



The New High School Project

unwrapping student potential

What is The New High School Project?

The New High School Project (TNHSP) is an independent, college preparatory school for students who may have struggled in a more traditional learning environment.

Our goal is to unwrap the potential and confidence of each student. TNHSP students engage an innovative, challenging, project-based curriculum that weaves accredited high school content into themes that interest and motivate them. Students work to create a top quality portfolio, and in the process, they increase their academic skills and develop pride in their work.

We adapt teaching strategies to meet each student's needs. As students earn credits toward a high school diploma, they become successful learners with the potential to succeed in college and in life. To learn more, please call 831.393.8004.



At TNHSP, regular Field Experiences provide learning opportunities. For example, a multi-night stay aboard a ship taught students about watersheds firsthand, making relevant a topic they studied in Science, History, Art and Literature.

What do students say about TNHSP?

“At my old school, I was under a lot of pressure to be someone I wasn’t. I couldn’t be that person, and I didn’t like the person I was becoming. Here, I can be myself. And I’m learning.” — Mac

“Even as a small school, we really have so much to bring to the table. We may even flip the table upside down just to shake things up. Because the way we are being educated is the right way.” — Laura

“I was struggling at other schools and was getting frustrated because I didn’t understand things as easily as other kids. I felt different. But now I feel like I am just like everybody else.” — Ryan

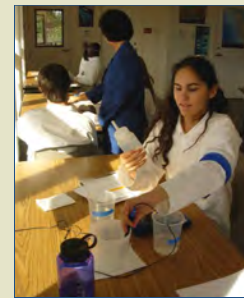
“My favorite thing about TNHSP is the small classes so everyone can get the help they need.” — Kayla



Days begin at 9:00 AM with wellness and fitness activities.

A TNHSP education means:

- Awareness of learning styles
- Average class size of 8
- Project-based learning
- Integrated technology
- Diagnostic instruction
- Innovative schedule
- Field experiences
- Green campus



Hands-on projects are a key part of the curriculum.



The New High School Project is. . .

- An independent, not-for-profit school
- For capable students but school performance doesn't seem to match potential
 - May have difficulty with simple decoding, reading fluency, spelling and writing
 - May struggle with study skills and organization
 - Process language differently
- The school cannot meet the needs of:
 - Students with more pervasive learning disabilities
 - Students with primary emotional, social or behavioral issues

The program features. . .

- a student centered learning community practicing diagnostic instruction
- educational assessments identifying student strengths and weaknesses
- individual learning profiles
- ongoing assessment to confirm success of the educational program or adjust instruction to meet the needs of the learner

A new kind of learning community. . .

- Daily Schedule
 - 9:00 a.m. start time
 - Flexible blocks of instruction
 - Able to adjust to instructional needs on a daily basis
 - Lessons are student centered, creative, varied and require active learning
 - In-depth teacher student interactions conducive to diagnostic instruction
- The Project Period
 - 6 academic terms of approximately 30 school days
 - The student exhibits the products of his or her learning
 - Portfolios, exhibitions, digital presentations
 - Real-world projects
 - Constructive investigation integrating academic and experiential learning
 - Evaluation Rubrics and Narrative Reports
 - study skills (note taking, outlining, summarizing, comprehension, etc)
 - essay writing
 - quizzes and exams
 - motivation/participation/teamwork

Credit accumulation and the confidence for life-long learning. . .

- Course content and instructional hours meet requirements for the State of California and for area schools
- In two years students accumulate 2 years of credit in English, Algebra, Science, History and Wellness and Fitness; students accumulate 1 year of credit in Visual Arts and 1 year of credit in Performing Arts.
- Curriculum emphasizes skill development while preparing students to demonstrate content mastery necessary for successful completion of high school

Student Profile



Students at The New High School are as bright as their peers in any conventional school, but respond best to types of instruction other than are often found in those schools. This is why we refer to “learning styles” or “learning differences” instead of “learning disabilities.” Having said this, it is important to understand that while we can make significant progress in helping students overcome the “disabled” nature of their learning style’s we cannot change the underlying causes of language or learning disorders. These are the result of how minds develop neurologically.

