

IN-DISTRICT SEAVIEW ACADEMY APPLICATION

Name _____ Grade _____ Age _____ Date _____

Seaview Full-time _____

Seaview Part-time _____

Provide a brief narrative that explains why the student believes Seaview would be a better placement, including specific reason for requesting this transfer (such as medical reasoning, work schedule, etc.).

IEP - Yes / No

Hi-Cap - Yes / No

504 - Yes / No

ELL - Yes / No

Credit Recovery - Yes / No

Has the potential transfer been discussed with the student's parents? Yes / No

Is the student currently passing all classes? Yes / No

Is the student on track to graduate? Yes / No

Is the student currently in truancy proceedings? Yes / No

Counselor's comments:

SIGNATURES:

Student _____

Counselor _____

OFFICE:

PRINCIPAL: APPROVED _____ DENIED _____

Principal _____

Principal's comments:

COURSE RECOMMENDATION FORM

(for Seaview students)

	Kept at PAHS	Suggested at Seaview
Advisory (0.06)		
1 st (.015)		
2 nd (0.16)		
3 rd (.015)		
4 th (.015)		
5 th (.015)		
6 th (.015)		
7 th (.015)		
Total FTE:		

Counselor: _____

Date: _____

Notes:

- Needs credit recovery
- Needs Washington State History
- Needs SBAC
- Has incompletes ("I") in the following courses:

Other: _____

Other: _____

Comments:
