



MPS ALTERNATIVE SCHOOL APPLICATION FORM
(Please print firmly –you are making three copies. Incomplete applications may be returned)

Section I: Student Identification	Student Name _____	Last	First	MI																				
	Student ID# _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Ethnic Code (circle one)</td> <td>Gender</td> <td>School Data</td> </tr> <tr> <td><input type="checkbox"/> Native Am</td> <td><input type="checkbox"/> Hispanic</td> <td><input type="checkbox"/> Male</td> <td>Grade ____ Units _____</td> </tr> <tr> <td><input type="checkbox"/> Black</td> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Female</td> <td>Current School _____</td> </tr> <tr> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> Other</td> <td></td> <td>Previous School _____</td> </tr> <tr> <td colspan="4" style="text-align:right;"><input type="checkbox"/> MPS Base School Unknown</td> </tr> </table>				Ethnic Code (circle one)		Gender	School Data	<input type="checkbox"/> Native Am	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Male	Grade ____ Units _____	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Female	Current School _____	<input type="checkbox"/> Asian	<input type="checkbox"/> Other		Previous School _____	<input type="checkbox"/> MPS Base School Unknown		
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DOB _____	Month _____ Day _____ Year _____																							

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 psychologist 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 units 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 delinquent <input type="checkbox"/> This student is at-risk because he/she is a drop out <input type="checkbox"/> an 8 th grade pupil whose score in each subject area on the examination administered under s.118.30(lm)(am)1 was below the basic level, an 8 th grade pupil who failed the examination under s.118.30(lm)(am)2, or an 8 th grade pupil who failed to be promoted to the 9 th grade.

Section V: Background Information	NOTES	<i>(For Student Services Use Only)</i>	Special Education Needs:
		<input type="checkbox"/> Behavioral Reassignment <input type="checkbox"/> Expelled With Services <input type="checkbox"/> Late Enrollee/Sanctioned <input type="checkbox"/> Chapter 220	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify: _____ <i>(and route to Central Services, Diversified Community Schools, Rm. 251)</i>

School Applied For: _____ immediate consideration next semester
 Originator's Name _____ Title _____
 Originator's Location _____ Phone _____ Date _____

**BEFORE ROUTING TO A GRADE 9-12 SCHOOL, ORIGINATOR MUST ATTACH A TRANSCRIPT.
 BEFORE ROUTING TO A GRADE 6-8 SCHOOL, ORIGINATOR MUST ATTACH THE MOST RECENT REPORT CARD.**

- 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
 WHITE – ALTERNATIVE OFFICE ● GREEN – SCHOOL ● CANARY - PARENT