

DURANT ALTERNATIVE EDUCATION APPLICATION FORM

MISSION STATEMENT

The Durant Alternative Education Program has been developed to provide students with an alternate means of achieving a high school diploma while preparing them for the transition into the workforce and/or post-secondary training.

PERSONAL INFORMATION:

DATE: _____

Student Name _____
(First, middle, last)

Age _____ DOB _____ Grade _____ Race _____ Male _____ Female _____

Student Address _____ Cell _____

Parent/Guardian _____ Cell _____

Parent Address _____ Phone _____

Parent/ Guardian Employment _____ Phone _____

STUDENT DATA:

Student Referred by: Self Parent School Court Other

REASON FOR APPLICATION: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Excessive Absences | <input type="checkbox"/> Credit Recovery |
| <input type="checkbox"/> Academic Deficiencies | <input type="checkbox"/> Chemical Dependency |
| <input type="checkbox"/> Behavioral Difficulties | <input type="checkbox"/> Displaced from Home |
| <input type="checkbox"/> Pregnant/Parenting Teen | <input type="checkbox"/> Returning from Suspension |
| <input type="checkbox"/> Emotional/School Adjustment | <input type="checkbox"/> Recovered Dropout |
| <input type="checkbox"/> Juvenile Justice Referral | <input type="checkbox"/> Other _____ |

Name of last school attended? _____ City _____ State _____

Date of last attendance? _____

Is the student currently employed? Yes No

If yes, where _____ Hours _____

On the back of this application, explain why you feel Vision Academy would be an appropriate placement for you. DO NOT LEAVE BLANK.

This section must be filled out by the principal and/or the counselor from Durant High School.

We recommend this student to the selection committee. Yes No

Does student currently have an IEP? Yes No If yes, List Teacher and Reason: _____

Principal _____ Date _____

Counselor _____ Date _____