



# 2019-2020 Program Application

- Connect     GED Transition     ProGrad  
 Interval     OYCP Transition

<b>For Office Use Only</b> Date Received: _____
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## PERSONAL INFORMATION

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Preferred contact method:  Cell  Text  Email

- Ethnicity?**
- |   |  |
|---|--|
| <input type="checkbox"/> AN Alaskan/Native American | <input type="checkbox"/> ME Middle Eastern                   |
| <input type="checkbox"/> AS Asian                   | <input type="checkbox"/> AA Black or African American        |
| <input type="checkbox"/> LA Hispanic or Latino      | <input type="checkbox"/> NH Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> WH White                   | <input type="checkbox"/> MR Mixed Race                       |

What is your **gender**? \_\_\_\_\_

Are you pregnant or parenting?  Yes  No

Will you need daycare services?  Yes  No

Do you have a full or part-time job?  Yes  No

What is your work schedule? \_\_\_\_\_

\_\_\_\_\_

Are you currently in foster care?  Yes  No

Are you homeless or at risk of being homeless?

Yes  No

If you have a **Probation Officer**, please include their

**name & phone #:** \_\_\_\_\_

\_\_\_\_\_

## SCHOOL INFORMATION

Student ID #? \_\_\_\_\_ What **grade** in school are you? \_\_\_\_\_

What **high school** did you last attend? \_\_\_\_\_ **Guidance counselor?** \_\_\_\_\_

What is your **neighborhood school**? \_\_\_\_\_

Do you receive **services** for:  IEP     504     ELL    **Case Manager:** \_\_\_\_\_

## FAMILY INFORMATION

**Parent/Guardian 1:** \_\_\_\_\_

**Preferred language:** \_\_\_\_\_

**Interpreter needed?**  Yes  No

**Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email:** \_\_\_\_\_

How is this person related to you?

Parent  Stepparent  Legal Guardian

Other: \_\_\_\_\_

**Preferred contact method:**  Cell  Text  Email

**Parent/Guardian 2:** \_\_\_\_\_

**Preferred language:** \_\_\_\_\_

**Interpreter needed?**  Yes  No

**Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email:** \_\_\_\_\_

How is this person related to you?

Parent  Stepparent  Legal Guardian

Other: \_\_\_\_\_

**Preferred contact method:**  Cell  Text  Email

## TO BE COMPLETED BY HOME HIGH SCHOOL COUNSELOR

**Applications will not be considered until all of the following are complete, including signatures:**

Include the following documentation:

- |   |                              |
|---|------------------------------|
| <input type="checkbox"/> Transcript (including WIP) |                              |
| <input type="checkbox"/> Discipline History         | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Eligibility & IEP          | <input type="checkbox"/> N/A |
| <input type="checkbox"/> 504 Plan                   | <input type="checkbox"/> N/A |

Is this student:

- |                      |                              |                             |
|----------------------|------------------------------|-----------------------------|
| ESL/LEP eligible?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Attending regularly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| AVID?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The signature(s) below indicates the student's records have been reviewed and that possible admission to Passages is recommended.

Counselor name (print)	Counselor signature	Date
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Case manager name (print)	Case manager signature	Date
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SPED eligibility code	Date of most recent eligibility	Date of most recent IEP
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Student's current placement: \_\_\_\_\_

***PLEASE NOTE: If the student is accepted and the IEP or 504 is due within six weeks of the date of the application, the sending SPED team or counselor must complete it.***

Please include any other relevant information that may assist in helping this student succeed:

By signing below, the student and family understand that possible admission to Passages is recommended.

Student signature	Date
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Parent/Guardian signature	Date
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**SEND ALL COMPLETED, SIGNED APPLICATIONS TO THE PASSAGES PROGRAM**