Request for Exiting an Academy Program

All students enrolled in an Academy Program at Hoover are required to submit this form and initiate the exit process with their Counselor. Neither Academy Directors nor Counselors will make decisions regarding the request until this process is complete.

Reason for requesting this exit:

☐ Planning on attending a different school.
  - Which School: ________________________________
  - Reason for changing schools: ________________________________

☐ Planning on transferring to another Academy Program at Hoover:
  - Which Academy: ________________________________
  - Have you applied and been accepted to this Academy: ________________

Required Paperwork: Student (return to Counselor)

☐ Complete this form and attach the following documents
  - Attach grade check form with signatures from teachers. 
    (obtain from counseling secretary)
  - Attach 3 paragraph essay explaining why you are requesting the change and what your plans are for continuing to pursue academic rigor and support.

Required Paperwork: Academy Director/Teacher (return to Counselor)

☐ Read student essay
☐ Conduct Exit Interview with Student
☐ Make Recommendation, sign and submit form

Required Paperwork: Counselor

☐ Attach Current Transcript and Attendance Record
☐ Conduct Exit Conference with Parent & Student
☐ Make Recommendation, sign and file form
☐ Inform all parties of the results of the request- Update Counselor in Zangle
Recommendation of Action

Academy Director/Teacher:

I have conferenced with ____________________________(student) regarding his/her request to exit the Hoover High School Academy Program known as the _____________________________________________________________.

It is my recommendation that the student:

☐ Be allowed to exit the Academy
☐ Stay in the Academy until the completion of this school year
☐ Other___________________________________________________________

__________________________    ______________________________
Signature Print Name

Counselor:

I have conferenced with the parents of ___________________________________ regarding his/her request to exit the Hoover High School Academy Program known as the _____________________________________________________________.

It is my recommendation that the student:

☐ Be allowed to exit the Academy
☐ Stay in the Academy until the completion of this school year
☐ Other___________________________________________________________

__________________________    ______________________________
Counselor Signature Print Name

__________________________    ______________________________
Parent Signature Print Name

__________________________    ______________________________
Student Signature Print Name