



Baldwin Union Free School District

**Baldwin High School@Shubert**  
835 DeMott Avenue  
Baldwin, New York 11510



www.baldwinschools.org/bhsshubert • Office: 516-434-6991 • Fax: 516-544-8303

# A P P L I C A T I O N 2024-2025

TO BE COMPLETED BY SCHOOL COUNSELOR

Student's Name \_\_\_\_\_  
Current Grade \_\_\_\_\_  
Cohort \_\_\_\_\_  
Credits \_\_\_\_\_  
Application date \_\_\_\_\_

The attached application allows BHS@Shubert staff to review the student's background and educational history and gives us some insight into why the student is not finding success currently. We appreciate you taking the time to complete this!

- \_\_\_\_\_ Academic Transcript
- \_\_\_\_\_ Current Report Card (if application is mid-year)
- \_\_\_\_\_ Disciplinary Record
- \_\_\_\_\_ Attendance Report
- \_\_\_\_\_ IEP/Psychological (if applicable)

In order to ensure that there is enough time for an intake meeting with the student and parent so that students can be enrolled in Career and Technical Education class before the cutoff date, **all applications must be submitted by:**

**Friday, October 11, 2024\***

\* The sooner the application is submitted, the better. It is best to submit the application before the beginning of the 2024-2025 school year. There are only a limited number of spots available, and preference will be given to those who submit applications early.



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# A P P L I C A T I O N 2024-2025

TO BE COMPLETED BY SCHOOL COUNSELOR

Student's Name \_\_\_\_\_

School Counselor \_\_\_\_\_

Student Classification (please check all that are applicable to student):

\_\_\_ELL \_\_\_IEP \_\_\_504 \_\_\_15:1 \_\_\_Co-teach \_\_\_Life Skills

Graduation Cohort \_\_\_\_\_ Current Grade \_\_\_\_\_ Credits \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Parent/Guardian Contact # \_\_\_\_\_

Parent/Guardian E-Mail \_\_\_\_\_

## Career & Technical Education (CTE) – Course Preference

**BHS@Shubert students are required to take a CTE course as part of their school day. The CTE courses offered are: Barbering, Police Science, and Medical Administrative Assisting. Please indicate your order of preference below:\***

1<sup>st</sup> choice \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_

\* Please note that courses offered are based on enrollment and are subject to change.

*We are innovative...we are inclusive...we are involved...we are Baldwin!*



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# A P P L I C A T I O N 2024-2025

## Reason for Application TO BE COMPLETED BY SCHOOL COUNSELOR

Please summarize why the application is being made at this time. A summary of your history of contact with the student and the student's parent(s)/guardian(s), the student's familial status, the student's peer interactions at school, any pertinent interactions with school staff, and/or any other extenuating circumstances that may be helpful in determining the student's best educational fit.

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Is the student receiving mandated counseling?      No      Yes

Is the student receiving ELL services?      No      Yes *(please indicate type/purpose)*

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Please provide any details about the types of social, emotional, and academic support that was attempted, including the service type, person(s) involved, frequency, and dates.

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# A P P L I C A T I O N 2024-2025

## Reason for Application (continued) TO BE COMPLETED BY SCHOOL COUNSELOR

If the student has any Child Protective Services or has been assigned a PINS diversion case, please indicate and provide the pertinent contact information of the CPS and/or PINS caseworker and the legal guardian assigned.

CPS:  No  Yes      If yes, name of contact person: \_\_\_\_\_  
Telephone # of contact person: \_\_\_\_\_

PINS:  No  Yes      If yes, name of contact person: \_\_\_\_\_  
Telephone # of contact person: \_\_\_\_\_

Is the student receiving outside counseling?  No  Yes  
If yes, name of agency: \_\_\_\_\_  
Name of counselor: \_\_\_\_\_  
Telephone # counselor: \_\_\_\_\_

Are there presently or have there ever been concerns about the student being:

Chemically dependent:  No  Yes  
Hospitalized for mental illness:  No  Yes  
Hospitalized for physical illness:  No  Yes

If yes, please list the appropriate support personnel, whether in-school or through an outside agency to which the student has been referred. Please attach any medical documentation related to this concern.

If yes, list the concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of agency: \_\_\_\_\_  
Name of contact person: \_\_\_\_\_  
Telephone # of contact person: \_\_\_\_\_



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# A P P L I C A T I O N 2024-2025

## Relevant Family/Social History TO BE COMPLETED BY SCHOOL COUNSELOR

The information below may help the BHS at Shubert staff to monitor the student's progress and development. This information will remain confidential and will be viewed only by the school personnel who require this information in order to address the student's needs.

Mother/Guardian's name: \_\_\_\_\_

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

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_

Father/Guardian's name: \_\_\_\_\_

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

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_

Student lives with:     Father                       Mother  
                                  Stepfather                 Stepmother  
                                  Guardian\*                 Other \_\_\_\_\_

\*Name of guardian(s) and relationship to family: \_\_\_\_\_

Guardian's phone # \_\_\_\_\_

Does the student reside with the guardian at all times?     No     Yes        *If No, please explain*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there is a custody arrangement, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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# A P P L I C A T I O N 2024-2025

## Student Background Information TO BE COMPLETED BY STUDENT

Why do you want to attend BHS@Shubert? Why will this be a better fit for you?

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What do you like best about school (classes; activities)? What do you like least about school?

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What are some challenges that have prevented you from doing your best in school (think about attendance, completing assignments, passing classes, behavior)?

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Do you feel your class or examination grades reflect your actual understanding of the material learned in class? Please explain.

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What would you like BHS@Shubert teachers and staff to know about you?

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# A P P L I C A T I O N 2024-2025

## Student Background Information (continued) TO BE COMPLETED BY STUDENT

Describe a challenge you had. How did you try to overcome it, and what were the results?

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What are your future goals and aspirations (college, career, trade school, etc.)?

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Three adjectives my friends might use to describe me are...

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Three adjectives my teachers might use to describe me are...

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List three questions you have about BHS@Shubert:

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# A P P L I C A T I O N 2024-2025

## Social History - TO BE COMPLETED BY PARENT/GUARDIAN

What does your child do well, and what is important for Shubert staff to know about your child?

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Is there any medical history that would be pertinent to your child's education (recent hospitalization, injury, mental health issue, etc)?  No  Yes If Yes, please explain

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What things currently present the greatest difficulty for your child? Have there been noticeable changes in your child's academic/school performance and/or social habits?

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Why do you believe your child will benefit from attending BHS@Shubert, as opposed to your child staying at his/her current school?

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**Signature**

\_\_\_\_\_  
*Signature of person/s who completed this form\**

\_\_\_\_\_  
*Please print your name*

\_\_\_\_\_  
*Relationship to Child*

\_\_\_\_\_  
*Date*

*\*Note: I have completed and signed this questionnaire in the belief that all answers are as accurate as possible.*