

EDNA ALTERNATIVE SCHOOL APPLICATION

Section I: Student Identification	Student Name _____	Last	First	MI	
	Student ID# _____				
	DOB _____	Month	Day	Year	

GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	SCHOOL DATA Grade _____ Credits _____ Current School _____ Previous School _____
ETHNIC CODE <input type="checkbox"/> Native Am <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other	

Section II: Contact Information	Circle One:	Mother/Father	Guardian	Emancipated Youth
	Name _____	P/G	Home Telephone _____	
	Street _____	P/G	Work Telephone _____	
	City _____	State	Zip	Other Telephone _____

Section III: Release of Records	I hereby apply for enrollment in an at-risk alternative school and authorize the release of all my records to all parties involved in the application process. Permission is also granted for me to confer with the school social worker and to confer and/or be assessed by the school counselor in order to confirm at-risk status.			
	Student Signature _____	Date _____		
	Parent/Guardian Signature _____	Date _____		

Section IV: Grades 6-12 At-Risk Verification	This student is at-risk because he or she is two (2) or more of the following:			
	<input type="checkbox"/> one or more years behind their age group in the number of high school credits attained <input type="checkbox"/> two or more years behind their age group in basic skill (reading or math) levels <input type="checkbox"/> a habitual truant <input type="checkbox"/> a parent <input type="checkbox"/> adjudicated youth <input type="checkbox"/> This student is at-risk because he/she is a drop out			

Section V: Background Information	NOTES	Special Education Needs: <input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify: _____ 504: <input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify: _____
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School Applied For: EDNA ALTERNATIVE SCHOOL immediate consideration next semester

Administrator's Name: _____ Title _____

Referring Campus: **EHS** or **EJH** Phone _____ Date _____

BEFORE ROUTING TO A GRADE 9-12 SCHOOL, MUST ATTACH A TRANSCRIPT.

- Enroll No Vacancy/Put on Waiting List Inappropriate Referral No Show/No Contact

School Representative _____ Phone _____ Date _____

School distribution: Send original to alternative school applying for, keep copy for school records and give copy to parent