
   □ Yes □ No
   If yes, please explain. ______________________________________________________________________

8. Describe the student’s strengths.___________________________________________________________________________
____________________________________________________________________________________________

Please complete the table below in regard to the applicant.

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<th>Average</th>
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9. Additional comment: _____________________________________________________________________________
____________________________________________________________________________________________
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Please feel free to attach additional documentation and/or recommendations or any other pertinent documentation.

_________________________________________________________ Date ____________________________
Signature of Evaluator