



PARADISE CREEK REGIONAL HIGH SCHOOL

1314 South Main St. Moscow, ID 83843 • Phone: (208) 882-3687 • Fax: (208) 882-6815 • www.msd281.org/PCRHS



APPLICATION for 2026-2027 ACADEMIC YEAR

The information requested below will help us understand your needs and aid us in providing the most appropriate educational opportunities for you. PCRHS will consider all applicants without regard to race, creed, color, gender, religion, ethnicity or national origin.

PLEASE INCLUDE CURRENT TRANSCRIPT WITH APPLICATION

Date ____ / ____ / ____

Last Name _____ First Name _____ Middle Name _____
Residence Address: Street or P.O. Box _____ City _____ State ____ ZIP _____
Mailing Address: Street or P.O. Box _____ City _____ State ____ ZIP _____
GENDER: ☐ Male ☐ Female Date Of Birth ____ / ____ / ____ Age ____ Grade ____
Email: _____ Student Phone _____
Primary Language _____ Secondary Language _____

On matters regarding your application, who should we contact? (Parent, guardian, family member, etc.)

Name: _____ Phone: _____
Relationship: _____ Email: _____

HEALTH HISTORY Check all boxes that apply—Your signature authorizes medical information to be placed in your file.

☐ ADD/ADHD ☐ Diabetes ☐ Seizures ☐ Mild Asthma ☐ Severe Asthma ☐ Other _____

☐ Allergies (specify): _____

Do you have a life-threatening illness or condition that may require the attention of the school nurse? ☐ YES ☐ NO

STUDENT STATUS: Are you applying for:

☐ Full-time (PCRHS Only) ☐ Part-time / Dual Enrollment (also enrolled at another school)

If part-time, which other high school will you attend _____

Which courses do you plan to take at PCRHS? _____

ONLINE STUDENT: Which courses do you plan to take online? _____

Name of last school attended? _____ Currently enrolled? ☐ YES ☐ NO

If you choose to change your student status at a later date, you will be asked to submit a new application to assess eligibility and appropriate placement. A student who is unsuccessful at PCRHS will not be allowed to continue to enroll in courses.

NOTE: Application continued on other side.



AT-RISK CRITERIA Please answer the following confidential questions:

- ☐ YES ☐ NO Have you repeated at least one (1) grade? If Yes, which grade(s) _____?
- ☐ YES ☐ NO Do you have absenteeism that is greater than ten percent (10%) during the preceding semester?
- ☐ YES ☐ NO Do you have an overall grade point avg. less than 1.5 (4.0 scale)?
- ☐ YES ☐ NO Have you failed one (1) or more academic subjects in the past year?
- ☐ YES ☐ NO Have you scored below proficient on standardized tests?
- ☐ YES ☐ NO Are you two (2) or more credits per year behind the rate required to graduate?
- ☐ YES ☐ NO Have you attended three (3) or more schools within the previous (2) years?
- ☐ YES ☐ NO Have you engaged in behavior that is detrimental to your academic progress?
- ☐ YES ☐ NO Do you have a history of substance abuse?
- ☐ YES ☐ NO Are you pregnant or a parent?
- ☐ YES ☐ NO Are you an emancipated or unaccompanied youth?
- ☐ YES ☐ NO Are you a previous dropout? If Yes, which year/grade?: _____ which school?: _____
- ☐ YES ☐ NO Do you have serious personal, emotional, or medical issue(s)?
- ☐ YES ☐ NO Have you been referred to this school by a court?
- ☐ YES ☐ NO Have you ever been expelled from school?: If Yes, which school?: _____

HAVE YOU PREVIOUSLY RECEIVED ANY OF THE FOLLOWING SERVICES? (Check all that apply)

- ☐ Special Education/IEP ☐ English As A Second Language ☐ 504 ☐ Gifted / Talented

ARE YOU CURRENTLY RECEIVING ANY OF THE FOLLOWING SERVICES? (Check all that apply)

- ☐ Special Education/IEP ☐ English As A Second Language ☐ 504 ☐ Gifted / Talented

WHAT IS YOUR LIVING SITUATION? (your response may qualify you to receive additional services):

- ☐ I live in a house that my family owns or rents ☐ I am temporarily living with other friends or family

I hereby certify that all information given in this application is true and correct, and I understand if I am accepted by PCRHS, I must adhere to all school rules, policies and guidelines. I understand that attendance in all classes is mandatory, and that failure to attend classes may result in being dropped from PCRHS courses. I understand that I will not be accepted into the program until interviewed.

Applicant's signature _____ Date _____

Parent/guardian's signature _____ Date _____

Counselor's signature _____ Date _____

Principal's signature _____ Date _____

Student approved for enrollment at PCRHS? ☐ YES ☐ NO

*** Application may be emailed to Jenni Hightower at hightowerj@msd281.org