



75 Carpenter Street  
Providence, Rhode Island 02903  
401-272-0881 fax: 273-7141  
[www.ucap.org](http://www.ucap.org)

## **What is UCAP?**

The Urban Collaborative Accelerated Program, UCAP, is a free public school and students come from the school districts of Providence, Cranston, and Central Falls. There are several pathways to success. One pathway is for students in grade 7,8 or 9 who have repeated at least one grade of school. Another pathway is for students who have not repeated but need additional preparation for high school. UCAP is a small school (140 students) where students work hard and are given the support they need to succeed.

## **What do students do at UCAP?**

At UCAP, you will have a close community that cares about your success. If you have repeated a grade or are older than other students in your grade, you will work hard in all of your classes to make up a year of school and accelerate in grade. If you have not repeated a grade, you will work hard in order to get ready for high school. There are many different activities and field trips that take place after school, on weekends, and over the vacations. UCAP has sports, clubs, and lots of other interesting things to do.

## **Why should I go to UCAP?**

If you have repeated a grade or are older than other students in your grade, UCAP can help you make up a year of school. If you have not repeated a grade, but can use smaller classes and more support, UCAP can help you do better in school and be better prepared for high school.

## **How do I apply to UCAP?**

*Space is limited. Apply as soon as possible!*

**Step 1:** Learn about UCAP and fill out the inside two pages of this application.

**Step 2:** Make sure your parent or guardian signs your application.

**Step 3:** Bring completed application to your guidance counselor, who must fill out the back page.

**Step 4:** Your guidance counselor will submit completed applications to UCAP, then we will contact you for an interview.

## **Where is UCAP?**

UCAP is located at 75 Carpenter Street in Providence near the Public Safety Complex. *From the north:* follow 95 S to the Atwells Avenue exit, stay straight for 3 blocks until you reach Munro Muffler. Take the right before Munro Muffler (John J Partington Way) and you will be on Carpenter Street. *From the south:* follow 95 N to the Broadway exit. Take a left onto Broadway at the first light. Then take immediate left at the next light onto John J Partington Way and first right onto Carpenter Street.

## **What if I have other questions?**

Please call UCAP Recruitment Director: Lisa Hoopis or UCAP's Counselors: Steffanie Hozempa, Shannon Campbell or the Director: Rob DeBlois at 401-272-0881.

**APPLICATION (for 2018-2019 School Year Only)**

Completed applications must be given to your current school's guidance counselor. The student, parent, and guidance counselor must sign the application. Guidance information is required.

NAME: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

ADDRESS (including apt. #): \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

GENDER: \_\_\_\_\_

Please give telephone numbers and/or email where parents/guardian can be reached during the day and evening and an emergency number such as work or cell phone.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Cell#                      Home#                      Emergency#                      Email

Current School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If you plan to move, please list your new address: \_\_\_\_\_  
 \_\_\_\_\_

1. Are you Hispanic or Latino? (please check one)  Yes  No

2. What is your race? (Choose one or more)

American Indian or Alaska Native                       Asian                       Black or African American  
 Native Hawaiian or Other Pacific Islander                       White                       Multiracial

Put  under the languages that apply.

1. What is the primary language spoken by your parent/guardian?
2. Which language did you learn first?
3. Which languages can you read and write?

ENGLISH	SPANISH	PORTUGUESE	OTHER (PLEASE WRITE IN)

At what age did you learn English? \_\_\_\_\_

Please list name and age of everyone living in your household, and their relationship to you (mother, father, step-mother, step-father, brother, friend, etc.) Attach another page if necessary.

<b><u>Name</u></b>	<b><u>Age</u></b>	<b><u>Relationship</u></b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**TO BE COMPLETED BY THE STUDENT.** Please answer the following questions:

1. What things do you like and dislike about school?

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2. Why do you want to come to UCAP?

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***Agreements***

For Students

- I will attend school every day, on time, and I will try my very best at all times to learn as much as I can to accelerate my learning and to meet the school's expectations for behavior.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For Parents

- I will make myself available to meet with teachers and talk to staff members when it is necessary or helpful to review my child's progress.
- I will try my best to attend special functions and help my child with her/his schoolwork.
- I will do everything possible to see that my child comes to school every day.
- I will support the consequences given to my child when she/he doesn't perform to expectations, as outlined in the student/parent handbook.

***Permissions and Release of Liability***

- I approve of submitting this application to UCAP. I understand this does not guarantee admission to UCAP, nor does it mean the student must attend the school.
- I grant permission for UCAP to videotape, film, photograph and quote my child, reproduce any artwork, writings and other projects produced for UCAP by my child and to publish these items for any editorial, promotional, advertising, trade or the purposes, including the UCAP website, with or without her/his name.
- I hereby authorize my child's current school / district to release and exchange academic records and educational information (including special education records) with UCAP during the time my student is being considered for admittance, is in attendance at UCAP, or is transferring to another school. Except as provided by law, the information released with this authorization will not be given, sold or in any way relayed to any other unauthorized person. Educational records are covered under the Family and Educational Rights and Privacy Act (FERPA) and, under most circumstances, require the signature below prior to their release.

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***PLEASE TURN IN COMPLETED APPLICATION TO YOUR GUIDANCE COUNSELOR  
GUIDANCE MUST COMPLETE THE NEXT PAGE PRIOR TO SUBMISSION TO UCAP. →***

**THIS PAGE MUST BE COMPLETED BY THE SCHOOL GUIDANCE COUNSELOR. All information is required.**

1. STUDENT ID# \_\_\_\_\_
2. STATE ID# \_\_\_\_\_
3. Has this student ever been retained in grade level? If so, for what grade(s)? \_\_\_\_\_
4. Please check all that apply: This applicant currently has IEP \_\_\_ 504 \_\_\_ PLP \_\_\_

If this applicant does have an IEP or 504, **please include a copy** of the current plan with this application.  
(*The parent signature attached serves as permission for exchanging academic and special ed. records.*)

5. Does this applicant receive any formal academic or social support interventions? Yes \_\_\_ No \_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Is this student currently receiving ELL support? Yes \_\_\_ No \_\_\_  
→ If this student received ELL support in the past, in what grade was he/she exited? \_\_\_\_\_

7. Do you expect this student to pass his or her current grade? Yes \_\_\_ No \_\_\_

8. Please state briefly why you think this student might benefit from UCAP:  
\_\_\_\_\_  
\_\_\_\_\_

**Required Materials\*:**

Please attach photocopies of the following to the application. The student's application will not be considered without the following information:

\_\_\_ Any available grades

\_\_\_ Recent test scores (i.e. STAR or PARCC)

\_\_\_ IEP and/or 504 Plan (if applicable): copy required to consider application (*the parent signature on the application serves as permission for exchanging academic and special education records.*)

\*After student is accepted, additional materials will be required: permanent record, 7<sup>th</sup> grade physical form, and health records. Thank you!

**Guidance Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

