



## YOUTH CHANCE HIGH SCHOOL Enrollment Process

### **Step 1: Complete Application Packet**

Students must complete in its entirety the Application Packet provided at Youth Chance High School. Everything outlined on the checklist must be provided for, including:

- Transcripts
- Letter of Recommendation (Complete with contact information. Letters can come from a counselor, case worker, and/or therapist in order to be viable. Letters from a family member or friend will not be accepted).

If the application packet is not complete in its entirety, the applicant will not proceed onto the next step of the application process. An application can either be picked up in person or found on the website:

<http://www.ymcasf.org/embarcadero>

### **Step 2: Student Interview**

Once the application packet has been reviewed and processed by the staff of Youth Chance High School, the applicant will be invited to participate in an interview. A parent/guardian **must be** present for the interview. Candidates will be asked questions and have the opportunity to ask staff questions in regards to their expectations, and what they believe their experience to be at Youth Chance High School.

### **Step 3: Assessments**

After the interview, candidates will schedule times and dates to take our 4 assessment tests (English, Mathematics, Social Studies, and Science). The purposes of these tests are to assess the candidate's current knowledge with the subject matter, and how their courses will be designed to fit their academic needs. The candidate can schedule 1 test per day over the course of 4 days, as they should be given ample time to be successful.

### **Step 4: Review Meeting**

After the assessments have been graded and completed, the candidate (with a Parent/Guardian) will review what best educational plan to put into place for the candidate. The possibilities included but are not limited to:

- Acceptance Into Youth Chance High School
- Recommendation to other faculties/services that would better suit the candidate's educational needs

Should the student **not** be accepted into Youth Chance High School, the school will recommend other options that would benefit the candidate's educational growth.

For any further questions, please contact the school at:

169 Steuart St, San Francisco, CA 94105

Phone: (415) 615-1337

Email: [attores-vaughn@ymcasf.org](mailto:attores-vaughn@ymcasf.org) (YCHS Director)

[Gturcios@ymcasf.org](mailto:Gturcios@ymcasf.org) (YCHS Transitional Counselor)



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## Student Application Checklist

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- Applicant Information ☐
- Letter of Recommendation ☐
- Student Release ☐
- Medical Consent ☐
- Parent/Guardian ☐
- Emergency Contact ☐
- Persons Authorized to Pick-Up ☐
- Medical Information ☐
- General Release of Liability ☐
- Permission Slip: General Release ☐ Medical Release ☐
- YCHS Participation and Attendance Contract ☐
- Supplemental Questionnaire ☐
- Individual Service Plan ☐
- Economic Information ☐
- Neighborhood Safety Questionnaire ☐
- Counseling Consent Form ☐
- Completed References ☐ Verified References ☐
- Transcripts ☐



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## Youth Chance High School STUDENT APPLICATION

All applications receive consideration without regard to race, religion,  
national origin, gender, sexual orientation, or marital status.

### Applicant Information

(Please print clearly)

Name:

First

Middle

Last

Address:

Street

Apt.

Address:

City

State

Zip Code

District

Age:

Birthdate:

Place of Birth:

City

State

Country

Ethnic Heritage:

Social Security Number:

### Student Contact Information:

Home Phone:

Cell Phone:

Work Phone (If Applicable):

Other Phone:

Email Address:

### Please circle your answers below

Sex:      Female      Male

U.S. Citizen:      Yes      No

Marital Status:      Single      Married      Separated      Divorced

Do you receive government aid:      Yes      No

If yes, please describe the type of assistance:

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Have you ever been convicted of a crime?

Yes

No

If yes, please provide us with the following information:

Offense:

Date/City:

Disposition:

Probation Officer:

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Attach additional pages, if necessary.

Do you have any health limitations? (Ex: Allergies, asthma, etc.)

Yes

No

If yes, please describe your type of health limitation:

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How did you find out about Youth Chance High School?

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Who, if anyone, referred you to Youth Chance High School?

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## Letter of Recommendation

Along with this application, please provide us with a letter or recommendation. This letter can be from a case manager, former or current teacher, probation officer, social worker, tutor, or mentor. This letter should discuss the recommender's knowledge of the applicant's ability to excel in Youth Chance, as well as any additional information in regards to the social, behavioral, and academic capacity of the applicant.