Learning variations are of concern when a student is not able to effectively access the way he or she learns in order to become a productive member of our culture. As a teenager that culture is influenced greatly by the high school experience; as a young adult it is dominated by the college or workplace experience. The productive contributions, and therefore quality of life, of most adults are shaped in important ways by high school experience, and so at The New High School Project we are great advocates of academic intervention as the most effective way of improving a teenager’s prognosis for a later healthy and meaningful adulthood.

A learning difference can be the underlying condition that affects, in varying degrees of severity, the 15-30% of American children who in spite of adequate intelligence and educational opportunity have difficulty transforming the printed alphabetic symbols of words into the equivalent understanding they have of spoken language.

These learners are often said to have language processing disorders. However there are a variety of language processing disorders, and this is why students must be assessed for the specific and unique difficulties they are having before The New High School Project can understand how to best approach instructional intervention. We pay particular attention to the student’s psycho-educational evaluation, intake interview, and observations from previous teachers, before he or she first enrolls at The New High School Project. We want to make sure that we can provide the type of program that will be an appropriate match for each student’s individual learning style.

Some of our students can be said to have dyslexic like characteristics, and these individuals generally have more of a problem with reading than they do with listening or speaking. This is because the fundamental deficit among dyslexics is a type of symbol/sound awareness that cannot readily transform the stream of spoken language into chunks of syllables, letters, or words related to that same spoken language as it would appear in print. This ambiguity in differentiating between difficulties with decoding/comprehending printed language on the one hand and receptive/ expressive spoken language on the other is sometimes why the dyslexic is described as having a Central Auditory Processing Deficit (CAPD). While the dyslexic is certainly struggling to process certain types of auditory information related to sound/symbol awareness, his or her faulty reading or language processing generally will not have been effectively remediated by isolated auditory therapies. A systematic, diagnostic approach like that used at The New High School Project has been proven to be efficacious.

Characteristics associated with the term dyslexia are often the result of physically different structures in the brain that cause information to travel along different pathways than in the brains of non-dyslexic individuals. Sometimes this yields surprising positives, especially when the visual-spatial pattern recognition strengths of dyslexics yield innovative approaches to problem solving required by such disciplines as art or engineering, and in such group dynamics as theater or organizational leadership. The New High School Project works to help students develop and capitalize on these strengths.

All students at The New High School Project benefit from instruction designed to take into account the best research in both theory and practice. The challenge always before us is to know the learner and to provide the education necessary so that they may transition successfully into a more conventional educational placement at the right time, for the right reason.

The New High School Project is non-discriminatory with regard to race, creed, sex, color, national origin, sexual orientation or physical disability



2511 Numa Watson Road
Seaside, CA 93955
831.393.8004
info@newhighschool.org
www.newhighschool.org

Steve Henderson

Head of School
mrhenderson@newhighschool.org

Kristen Atkins

Dean of Curriculum
kakins@newhighschool.org

financial assistance

The New High School Project grants a limited amount of financial assistance based on demonstrated need to manage tuition and other school fees. The application is an online process, which ensures efficiency, equity and protection of sensitive information. Please go to our website at www.newhighschool.org and click on the FAST link to submit your application online. If you have any questions, please contact our Chief Business Officer at (831) 394-3468, ext. 1027.

Admission application checklist

To help you with the admissions process, we have developed a step-by-step format to follow. We look forward to working with you and to helping your teenager achieve academic success. Please give us a call if you have any questions. We're happy to help.

Step 1: Review this information packet thoroughly. Please call (831) 393-8004 if you have any questions.

Step 2: Collect and send the following information to
The New High School Project, 2511 Numa Watson Rd., Seaside, CA 93955

- Completed application form
- Check for \$85 for the non-refundable application fee made out to The New High School Project
- Psycho-educational assessment completed by a licensed school psychologist. This testing can be completed by your local public school, or we can provide you with independent referrals.
- Academic reference forms from your student's current language and math teachers, and one from one other teacher of your choosing who has taught the student within the last two years. (forms are included in application)
- Most recent grade reports and comments
- Parent Statement
(Form is included in application)
- Student Statement
(Form is included in application)
- Current IEP (Individual Education Plan) or 504 Plan
- Medical history/summary from family physician
- Most recent vision and hearing screening
- Current California School immunization record
- Evidence of Tdap (whooping cough) vaccine
- Signed release authorization
- If applicable, speech and language testing performed by a certified speech and language specialist

Step 3: After reviewing your application, we will schedule an appointment for you and your student to visit the school. Depending upon your child's educational evaluation, we may require additional testing.

visitation day and time

admission

The admissions committee will review your application and make an admissions determination. We will inform you of the decision within three weeks of receiving your complete application packet. There will be a student orientation in late summer.

reminder

The admissions deadline is **May 1st**. Applications received after this date will be accepted only if there is space available. Please retain this Checklist for your records and reference.



