



4400 McClellan Blvd - PO Box 2084
Anniston AL 36202
Phone: 256-741-7400
www.calhouncountyschools.com

2025-2026 PASS Application Checklist

This form is to be completed by the principal and attached to the student application. Upon review of the request, this checklist will be returned to the base school in order for the school to know if the application was approved or denied.

Student Name: _____

Base School: _____

Grade Level: _____

Additional Notes from Administrator:

- **Current Schedule attached**
- **Transcript Audit Form attached**
- **Standardized Test Score**

Principal Signature

Date

(to be completed by Dr. Dowdy)

Application Approved: _____

Application Denied: _____



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School Input: (Completed by Administrator)

Student Name: _____ Base School : _____

Grade Level: _____ Age: _____ Current GPA: _____ Cohort Year: _____

Current Graduation Credits: _____

Does the student have an active IEP (Individualized Education Plan)? ___ Yes ___ No

Does the student have an active 504 Plan? ___ Yes ___ No

Does the student have an active EL (English Language) Plan? ___ Yes ___ No

Is this student a McKinney Vento student? ___ Yes ___ No

Has this student ever: Reported Bullying Filed a formal Bullying/Harassment Complaint

List strategies implemented by the local school to address academic, behavioral, and/or social issues with this student.

Parent/Guardian Input: (Completed by Parent)

Relationship to student: _____

Parent/Guardian Email: _____

Parent/Guardian Cell Phone Number: _____

Please provide a thorough explanation of the situation/circumstances that result in a need for your child to be placed in the PASS Program. _____

- Your child will be required to attend weekly face-to-face meetings on campus. Failure to do so will result in a court-based truancy referral. _____ **(Parent Initial)**
- Your child will have usage requirements (time requirements, completion requirements) in order to remain in the PASS Program. Failure to do so will result in dismissal from PASS and a mandated return to the local school. _____ **(Parent Initial)**
- Does your child have permission to receive guidance and counseling services from outside agencies when appropriate and available? ___ Yes ___ No _____ **(Parent Initial)**
- Your child may be required to participate in programs such as JAG and WorkForce Connections _____ **(Parent Initial)**

Student Input: (Completed by Student)

Address: _____

Student CCBOE Email: _____ Student Cell Phone Number: _____

Please provide a thorough explanation of the situation/circumstances that result in a need for you to be placed in the PASS Program. _____

You will be required to attend weekly face-to-face meetings on campus. Failure to do so will result in a court-based truancy referral. _____ (Student Initial)

You will have usage requirements (time requirements, completion requirements) in order to remain in the PASS Program. Failure to do so will result in dismissal from PASS and a mandated return to the local school. _____ (Student Initial)

How will you be transported to the PASS Program on your required attendance days?

Are you receiving counseling services from any outside agency? ___ Yes ___ No

If yes, from who? _____