Date: \_\_\_\_\_

I, \_\_\_\_\_, affirm that the information provided in this application is true to the best of my knowledge.

Signature of applicant: \_\_\_\_\_

Signature of parent or guardian, if applicant is under 18: \_\_\_\_\_

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## Student Release Form

Date: \_\_\_\_\_

I, \_\_\_\_\_, give permission to Youth Chance High School Staff at the Embarcadero YMCA to receive information about me from, and provide information about me to other persons for the purpose of assisting my placement and facilitating my success in school, and for providing for my general welfare and education.

Signature of applicant: \_\_\_\_\_

Signature of parent or guardian, if applicant is under 18: \_\_\_\_\_



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## CONFIDENTIAL MEDICAL CONSENT

(Please print clearly)

Name:

First

Middle

Last

Address:

Street

Apt.

Address:

City

State

Zip Code

Student Home Phone:

Student Cell Phone:

Age:

Birthdate:

Gender:

Program:

Student Email:

School Attending:

Ethnicity:

Language:

### Parent/Guardian Information

(If child is under 18yrs)

1) Name:

\*Email:

Cell Phone:

Home Phone:

Work Phone:

Please primarily contact my:

☐ Cell

☐ Home

☐ Work

2) Name:

\*Email:

Cell Phone:

Home Phone:

Work Phone:

Please primarily contact my:

☐ Cell

☐ Home

☐ Work

\*Parent/Guardian e-mails are used for Parent Portal access in QuickSchools

### Emergency Contacts/Persons Authorized to Pickup

In the case of an emergency, we always try to contact the guardian/parent(s) listed above first. If that is not possible, we need the names of **at least two other adults (relatives/friends)** to contact. Only the adults listed below will be eligible for picking up the participant, unless the parent/guardian provides us with a legible and signed note indicating that another adult is permitted to pick up the participant.

1) Name:

Relation:

Cell Phone:

Home Phone:

2) Name:

Relation:

Cell Phone:

Home Phone:



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## Medical Information

List the dates of the most current immunization for the following:

Tetanus Booster:

Tuberculin Test:

If the participant has had any of the following, please circle:

Appendicitis Tonsillectomy Mumps Measles Chicken Pox Diabetes Asthma

Chronic/Recurring Illness:

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Additional medical information (operations, allergies, medication, physical limitations, disabilities, dietary needs, etc.):

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Medical Insurance:

Policy Number:

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Family Doctor:

Phone:

Preferred Hospital:

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## General Release of Liability

In consideration for being allowed membership privileges in any program provided by the YMCA, the undersigned hereby assume FULL responsibility for and risk of bodily injury, death, or property damage due to the negligence of release or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises of any facilities or equipment hereon. I further agree to hold harmless the YMCA, it's director, officers, employees, agents, and volunteers for any and all daims, suits, losses, or related causes of action for damages, including but not limited to such claims that may result from injury, death, accident, or otherwise during or arising in any way from said activity. I acknowledge that this general release of liability of the YMCA is binding on me personally, my heirs, personal representative, successors, and assigns.

I hereby irrevocably consent to and authorize the use and reproduction by the YMCA, or anyone authorized by the YMCA, of any and all photographs which you have this day taken of the participant, negative or positive, for any purpose whatsoever without compensation to me and all negatives and positives, together with the print shall constitute the YMCA'S property solely and completely.

Medical Release: I understand the YMCA of San Francisco assumes no financial obligation for such treatment, but in the event that I cannot be reached for an emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for and to order injections and emergency treatment for the participant as named on this form.

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Signature: Guardian (if participant is under 18) / Participant (if 18 years or older)	Relation
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Date
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## Economic Information

Please answer each of the following questions to the best of your ability. Your answers will determine whether or not Youth Chance High School is eligible to receive funding from the state and federal government. However, your answers do not have any bearing on your status in the school. Therefore, if for example, you are not a legal resident, answering that question truthfully will neither jeopardize your status as a YCHS student, nor be reported to anyone outside of the school.

If you answer yes to questions 1–4 and circle at least one of the answers in questions five and six your answers will be used to help us obtain funding. Please be aware that your answers are extremely important for school funding purposes. It will be a great benefit to the school if you meet the criteria stated above. However, you must answer honestly and falsification of any information below may jeopardize the school's funding.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
First Middle Last Month/Day/Year

1. Are you a U.S. citizen, lawfully admitted permanent resident alien, newly legalized citizen, lawfully admitted refugee or parolee, or an individual authorized by the attorney general to work in the U.S.?