Application for Admission

Date: _____ Desired date of admission: _____

Student Information

Name: _____ Nickname: _____ Sex: _____

Home Address: _____

Home Phone: _____ Primary language spoken at home: _____

Birthdate: _____ Place of Birth: _____ Social Security Number _____

Is your child adopted: _____ At what age was your child adopted? _____

Student lives with: (check all that apply)

Father Mother Stepfather Stepmother Other (please explain)

Check if applicable:

Father deceased Parents separated Mother remarried
 Mother deceased Parents divorced Father remarried

If parents are divorced or separated, what is the custodial arrangement? _____

Please indicate with whom we should communicate regarding your application? _____

Family Information

Father/Guardian Name: _____ Mother/Guardian Name: _____

Home Address: _____ Home Address: _____

Home Phone: _____ Cell Phone: _____ Home Phone: _____ Cell Phone: _____

Business Phone: _____ Fax: _____ Business Phone: _____ Fax: _____

Email: _____ Email: _____

Employer/Position: _____ Employer/Position: _____

Business Address: _____ Business Address: _____

Paternal Grandparents Name: _____ **Maternal Grandparents** _____

Home Address: _____ Home Address: _____

Home Phone: _____ Cell Phone: _____ Home Phone: _____ Cell Phone: _____

Business Phone: _____ Fax: _____ Business Phone: _____ Fax: _____

Email: _____ Email: _____

Sibling Name: _____ **Age:** _____ **Birthdate:** _____ **Sex:** _____

Current School/Occupation: _____

Sibling Name: _____ **Age:** _____ **Birthdate:** _____ **Sex:** _____

Current School/Occupation: _____

Academic/Medical Information

Were there any significant problems or difficulties associated with:

The pregnancy and/or delivery of your child? _____

Your child's health before he/she started school? _____

Your child's health now? _____

Were there any significant problems or delays with your child reaching key developmental milestones?

If yes, please explain: _____

At what age did your child begin school? _____ What grades, if any, were repeated? _____

When did you first observe a learning problem with your child? _____

When was your child first diagnosed with a learning disability and/or attention issues and by whom?

Is there anyone else in the extended family who has similar difficulties to those of your child?

Has any member of your child's family ever received treatment for a behavioral, social, emotional, or psychological disorder?

Current School (name and address): _____

Current grade: _____

Does your child have a current: IEP or 504 Plan? If so, please include with application.

List all schools previously attended:

School name and address: _____

Dates and grades attended: _____

School name and address: _____

Dates and grades attended: _____

List any special services received privately or at school. (Please include Academic tutoring, Speech and Language, Occupational Therapy, Counseling, and Special Education services)

Type of Service: _____ Provider: _____

Purpose: _____ Date Provided: _____

Type of Service: _____ Provider: _____

Purpose: _____ Date Provided: _____

What are your child's three (3) keenest interests? _____

What are your child's three (3) most obvious strengths? _____

What activities seem to frustrate your child the most? _____

What ways do you think your child seems to learn best?

- Seeing it done Hearing it explained "Mimicking" an instructor Experimenting on his/her own

On a scale of 1 to 10, (with 10 being the highest degree), how involved have you been with the planning and monitoring of your child's education? _____ Father _____ Mother _____ Stepfather _____ Stepmother _____ Other

What are your long term academic or vocational goals for your child? _____

Date of last hearing evaluation and results (please include report copy): _____

Date of last vision examination and results (please include report copy): _____

Has your child had chronic ear, eye or throat infections/problems? If yes, please explain. _____

Has your child ever had a complete neurological examination? _____
If yes, please give date of examination and include a report copy.

Has your child ever been hospitalized for neurological trauma, injury or dysfunction? _____

Has your child ever received or been evaluated for pharmaceutical therapy for attention deficit disorder or hyperactivity?

If yes, please explain. _____

Is there anything about your child's ability to "focus" or activity level which concerns you? _____

How would you characterize your child's memory? _____

Has there been any recent life-changing or acute trauma which could have affected your child? _____

List all medications your child is taking. Include reason and length of time your child has taken each medication?

