Washington Alternative High School
Voluntary Transfer Request

Student Name	ID	GRD	DOB

Home Phone #	Alternate #	Counselor

Referral School

☐ **BHS** ☐ **CHS** ☐ **GTHS**

Counselors: Please check the CUM file for intervention history or any other pertinent information.

☐ **CUM File Checked** (date checked: _____)

Program Information (check all that apply)

☐ **GATE** ☐ **SART** ☐ **504** ☐ **RSP** **Date of Change of Placement IEP** _____ ☐ **EL Level** _____

☐ **SST: Date** _____

R_____
W_____
L_____
S_____

ACADEMIC SUMMARY

Credits Earned: _____

Credits needed for COMPREHENSIVE diploma: _____

Check All Diploma Requirements Completed:

☐ Algebra I

Student Plans (check ONLY one)**:**

☐ Return to my home school next year

COUNSELOR COMMENTS or RECOMMENDATIONS

Please attach the following:

From Profile area

☐ Home info
☐ Contacts
☐ Programs
☐ Behavior-Contract Date_____
☐ Attendance by reason

From Academic History

☐ Transcript w CST scores

Other

☐ Student Essay

☐ Social/Emotional _____

_____
_____
_____
_____

☐ Other Interventions:

_____
_____
_____
_____
_____

SIGNATURES

I understand that this is a voluntary transfer request to the high school opportunity program at Washington Alternative High School.

_____	_____	_____	_____	_____	_____
Student Signature	**Date**	**Parent Signature**	**Date**	**Counselor Signature**	**Date**

OFFICIAL USE ONLY

☐ **ACCEPTED**
☐ **DENIED – Reason:**_____

_____
Approval Signature

Washington Alternative High School
Voluntary Transfer Student Essay

Directions:

Please explain why you want to attend Washington Alternative High School. Explain what you plan to do differently as a student in order to be successful and graduate.