Yes

No

2. Are you a resident of the City and County of San Francisco?

Yes

No

3. If you are a male, 18 years or older, have you registered with Selective Service?

Yes

No

4. Do you have a current Driver's License, California I.D., valid U.S. Passport, or Immigration Card?

Yes

No

5. Please check all of the following that apply to you/your family:

Receive public assistance

Receive food stamps

Foster child or group home resident

Currently homeless

None of the above.

6. Please indicate where your family size/income level falls:

Family Size	Six Month Equivalents	Yearly Income
1	\$4,655	\$9,310
2	\$7,200	\$14,400
3	\$9,855	\$19,710
4	\$12,200	\$24,400
5	\$14,400	\$28,800
6	\$16,280	\$32,560
7	\$21,720	\$43,440
8	\$24,160	\$48,320
9	\$26,600	\$53,200



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## Permission Slip

From time to time students on Youth Chance High School will take educational field trips and/or attend enrichment activities. The field trips/activities are mandatory and required for your child to receive credit. All students are expected to follow the behavioral guidelines set forth in the student Memorandum of Understanding, as well as guidelines set forth by chaperones. Please read all the information in the General Release of Liability and Medical Release sections below, and sign the appropriate spaces. Return this form as soon as possible.

**Please note that if field trips require overnight stay and/or require travel outside of San Francisco, a separate permission form will be sent home at that time.**

The signatures below indicate that \_\_\_\_\_ has my permission to participate in field trips and enrichment activities during the \_\_\_\_\_ academic year.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## General Release of Liability

In consideration for being allowed membership privileges in any program or function provided by the YMCA or Youth Chance High School, the undersigned hereby assumes full responsibility for any risk of bodily injury, death, or property damage due to the negligence of the release or otherwise during a YMCA activity. I further agree to hold harmless the YMCA, its director, officers, employees, agents, and volunteers from any and all claims, suits, losses, or related causes of action for damages, including but not limited to such claims that may result in injury, death, accident, or otherwise, during or arising in any way from said activity.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Medical Release

I understand that the YMCA of San Francisco and Youth Chance High School assumes no financial obligation for medical treatment, but in the event that I cannot be reached for an emergency, I hereby give permission to the physician selected by the Director to hospitalize, secure treatment for, and order injections and emergency treatment for my child as named on this form.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**YCHS Individual Service Plan**  
(Check next to each response that applies or print clearly)

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**Name:**

**Date:**

**1. How do you think YCHS can help you improve your skills?**

- a. By coming to class every day
- b. By being on time
- c. By following my teacher's directions
- d. By participating in all my activities
- e. By taking computer classes
- f. By taking English/Math classes

**2. What would you like to do at the end of the program?**

- a. Obtain a job
- b. Go to college
- c. Other

**3. What do you consider to be your barrier(s) to obtaining a diploma or a GED?**

- a. Limited Skills
- b. Limited English
- c. No formal education
- d. Criminal record
- e. School attendance
- f. Other

**4. Why did you leave your last school?**

**5. What type of activities do you think will prepare you to find a job?**

- a. Visit job fairs
- b. Have job interviews:           Real                   Mock                   Both
- c. Visit One Stop Center
- d. Have a resume
- e. Learn how to use a computer
- f. Improve English skills
- g. Improve Math skills

## Neighborhood Safety Questionnaire

(Please circle one answer per question or print clearly)



- |  |      |       |         |
|--|------|-------|---------|
| 1. My friends live in my neighborhood:                                       | TRUE | FALSE | UNKNOWN |
| 2. It is safe for youth my age to play outside in my neighborhood:           | TRUE | FALSE | UNKNOWN |
| 3. People getting drink is not a big problem in my neighborhood:             | TRUE | FALSE | UNKNOWN |
| 4. I rarely see someone getting hurt by someone else with a weapon:          | TRUE | FALSE | UNKNOWN |
| 5. Crime is not a big problem in my neighborhood:                            | TRUE | FALSE | UNKNOWN |
| 6. Youth in my neighborhood have a good relation with the police:            | TRUE | FALSE | UNKNOWN |
| 7. I used to be hassled or picked on by other youth in my neighborhood:      | TRUE | FALSE | UNKNOWN |
| 8. My parents like me to come to YCHS because they know I'll be safe there:  | TRUE | FALSE | UNKNOWN |
| 9. Are there comments you would like to make regarding your safety concerns? |      |       |         |

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## YCHS Attendance and Participation Contract

I understand that attendance and participation are the main factors that will help me succeed at Youth Chance High School (YCHS).