If it is determined that such critical information including, but not limited to any psycho-educational, sensor-perceptual, psychiatric, counseling, diagnostic or academic assessments, has been either intentionally or inadvertently withheld, The New High School Project reserves the right to withdraw a student's acceptance or terminate placement.

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Teacher Reference

(Language Arts Teacher)

9

10

Applying for grade: 11



Applicant's Name _____

For Parent: Please provide the teacher with a *stamped envelope* addressed to The New High School Project.

I give the educator named below permission to provide a confidential reference for my child to The New High School Project.

Parent Signature: _____ Date: _____

Parent Name (Print): _____

For Teacher:

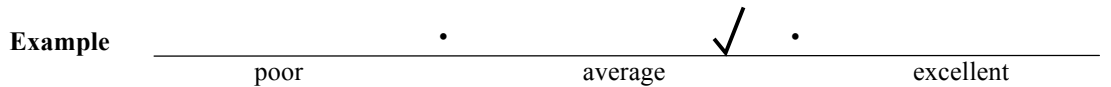
Teacher's Name: _____ School: _____

Subject and Grade in which you taught the student: _____ How long have you known the student? _____

The New High School Project is a private, non-profit coeducational school for high potential students entering 9th and 10th grade who have struggled with being effective and independent learners. Located in Seaside, California, The New High School Project provides students with the learning skills and self-esteem necessary to meet the challenges of higher education.

Please note that this is **not a "recommendation," but a "reference."** We value your honest observations and descriptions of the student as a vital avenue for our thorough knowledge of the child and how he/she may be best served by our program. All **Teacher References are kept confidential**. We appreciate your time and thank you for your thoughtful responses! **Return this form directly to The New High School Project (address on reverse side).**

Check (✓) the appropriate rating on the continuum line. N/A (not applicable) may be used.



Academic Qualities

Motivation	rare	moderate	maximum
Ability to work alone	needs help frequently	needs help occasionally	works well
Home study habits	never completes assignments	completes assignments	does more than expected
Discussion	contributes when called on	volunteers occasionally	joins in readily
Oral Expression	has some difficulty	good	exceptionally good
Use of time	poor	average	excellent
Organization	poor	average	excellent
Follows Directions	needs much explanation	needs occasional help	responds quickly

Tell us about the student's relative strengths and weaknesses as you see them. _____

Personal Qualities

Leadership	•	•	
	a follower	occasionally seeks opportunities	natural leader
Classroom Conduct	•	•	
	poor	average	excellent
Cooperates with adults	•	•	
	rarely	usually	always
Peer relationships	•	•	
	relates poorly	fluctuating relationships	generally healthy
Personal outlook	•	•	
	unhappy/lacks confidence	generally happy	healthy self-image
Ability to work well in a group	•	•	
	poor	average	excellent
Shows consideration of others	•	•	
	rarely	usually	always
Uses suggestions or corrections	•	•	
	rarely	usually	always
Takes initiative	•	•	
	rarely	usually	always
Fulfills responsibilities	•	•	
	rarely	usually	always

The New High School Project is a small group, cooperative learning experience, so it is vital that students are generally comfortable with and supportive of others. Honesty and integrity are key components of a successful community of learners. Tell us about the student's experiences working with others and his/her sense of community responsibility.

Additional Comments:

Teacher Signature: _____

School phone #: _____ Date: _____

Please return the completed reference to:
The New High School Project
Admissions Committee
2511 Numa Watson Road
Seaside, CA 93955

Personal Qualities

Leadership	•	•	
	a follower	occasionally seeks opportunities	natural leader
Classroom Conduct	•	•	
	poor	average	excellent
Cooperates with adults	•	•	
	rarely	usually	always
Peer relationships	•	•	
	relates poorly	fluctuating relationships	generally healthy
Personal outlook	•	•	
	unhappy/lacks confidence	generally happy	healthy self-image
Ability to work well in a group	•	•	
	poor	average	excellent
Shows consideration of others	•	•	
	rarely	usually	always
Uses suggestions or corrections	•	•	
	rarely	usually	always
Takes initiative	•	•	
	rarely	usually	always
Fulfills responsibilities	•	•	
	rarely	usually	always

The New High School Project is a small group, cooperative learning experience, so it is vital that students are generally comfortable with and supportive of others. Honesty and integrity are key components of a successful community of learners. Tell us about the student's experiences working with others and his/her sense of community responsibility.

