Franklin D. Roosevelt HS
Young Adult Borough Center

5800 20th Avenue, Room 240 | Brooklyn, New York | 11204 | Office (718) 236-1067 | Fax (718) 621-8922 | www.fdryabc.com

Michael Ragucci, Assistant Principal *Julio Peña III, Program Director*
Andrea Repole, Guidance Counselor

FDR YABC

STUDENT APPLICATION

Fall 2017

WWW.FDRYABC.COM

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FDR YABC

Intake Process – Fall 2017

Requirements

Age	Credits	Regents
17.5 years old	17+ Credits	1+ Exam
18 years old	20+ Credits	2+ Exams
19 years old	24+ credits	3+ Exams
20 years old	32+ credits	4+ exams
21 years old	Please call	Please call

To register for the Fall 2017 semester, interested students and guidance counselors should:

1. Call or email Andrea Repole, Guidance Counselor at (718) 621-8931 or arepole@schools.nyc.gov
2. Visit our website at www.fdryabc.com for registration details and schedule.

A completed registration packet will require:

- ☐ Completed Y1 & Y2 by the students' guidance counselor with parent/guardian signatures (if needed)
- ☐ Completed application (pages 6-10) with student and parent/guardian signatures
- ☐ A permanent record (printed within 30 days)
- ☐ Copy of Individualized Education Plan (IEP) and/or 504 Plan (if applicable)
- ☐ A copy of the students immunization record (code *HEID* on ATS)

Once these documents are gathered, students and/or guidance counselors should submit listed forms via email or fax to Andrea Repole at arepole@schools.nyc.gov or (718) 621-8922. Once submitted and reviewed, selected students will be called to attend an orientation and intake session in late August/early September. Please call or visit our website for more details.

YABC Guidance Referral Form **(Form Y-1)**

To attend any Young Adult Borough Center city-wide, a student must be beyond compulsory age, have at least 17 credits, and be in the 5th year of high school prior to registering at a YABC. Young Adult Borough Centers are evening programs that provide classroom instruction and support services leading to a high school diploma; diplomas are awarded by the students' home school. No student will be admitted to a YABC until both the Guidance Referral Form **(Form Y-1)** and the Course Requirements Form (**Form Y-2)** are completed and signed by the student's guidance counselor. The Guidance Referral Form documents that the individualized counseling session and the student's and parent's consent to transfer to a YABC. The Course Requirements Form must indicate all of the student's outstanding course work and the Regents exams required for graduation. By completing and signing the Course Requirements Form **(Form Y-2),** the referring school acknowledges that the student will be granted a diploma upon completion of the course work and exams listed.

Please provide the following documents to the student to give to the YABC to which the student wishes to transfer:

- ***A current transcript (and current IEP if applicable)***
- ***Immunization record***
- ***Signed copy of this form (Guidance Referral Form- Form Y-1)***
- ***YABC Course Requirements Form (Form Y-2)***

These documents are required for a valid transfer to YABC. Copies of all of these documents should be kept by the sending school.

Guidance Referral Form (Form Y-1)	
Student Name:	Student OSIS #:
Current School:	
Guidance Counselor:	
YABC site: **Franklin D Roosevelt YABC**	

The following steps have been completed as part of the mandatory individual counseling session:

☐ **Explained YABC program, requirements, and expectations**

☐ **Student demonstrated interest**

☐ **Student IEP was reviewed and transfer of services to the YABC site was discussed (if applicable)**

☐ **Student is eligible for ENL services (if applicable)** ***Circle Current Level: (entering) (emerging) (transitioning) (expanding) (commanding)**

☐ **Graduation pathways were explained and discussed with student**

☐ **Conducted full individualized counseling session on this date:**

☐ **Completed Y2 Form**

Guidance Counselor Signature **Date**

Phone **Email**

Student and Parent Consent Form

I consent to the transfer of _____ to the YABC Program at Franklin D Roosevelt High School.
(Student Name above)

Parent/Guardian Name:_____ Parent/Guardian signature: _____ Date:_____

I have received information about the YABC program, and I am interested in attending the YABC at Franklin D. Roosevelt High School.

Student Name:_____ Student Signature:_____ Date:_____

Version – July 2016

YABC Course Requirements Form (Form Y-2) Student Information		
Last Name:	First Name:	
Date of Birth:	OSIS:	
Parent/Guardian Last Name:	Parent/Guardian First Name:	
Student's Year of 9th grade entry:	Phone:	
Current Address:		
City:	State:	Zip:
YABC site: **Franklin D Roosevelt YABC**		

Referring School Information	
School Name:	
School Address:	
Guidance Counselor Name:	
Phone:	Fax:

Guidance counselors are asked to list all of the courses and examinations the student transferring to a YABC needs in order to meet graduation requirements. Once the student has completed and passed the courses and exams listed below, the YABC will complete the appropriate procedures in ATS and place the student back on the home school register. The home school will review the transcript and enter the appropriate diploma code in ATS and issue the official diploma.

Guidance Counselor Signature: Date:

Courses Needed for a High School Diploma

Please list all of the classes the student needs for graduation.