Therefore:

- If I have a prior engagement, I will inform my teacher or my principal of the situation;
- I will refrain from scheduling appointments during class time;
- I will not arrive late or leave early from class;
- If applicable, I will make childcare arrangements ahead of time;
- I will meet with my teacher or principal to discuss time constraints, if necessary;
- I am aware that I may be dismissed from the program if I fail to comply with this contract.

I also understand that this school is for my benefit, hence:

- I will respect the teachers and staff of YCHS, the YMCA, and my classmates;
- I will actively listen and not interrupt;
- I will not have private, side-conversations, with classmates while someone else is speaking;
- If I have any ideas or concerns regarding the class, I will approach the teacher or the principal outside of class to discuss my issue in a constructive manner.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(If under 18)

## Supplemental Questionnaire

Your response to the following questions should be at least a half page each.

1. Why do you want to attend Youth Chance High School?

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2. What do you feel you will bring to Youth Chance High School (from the students perspective)?

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3. What would you like to get out of Youth Chance High School?

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Youth Chance High School  
169 Steuart St.  
San Francisco, CA 94105

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Dear Parent/Guardian,

My name is Celan Beausoleil; I am the counselor at Youth Chance High School. Your teen has been recommended and/or has self-elected to participate in the counseling program provided by Urban Services, a non-profit, community based, family counseling agency, and a branch of the YMCA of San Francisco. The purpose of this program is to assist students in feeling better about themselves and to reconnect with feelings/emotions that are disconnected or far from reach. In counseling, we can work on a variety of things: developing and meeting goals, increasing social skills, conflict resolution skills, increasing personal responsibility, and self-esteem. Counseling can look like different things, we may take a walk and talk or work on something very specifically – what we do is centered on what your teen wants and needs. Your teen may be seen individually or in a group. All services are provided free of charge and are paid for through the Embarcadero YMCA and the San Francisco Department of Children Youth and their Families (DCYF).

If you feel that your teen would benefit from this service please read the statement below, sign, date, and return this form to school. If you have any questions, please feel free to contact me at 619-821-5761.

I give permission for my child to participate in on-campus counseling services offered by Urban Services.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Parent/ Guardian Name

Sincerely,

Celan Beausoleil, ASW  
Clinical Case Manager  
Youth Chance High School & Treasure Island  
Urban Services YMCA  
[cbeausoleil@ymcasf.org](mailto:cbeausoleil@ymcasf.org)  
619-821-5761





Youth Chance High School  
169 Steuart St.  
San Francisco, CA 94105

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### **Confidentiality and Disclosure**

Please take a moment to read and sign the information below pertaining to your child's confidentiality and right to disclosure.

#### **Confidentiality:**

Your child's confidentiality will be respected. However, certain information may need to be released under the following situations:

1. If there is evidence to suggest that child abuse has occurred
2. If my child is a danger to him/herself
3. If my child is a danger to others
4. In the event that there is a valid medical emergency
5. Upon receipt of a court order

#### **Disclosure:**

I authorize the exchange of educational and psychological information relating to my teen between appropriate parties and Urban Services counselors. This information will only be used for the purpose of collaboration, treatment and in the efforts to best support my child.

If you would like to specifically limit the areas of disclosure please contact, Celan Beausoleil at (619) 821-5761.

**Expiration:** This authorization will automatically expire in 1 year from the sign date.

\_\_\_\_\_  
Student name:

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Name



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### **Assessment Requirements**

Students and Parents,

Youth Chance High School is committed to ensuring our students are getting the best out of the learning tools we provide. As part of this commitment, we have integrated a mandatory series of assessments on 4 core subjects: Math, English, Science, and Social Studies. These assessments are taken at the end of the student's high school career, and are to be completed before they walk the graduation stage at Youth Chance.