Additional Comments:

Teacher Signature: _____

School phone #: _____ Date: _____

Please return the completed reference to:
The New High School Project
Admissions Committee
2511 Numa Watson Road
Seaside, CA 93955

Personal Qualities

Leadership	•	•	
	a follower	occasionally seeks opportunities	natural leader
Classroom Conduct	•	•	
	poor	average	excellent
Cooperates with adults	•	•	
	rarely	usually	always
Peer relationships	•	•	
	relates poorly	fluctuating relationships	generally healthy
Personal outlook	•	•	
	unhappy/lacks confidence	generally happy	healthy self-image
Ability to work well in a group	•	•	
	poor	average	excellent
Shows consideration of others	•	•	
	rarely	usually	always
Uses suggestions or corrections	•	•	
	rarely	usually	always
Takes initiative	•	•	
	rarely	usually	always
Fulfills responsibilities	•	•	
	rarely	usually	always

The New High School Project is a small group, cooperative learning experience, so it is vital that students are generally comfortable with and supportive of others. Honesty and integrity are key components of a successful community of learners. Tell us about the student's experiences working with others and his/her sense of community responsibility.

Additional Comments:

Teacher Signature: _____

School phone #: _____ Date: _____

Please return the completed reference to:
The New High School Project
Admissions Committee
2511 Numa Watson Road
Seaside, CA 93955

PARENT STATEMENT



Applicant Name: _____

Parent Name: _____

We ask that each parent and step-parent involved in this child's care complete this questionnaire individually. Your answers to these questions are important to us in gaining perspective on the strengths and needs of your child. Please photocopy as necessary. Feel free to attach additional sheets if needed.

1. What do you see as your child's particular strengths and talents?

2. What are your child's areas of greatest need?

3. What are your child's hobbies or interests?

4. Please describe your child's study habits.

5. How do you expect the experience at The New High School Project to help your child?

6. How socially aware is your child, especially as to how his/her actions may affect others?

7. Describe any history of behavioral difficulty (in relationship to family, peers, or in an academic setting).

8. To what extent do you agree or disagree with your child's assessment and diagnosis?

9. To what extent do you agree or disagree with your child's school's assessment and intervention with your child's difficulties?

10. Please write a brief description of your child.

11. Please include any other information you wish to have considered by the admission committee.

STUDENT STATEMENT



Applicant Name: _____

We ask that you complete this questionnaire thoughtfully. Your answers to these questions are important to us in gaining perspective on your strengths, needs, and expectations. We want to know what you think, so please, write this yourself. Don't worry about spelling or grammar, just try to get your thoughts down clearly. Feel free to attach additional sheets if needed.

1. What are your particular strengths and talents?

2. What do you want to get better at while you're at The New High School Project?

3. What do you do for fun?

STUDENT STATEMENT (p2)

4. What's your least favorite thing about school?

5. What's your favorite thing about school?

6. List five words that describe you.

Emergency Contact Form

Date: _____

Student Information

Name: _____

Nickname: _____

Home address: _____

City, State, Zip _____

Home Telephone: _____ Sex: _____

Birthdate: _____

Father/Guardian Name: _____

Home address: _____

City, State, Zip _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Fax: _____

Email: _____

Additional Contact Information _____

Mother/Guardian Name: _____

Home address: _____

City, State, Zip _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Fax: _____

Email: _____

Additional Contact Information _____

Emergency Contacts: If the school is unable to establish contact with a parent/guardian during an emergency or illness, please list other friends/relatives who are able to act on your behalf.

Name: _____ Phone: _____

Relationship to Student: _____

Name: _____ Phone: _____

Relationship to Student: _____

Persons authorized to pick up student at school (other than parents) Please include carpool.

