# WASHINGTON TOWNSHIP HIGH SCHOOL Option Two

**General Description:**

According to N.J.A.C. 6A:8-5.1(a)1ii, Option Two serves as an alternative to traditional high school courses and involves in-depth experiences. Option Two courses (classroom-based or web-based) will be reviewed by the WTHS Option Two Committee to verify curriculum meets the New Jersey Student Learning Standards (NJSLS) and New Jersey graduation requirements.

**WTHS Guidelines:**

1. Under Policy 5460, WTHS will allow a total of twenty (20) accredited college credits during a student’s high school career or a high school course for graduation credits. A three (3) credit college course will be awarded five (5) high school credits, hence, a student is restricted to taking four (4) three (3) credit college courses.
2. The student and parent/guardian must research and seek the course of interest.
   1. If the course is being used for a graduation requirement, it must meet the criteria of the New Jersey Student Learning Standards.
   2. A student will be approved to take a course if it is not offered at our high school or does not fit in his/her schedule.
   3. Any failure to complete an approved course may jeopardize the student’s ability to meet New Jersey graduation requirements.
   4. Courses related to participation in athletics or co-curricular activities beyond the scope of the school day will not be considered.
   5. The student’s attendance in the college course should not conflict with the regular hours of WTHS. If the student is in his/her senior year, is in good academic standing and on track to meet all district/state graduation requirements, WTHS may grant a partial day schedule. The senior must take four (4) classes and attend school until 11:20am which is required attendance in NJ. At that time, the senior will be granted release from WTHS to attend an off-site course.
3. The student and parent/guardian must pay for any tuition/fees associated with the course and provide transportation.
4. The student may not begin the course unless they have been granted approval by high school officials in writing.
5. On the student’s WTHS transcript will be the name of the course, number grade, and number of credits of the Option Two course:
   1. The designated course(s) will be indicated as Option Two.
   2. Option Two course credits will be calculated in the student’s overall credits earned. WTHS reserves the right to determine the number of credits to be awarded per course.
      * Option Two credits only count for eligibility to participate in athletics when the course is completed. Please check with your counselor for eligibility requirements.
   3. Option Two grade(s) earned are not averaged into the overall grade point average and will not affect class rank.
      * Option Two courses do not fulfill requirements to admission to National Honor Societies.
6. The student and parent/guardian must submit proof of course completion within thirty (30) days.



# WASHINGTON TOWNSHIP HIGH SCHOOL

# Option Two Application

**DEADLINE: Return to your school counselor two (2) weeks prior to student course registration.**

1. Student’s Name \_\_\_\_\_
2. Year of Graduation\_
3. Title of Course \_\_\_\_\_
4. Length of Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. When will the student be participating in this course? (Please attach a description of the course and times when the class will take place.)  
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   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Name of Teacher/Professor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Certification(s) and Qualification(s) of Teacher/Professor (Only necessary if not registered at a college/university – Attach documentation such as resume, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please indicate the reasons(s) you would like to take this course instead of taking a course at WTHS:  
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I acknowledge that I have read and understand all the information contained in the WTHS Option Two Guidelines and Application.*Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Counselor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of School Counseling Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Content Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Option Two Application has been reviewed by the Option Two Committee Members with the final decision indicated below:**

**\_\_\_\_\_Approved**

Subject Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Credits to be Awarded \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_Not Approved**

Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Letter sent to Parent (Attach copy):**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Cc: School Counselor, Director of District School Counseling, Supervisor, Executive Assistant Principal,   
 Principal*