



Benny Benson Alternative High School
4515 Campbell Airstrip Rd. Anchorage, AK 99507
Phone: 742-2050 Fax: 742-2060



Referral Application

Benny Benson Proper Crossroads Transitions BOT

Student Name _____ Credits Earned _____

ID Number _____ Age _____ Birth Date _____ Grade _____

Student Phone _____ Student Email _____

Most Recent School _____ Currently Attending: YES NO ASD School

Zone in Which Student Lives _____

Contact Information:

Mother/Guardian _____ Email _____

Phone(s): Home _____ Work _____ Cell _____

Contact lives with Student? YES NO

Father/Guardian _____ Email _____

Phone(s): Home _____ Work _____ Cell _____

Contact lives with Student? YES NO

Reasons for Referral:

Academics _____ Attendance _____ Credit Recovery _____ Night School _____ AMYA _____ Full-Time Job
 _____ Parenting/Caretaking Responsibilities _____

Special Education:

Does the student have a current IEP? YES NO Date of most recent three-year evaluation _____ Has the student ever received or is being considered for special education? YES NO 504 Plan? YES NO

Transportation: How will your student get to Benny Benson?

People Mover _____ Driving Self _____ Parent/Guardian _____ ASD Bus _____

DISCLAIMERS: * The ASD Bus transportation is a bus-to-bus option only. *Students may NOT enter their home school or King Tech High School unless currently enrolled. *Students who violate any ASD bus rule, will have bus privileges revoked. *The afternoon bus option reduces the number of class periods available for students at Benny Benson (i.e. 5 classes instead of 6).

Signatures:

Name of Referrer (Print) _____ Counselor _____ Administrator _____ Parent/Guardian _____ Self _____

 Counselor/ Administrator Signature Date Special Ed. Chair/Case Mgr. Signature Date

 Signature Date Student Signature Date _____ Parent

Please download, fill out and email application to our Registrar at mabry_jacquelyn@asdk12.org