Name: _____ Phone: _____

Relationship to Student: _____

Name: _____ Phone: _____

Relationship to Student: _____

Name: _____ Phone: _____

Relationship to Student: _____

Physician name: _____

Phone: _____

Dentist name: _____

Phone: _____

Medical Insurance Carrier: _____

Policy Number: _____

Please explain any allergies or dietary restrictions that your child has: (include allergies to medications)

Please explain any medical conditions that your child has that the school needs to be aware of:

Please list medications student is currently using:

Medical Authorization:

I hereby grant The New High School Project permission to take whatever action may be necessary in supplying emergency medical services to my child. I understand that TNHSP will attempt to contact and follow the instructions of the parent/guardian, physician, or other persons designated as emergency contacts. In the event that TNHSP is unable to contact any of the above persons, I hereby grant permission to TNHSP to contact and comply with the advice of an available physician, ambulance personnel, or emergency room personnel. I hereby agree to be solely responsible for and will pay any expenses that may be incurred by TNHSP in making emergency medical treatment available to my child.

Parent / Guardian Signature: _____ **Date:** _____

Parent / Guardian Signature: _____ **Date:** _____

Permission and Release Form

Please initial each release to indicate that you grant permission.

Student Name: _____

Wellness/Fitness Activities:

_____ I hereby grant permission for my child to participate in all of the Wellness and Fitness activities of TNHSP.

Field Experiences:

_____ I understand that field experiences are an integral component of instruction at TNHSP and hereby grant permission for my child to leave the school premises under the supervision of a staff member for field experiences. I understand that the majority of these trips will require vehicle transportation. I grant permission for my child to ride in a vehicle with a NHSP/ Chartwell teacher or staff member and any approved parent volunteer. The following general rules apply to all school sponsored field trips: 1) Unless otherwise noted all trips leave from and return to the school. Students are responsible for their own transportation from the school to their homes after the trip. 2) Students will return with the faculty member or parent with whom they left the school. 3) All students will remain with the group at all times. 4) Students will behave in manner consistent with TNHSP policies.

Review of Records:

_____ I hereby acknowledge and consent to the review of my child's permanent records by the State of California, County of Monterey, and/or local school district certification teams.

School Roster:

TNHSP provides every family with a school roster containing contact information for each student, including student name, parent/guardian names, home address, and home phone. Information included on the roster is to be used for school purposes only.

Please list any information that you DO NOT want published on the roster: _____

Photographic Release:

_____ I hereby grant permission for my child to be photographed and/or videotaped (in connection with the school program) and those images to be used to support the marketing and public relations activities of TNHSP/Chartwell. This may include the use of my child's name and/or image in school publications, fundraising publications, newspaper ads, and local print and TV media.

Website Release:

_____ I hereby grant permission for my child's image to be displayed on, and in connection with TNHSP/Chartwell Website.

Parent Signature: _____ **Date:** _____

Car Insurance:

Volunteers who assist the school as drivers for field trips must have a valid California Drivers' License and **carry a minimum automobile liability insurance of \$100,000 per person / per accident.** In the event of an accident, the drivers insurance will provide primary coverage. Drivers must ensure that children riding in their car wear seat belts during transportation. ***If you wish to volunteer as a driver, please provide the following information and attach a copy of your driver's license and evidence of current insurance.***

Driver Name: _____ Drivers License Number: _____

Driver Name: _____ Drivers License Number: _____

Vehicle License Number: _____ Year, Make, and Model: _____

Name on Vehicle Registration: _____

Number of Operational Passenger Seat Belts: _____

Insurance Carrier: _____ Policy Number: _____

Amount of Liability Insurance per person per accident: _____

Vehicle License Number: _____ Year, Make, and Model: _____

Name on Vehicle Registration: _____

Number of Operational Passenger Seat Belts: _____

Insurance Carrier: _____ Policy Number: _____

Amount of Liability Insurance per person per accident: _____

Parent / Guardian Signature: _____ **Date:** _____

Parent / Guardian Signature: _____ **Date:** _____



AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize:

To exchange information with:

The New High School Project
2511 Numa Watson Road
Seaside, CA 93955
(831) 394-8004

I hereby authorize the above named school or agency to exchange verbal and/or written information with The New High School Project personnel. Information released will be limited to academic and attendance information and will be used specifically to determine the best academic and behavioral intervention plan.

This written release is valid for the duration of enrollment at The New High School Project and will become void upon leaving the school. I understand that I have the right to receive a copy of this authorization.

_____/_____/_____
Student's Name Date of Birth

_____/_____/_____
Parent's signature Date

_____/_____/_____
Kirsten Atkins, Dean of Curriculum Date

_____/_____/_____
Steve Henderson, Head of School Date