Subject	Credits Required	**Credits Earned**	**Courses Needed for Graduation**
English	8		*☐ EES81(APEX ONLY) ☐ EES82 (APEX ONLY) ☐ EES83(APEX ONLY) ☐ EES84 (APEX ONLY) ☐ EES85 ☐ EES86 ☐ EES87 ☐ EES88*
Social Studies	8		*☐ HGS41(APEX ONLY) ☐ HGS42 (APEX ONLY) ☐ HGS43 ☐ HGS44 ☐ HUS21 ☐ HUS22 ☐ HVS11 ☐ HES11*
Math	6		*☐ MES31(APEX ONLY) ☐ MES32 ☐ MES33 ☐ MGS21 ☐ MGS22 ☐ MSS11 (STATISTICS) ☐ MQS11QFM (FINANCIAL MATHEMATICS)*
Science	6		*☐ SLS21 ☐ SLS21QL (LAB) ☐ SLS22 ☐ SLS22QL (LAB) ☐ SWS11 (ENV. SCI.) ☐ SES21 ☐ SES21QL (LAB) ☐ SES22 ☐ SES22QL (LAB) ☐ SFS11 (FOR. SCI.)*
Language[1]	2		*☐) FSS61 ☐ FSS62 ☐ FSS63 (APEX ONLY) ☐ FSS64 (APEX ONLY)*
Art	2		*☐ ANS11 (APEX ONLY) ☐ ATS11 (PRINTMAKING) ☐ AYS11 (MIXED MEDIA)*
Physical Education	4		*☐ PE 1 ☐ PE 2 ☐ PE 3 ☐ PE 4 ☐ PE 5 ☐ PE 6 ☐ PE 7 ☐ PE 8[2]*
Health Education	1		*☐ PHS11*
Electives	7		*WRITE THE EXACT NUMBER OF ELECTIVE COURSE CREDITS NEEDED HERE.*
Total	44		TOTAL NUMBER OF CLASSES NEEDED:

Exam Requirements

	Local Diploma[3]	**Regents Diploma**	**Advanced Regents Diploma**	**Highest Exam Score(s) Earned in each subject area**
ELA	55+	65+	65+	
Math	55+ on 1 exam	65+ on 1 exam	65+ on 3 exams	
Social Studies	55+ on 1 exam	65+ on 1 exam	65+ on 1 exam	
Science	55+ on 1 exam	65+ on 1 exam	65+ on LE exam AND 1 other exam	
LOTE	Not required	Not required	65+ on 1 exam[3]	
+1 assessment	55+ on any additional Regents exam or State-approved alternative	65+ on any additional Regents exam or State-approved alternative	65+ on any additional Regents exam or State-approved alternative	

[1] A student whose IEP indicates a disability that adversely affects his or her ability to learn a language may be exempted from these requirements.
[2] Students may not need an eighth term of PE, depending on the credit model and how the student was previously programmed.
[3] The Local diploma option is available to students with IEPs, students with 504 Plan specifying Safety Net-eligibility, and students with disabilities who were declassified while in grades 9-12 whose last IEPs specify Safety Net-eligibility. For additional information about Safety Net-eligibility or exam flexibilities, see the High School Academic Policy Guide.

Consent Form for Sharing Student Information

Student's Name (Printed):_____

Student's Date of Birth: _____

Student's Home Address: _____

_____

Student's Home Telephone Number: **( ) _____-_____**

Student's E-mail Address: _____

Parent/Guardian's Name (Printed): _____

Parent/Guardian's E-mail Address: _____

Parent/Guardian's Home Telephone Number: **( ) _____-_____**

Parent/Guardian's Alternate Telephone Number: **( ) _____-_____**

I am at least 18 years of age and have selected to enroll in the Franklin D. Roosevelt High School YABC. I understand that Good Shepherd Services will be working with the New York City Department of Education to implement the program.

I, _____, give my permission for the New York City Department of Education to share information including but not limiting to my attendance, achievement, Individualized Education Plan, and guidance records with the professional staff of Good Shepherd Services and my parent/guardian.

Student's Signature: _____

Today's Date: _____

(If under 18, parent must sign below)

I, _____, give the New York City Department of Education permission to share information including but not limiting to my child's attendance, achievement, Individualized Education Plan, and guidance records with the professional staff of Good Shepherd Services and my parent/guardian.

Parent/Guardian's Signature: _____

Today's Date: _____

PROVISO

Welcome to the Young Adult Borough Center (YABC) at FDR High School.

YABCs are small evening high schools that offer students the opportunity to complete the required class work and Regents Exams necessary to graduate from their sending school with a high school diploma. YABCs are different from traditional high schools because the Department of Education works together with a community-based organization (Good Shepherd Services) in order to provide additional support services.

It must be stated that the YABCs are alternative Department of Education *programs*. Simply, young men and women *choose* to attend the YABC program instead of their previous high school. This means that you, the student, are here voluntarily. If you do not like it here, you have the right to leave the program. Conversely, if we do not like your behavior here, we have the right to ask you to leave the program.

