

**APPENDIX II  
MPS ALTERNATIVE SCHOOL APPLICATION FORM**

Please Print

**SEND ONE COPY TO GUIDANCE COUNSELOR AT Central Services, Room 251 AND ONE TO SCHOOL OF CHOICE**

<b>Section I: Student Identification</b>	Student Name _____	Last _____	First _____	MI _____																					
	Student ID# _____	DOB _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;"><b>Ethnic Code</b></td> <td style="text-align:center;"><b>Gender</b></td> <td style="text-align:center;"><b>School Data</b></td> </tr> <tr> <td><input type="checkbox"/> 1/Native Am</td> <td><input type="checkbox"/> Male</td> <td>Grade _____ Units _____</td> </tr> <tr> <td><input type="checkbox"/> 2/Black</td> <td><input type="checkbox"/> Female</td> <td>Current School _____</td> </tr> <tr> <td><input type="checkbox"/> 3/Asian</td> <td></td> <td>Previous School _____</td> </tr> <tr> <td><input type="checkbox"/> 4/Hispanic</td> <td></td> <td><input type="checkbox"/> MPS Base School Unknown</td> </tr> <tr> <td><input type="checkbox"/> 5/White</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 6/Other</td> <td></td> <td></td> </tr> </table>			<b>Ethnic Code</b>	<b>Gender</b>	<b>School Data</b>	<input type="checkbox"/> 1/Native Am	<input type="checkbox"/> Male	Grade _____ Units _____	<input type="checkbox"/> 2/Black	<input type="checkbox"/> Female	Current School _____	<input type="checkbox"/> 3/Asian		Previous School _____	<input type="checkbox"/> 4/Hispanic		<input type="checkbox"/> MPS Base School Unknown	<input type="checkbox"/> 5/White			<input type="checkbox"/> 6/Other	
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<b>Section II: Contact Information</b>	Mother/Father	Guardian	Emancipated Youth
	Name _____	P/G _____	Home Telephone _____
	Street _____	P/G _____	Work Telephone _____
City _____	State _____	Zip _____	Other Telephone _____

<b>Section III: Release of Records</b>	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 _____

<b>Section IV: Grades 5-12 At-Risk Verification</b>	<b>This student is at-risk because he or she is two (2) or more of the following:</b>
	<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 <sup>th</sup> 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 <sup>th</sup> grade pupil who failed the examination under s.118.30(lm)(am)2, or an 8 <sup>th</sup> grade pupil who failed to be promoted to the 9 <sup>th</sup> grade.

<b>Section V: Background Information</b>	<b>NOTES</b>	<b>(For Student Services Use Only)</b>	<b>Special Education Needs:</b>
		<input type="checkbox"/> Behavioral Reassignment <input type="checkbox"/> Expelled With Services <input type="checkbox"/> Late Enrollee/Sanctioned	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify:  (and route to Joe Kluber @ <u>DSSC</u> )

School Applied For: \_\_\_\_\_ Applying 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 4-8 SCHOOL, ORIGINATOR MUST ATTACH THE MOST RECENT REPORT CARD.**

School Representative \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_