These assessments will allow us to measure the information learned and retained by the student, and our educators will be able to use this data to further improve our curriculum and teaching styles. In addition, the student will also be able to identify their growth as they have gone through the processes in our school.

If you agree that these assessments are essential for both our students and our school, please add your signatures bellow:

I understand that I will need to complete all four assessments in its entirety to participate in the Youth Chance High School graduation ceremony.

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

\_\_\_\_\_  
Student Signature

I understand that my student will need to complete all four assessments in its entirety to participate in the Youth Chance High School graduation ceremony.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

**Youth Chance High School**



# Youth Chance High School Daily Schedule

## Monday/Wednesday/Friday

First Period:	9:00am–10:10am
Break:	10:10am–10:20am
Second Period:	10:20am–11:30am
Lunch:	11:30am–12:00pm
Third Period:	12:00pm–1:10pm

## Tuesday/Thursday

First Period:	9:00am–10:10am
Meeting:	10:10am–10:30am
Break:	10:30am–10:40am
Second Period:	10:40am – 11:50am
Lunch:	11:50am–12:20pm
Third Period:	12:20pm–1:30pm

# Youth Chance High School | 2016-2017 CALENDAR

- 12** 1<sup>st</sup> Day of Fall Semester
- 26** Dare to Imagine (No School)

SEPTEMBER 2016						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	<b>12</b>	13	14	15	16	17
18	19	20	21	22	23	24
25	<b>26</b>	27	28	29	30	

MARCH 2017						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	25
26	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	

- 21-24** Midterm Week  
Early Release (11:30am)
- 27-31** Spring Break (No School)

- 11** Back-to-School Night (Mandatory)
- 17** Dare to Imagine (No School)

OCTOBER 2016						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	<b>11</b>	12	13	14	15
16	<b>17</b>	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

APRIL 2017						
S	M	T	W	Th	F	S
						1
2	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	8
9	10	11	<b>12</b>	13	14	15
16	17	18	19	20	<b>21</b>	22
23	24	25	26	27	28	29
30						

- 3-7** Spring Break (No School)
- 21** End-of the Year BBQ
- 12** Spring Progress Reports

- 1-4** Midterm Week  
Early Release (11:30am)
- 11** Veterans Day
- 21-25** Fall Break (No School)
- 9** Fall Progress Reports

NOVEMBER 2016						
S	M	T	W	Th	F	S
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	5
6	7	8	9	10	<b>11</b>	12
13	14	15	16	17	18	19
20	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	26
27	28	29	30			

MAY 2017						
S	M	T	W	Th	F	S
	1	2	<b>3</b>	4	<b>5</b>	6
7	8	9	10	11	12	13
14	15	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	20
21	22	<b>23</b>	<b>24</b>	<b>25</b>	26	27
28	29	30	31			

- 3** Family Graduate Meeting
- 5** End-of the Year Trip
- 16-19** Finals Week  
Early Release (11:30am)
- 23-24** Graduation Practice
- 25** Graduation Day

- Dec 19- Jan 3** Winter Break  
(No School)

DECEMBER 2016						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	24
25	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	31

JUNE 2017						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	<b>21</b>	22	23	24
25	26	27	28	29	30	

- 21** 1<sup>st</sup> Day of Summer Semester

- 4** Return from Winter Break
- 10-13** Finals Week  
Early Release (11:30am)
- 13** Last Day of Fall 2016 Semester
- 16** M.L. King Day (No School)
- 17-20** Break- No School
- 23** 1<sup>st</sup> Day of Spring Semester

JANUARY 2017						
S	M	T	W	Th	F	S
1	<b>2</b>	<b>3</b>	<b>4</b>	5	6	7
8	9	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	14
15	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	21
22	<b>23</b>	24	25	26	27	28
29	30	31				

JULY 2017						
S	M	T	W	Th	F	S
						1
2	<b>3</b>	<b>4</b>	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

- 3-4** Observance of Independence Day (No School)

FEBRUARY 2017						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

AUGUST 2017						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	<b>18</b>	19
20	21	22	23	24	25	26
27	28	29	30	31		

- 18** End of Summer Semester

**INSTRUCTOR DAY (NO SCHOOL)**

**SCHOOL EVENT/FIELD TRIP**

**TESTING WEEK**

**OBSERVED HOLIDAY (NO SCHOOL)**