Thusly, the following scenarios must be understood by all parties in the sending high school:

1) The YABC @ Franklin D. Roosevelt High School reserves the right to discharge a student for a violation of one or more of its established rules;

2) A student may request a discharge from the YABC @ Franklin D. Roosevelt High School for any reason s/he deems significant.

I have read the above information and agree to these terms.

_____ _____

STUDENT DATE

_____ _____

PARENT DATE

FDR YABC HEALTH INFORMATION SHEET

STUDENT NAME: _____

STUDENT OSIS #:_____

1. DO YOU HAVE ANY **HEALTH PROBLEMS**?

   _____**NO**

   _____**YES** – If **YES**, please **explain** (asthma, diabetes, seizures, etc.)

   _____

   _____

2. DO YOU HAVE **HEALTH INSURANCE**?

   _____**NO**

   _____**YES** - If **YES**, what kind?

   ____Health Plus

   ____Medicaid

   ____Private Insurance

3. EMERGENCY CONTACT INFORMATION (NOT PARENT)

   NAME: _____

   PHONE NUMBER: _____

Residency Questionnaire

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435, and must be completed for each student. **The information you provide is confidential. Your child will not be discriminated based upon the information provided.**

Parent/Guardian/Student:
Please complete the following questions regarding the student's housing in order to help determine services the student may be eligible to receive:

Student Name First Middle Last	OSIS Number	Date of Birth MM/DD/YY	Gender M/F	School

Is the student currently living in any of the following temporary living arrangements?

_____An emergency or transitional shelter
_____With another family due to loss of housing or economic hardship
_____With an adult who is not a parent or guardian, or alone without an adult
_____In a motel or hotel
_____In a trailer park, campground, car, park, public place, abandoned building
_____Other temporary living situation (explain):
_____
_____

_____**No, the student is residing in permanent housing**

_____ _____
_____
Parent/Guardian/Student Name (print) Parent/Guardian/Student Signature Date

Please return this form to your child's (your) school as requested.

Note: As per Regulation of the Chancellor, A-780, "Enrollment in school may not be delayed or denied due to the lack of any documentation normally required for enrollment, including: proof of residency; transcripts/school records; immunization or other health records; birth certificate."
This form is accompanied by a one-page attachment titled, "McKinney-Vento Homeless Assistance Act – Students in Temporary Housing Guide for Parents."

GOOD SHEPHERD SERVICES

We see what can be.

General Agency Media Consent, Release and Waiver

I hereby give Good Shepherd Services permission:

1. For unlimited use, both now and in the future, of any and all
   - photographs and likenesses of me or my child(ren) participating in program events and activities;
   - video that has been filmed of me or my child(ren) during program events and activities;
   - interviews that have been conducted with me or my child(ren) during program events and activities;

2. To use or publish these photographs, likenesses, videos or words for any purpose in any medium, including but not limited to brochures, publicity campaigns, the Good Shepherd Services website, in order to publicize services, recruit foster and adoptive parents) and /or seek financial support for Good Shepherd Services.
   - I understand that participation in photography, videos and interviews is entirely voluntary.
   - I understand the purpose of this document and appreciate that my picture, likeness, first name and words will be publicly disclosed.
   - I hereby release and discharge Good Shepherd Services from any cause of action, claim and liability in connection with the use of these photographs, videos and interviews. I further release Good Shepherd Services from liability, claim and/or cause of action if I voluntarily or inadvertently disclose confidential information about myself and/or my child(ren).
   - Good Shepherd Services acknowledges that it will not knowingly use or publish the photographs/videos/interviews in any way that would render them misleading.
   - I expressly consent to permit Good Shepherd Services to share photographs, likenesses, videos of me and/or my child(ren), and interviews conducted with me or my child(ren) with its business partner organizations.
   - I have read this document and fully understand its contents. I have been given an opportunity to have my questions about this document answered.
   - I am the person, or the parent or legal guardian of the person(s) named below. I have the legal authority to consent to these terms on behalf of any minor named below.
   - I hereby consent to the terms of this Consent, Release and Waiver.

Date: _____

Name of Individual(s) to Be Photographed/Filmed/Interviewed:

_____

Address: _____

City, State ZIP: _____

Telephone: _____

Date of Birth: _____

Signature of Individual/Parent/Guardian (for child(ren) under 18 years):

_____

305 7th Avenue, New York, NY 10001 • 212 243 7070 • Fax 212 929 3412 • TTY 800 376 0219 • GoodShepherds.org

Student Questionnaire

Class Scheduling

Are you interested in taking classes on Saturdays?
☐ Yes | ☐ No | ☐ Maybe

Are you comfortable with online classes such as iLearn, APEX or PLATO?
☐ Yes | ☐ No | ☐ Maybe

Do you prefer larger class sizes?
☐ Yes | ☐No | ☐ Maybe

Elective Courses

What subjects are you interested in as an elective?
☐ History | ☐ English | ☐ Science | ☐ Forensic Science | ☐ Career Readiness

☐ Criminal Justice | ☐ History of NY | ☐ I'll take anything!

Internship
Are you interested in a paid internship?
☐ Yes | ☐ No | ☐ Maybe
*If you work 150 hours or more on internship (or an outside job) you can earn ONE elective credit per semester.