



Alternative Program Application

15600 Concord Circle - Morgan Hill, CA 95037

CONFIDENTIAL

Date Received Stamp

Requested Program (please choose one)

<input type="checkbox"/> 6-12 Daily Attendance online program	<input type="checkbox"/> 6-12 Independent Study
<input type="checkbox"/> Other: _____	

Student Name: _____ DOB: _____ Student ID#: _____
 Current Grade: _____ Grade Next year: _____ Name of current school: _____

Who is requesting Alternative placement:

<input type="checkbox"/> Parent	<input type="checkbox"/> Administrator	<input type="checkbox"/> School Counselor	<input type="checkbox"/> Other: _____
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Who prepared this form: _____ Contact: _____

Reason for request:

Medical Credit Recovery
 IEP/504 Plan Work Advancement Other: _____

How would this alternative placement benefit your/the child?

Please tell us more about your child:

Student information
<input type="checkbox"/> Activities extracurricular activities (sports, art, music, etc.) _____
<input type="checkbox"/> Special Education – Please attach copy (most recent IEP date: _____)
<input type="checkbox"/> 504 Plan – please attach copy (most recent 504 date: _____)
<input type="checkbox"/> Medical Plan or health management _____
<input type="checkbox"/> Counseling _____
<input type="checkbox"/> Expelled from MHUSD or another district Details: _____
<input type="checkbox"/> Other: _____ _____

SITE INFO (to be filled out by administrator or counselor)
Current GPA: _____ Over all GPA: _____
Check all that apply
<input type="checkbox"/> IEP/504 held
<input type="checkbox"/> Counseling services
<input type="checkbox"/> Probation
<input type="checkbox"/> SST meeting
<input type="checkbox"/> Parent Conference
<input type="checkbox"/> Foster/Homeless
<input type="checkbox"/> Other: _____
Notes: _____
High School Only
Credits Completed: _____
On track for graduation <input type="checkbox"/> Yes <input type="checkbox"/> NO
Credits needed: _____
Passed CAHSEE _____ (Math _____ ELA _____)

DO NOT WRITE BELOW THIS LINE

This student's request is _____ (Approved or Denied)

Requested Approved for:

<input type="checkbox"/> K-8 Home School	<input type="checkbox"/> 9-12 District Independent Study	<input type="checkbox"/> 9-12 Daily Program	<input type="checkbox"/> 6-8 Daily Program
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Reason for denial:

<input type="checkbox"/> Attendance	<input type="checkbox"/> Services (IEP, 504, etc.)	<input type="checkbox"/> Program Status	<input type="checkbox"/> Insufficient paperwork
<input type="checkbox"/> Other: _____			

District (print name): _____ Signature: _____ Date: _____