Alternative Education UCCCISD Enrollment

Student Name:	Today's Date:				
Address:	Grade:				
City/State/Zip:	Date of Birth: M or F				
Student Home Phone: Studen	nt Cell Phone:				
Student Email Address:					
Live with Relation	onship:				
Parent/Legal Guardian: Phone	:				
Referred by (School Administrator, Counselor, Parent, Student, or Teacher):					
Eligibility for Alternative Education Services As per state law (IC20-10.1-4.6-6.3), to be eligible to receive alternative the following criteria. Please indicate the one criteria which BEST described in the state of the state					
Student intends to withdraw or has withdrawn before graduation					
Student has failed to comply academically and would benefit from instruction offered in a different manner.					
Student is a parent or expectant parent					
Student is employed and the employment is necessary for suppo	rt.				
Student is a disruptive student.					
School History: Current Grade Level: 6 7 8 9 10 11 12 Expected year of Grade	uation:				
Total credits earned to date: Have you passed the s	enior exit? Advisor:				
Have you passed the ECA? English	Math Biology				
Disciplinary Record: Are you currently serving an expulsion or subject to a pending expulsion?YesNo Have you ever been expelled (not simply suspended)?YesNo If yes to either questions above, please describe the offense(s) and the circumstances of the expulsion(s):					
History of Educational Services: Are you currently receiving special education services?Year Have you ever received special education services?Year Have you ever received special education services?Year Have you ever received special education disability in the IEI Learning Disability Emotional Handicap If applicant has received special education services at any time in the past five years, a complication.	sNo P: Physical Handicap Other Health Impaired				

Medical Information: Is the applicant currently taking any medications and the reasons for its use:	s?YesNo If yes, please	describe the medications
Employment Information: Employer:	Total Hours Per \	Veek:
Waiver of Confidentiality: Applicant and parent/guardian understand that in qualified student candidates for the Dropout Pre the orientation process here, and therefore it is all parties involved in this process. By voluntaril waive all rights to privacy and/or confidentiality a enrollment in the Dropout Prevention Program.	vention Program. Teachers and a select group understood that any information provided will be y submitting this enrollment application, the app	of student participate in e open for examination by licant and parent/guardian
Student Contract:		
Student Expectations:		
*Respect the program		
*Regularly attend assigned program on	time and ready to learn	
*Adhere to all School District Policies ar	nd Procedures and classroom rules	
*RESPECT the program, the instructors		
*Regularly attend assigned program on		
*Adhere to all School District Policies ar		
	ning and not interfere with the learning of others	
*All school obligations must be cleared	nces to discuss academic and personal growth	
	ach nine week grade period. Progress correspor	nding to the number of
	remain in the program. (1 hour of enrollment =	
*When a student fails to meet the conditions of		
student will be referred to a hearing officer for ι	willfully refusing to follow school directives (See	Code of Conduct).
Ultimately the student may be removed from th	ne program for violations of any of the above ex	pectations. If the student
is a special needs student, placement and remo	val are both driven by case conference decision;	therefore, if a student
does not meet the expectations above, the stu	dents/parents acknowledge that removal will	occur as part of the
original case conference placement, expectation	on, and potential removal decision.	
I have read, understand and agree to the st Education Program. I understand that failur from the program. This removal will appear	re to meet any or all of these expectations n	nay result in removal
Printed name of student	Signature of student	Date
Printed name of parent	Signature parent	Date

Referred by

Counselor (if not the "referred by" individual)

Special Needs Teacher (If student is an identified student)

Principal

Guidance Considerations to be used as justification for enrollment:

Are you	Pregnant?	Yes	No	Due Date:		
Do you	have a Child?	Yes	No	Child Care Provider:Provider's Phone:		
Do you	work?	Yes	No	If yes, Where?		
1.	I have repeated	a grade:	No	Yes If yes, when?		
2.	I enjoy reading:		Not at All	SomeVery Much		
3.	B. I have difficulty in school because of my reading ability:a lotsomenot at all					
4.	4. Number of hours per week I usually study outside of school<3>10					
5.	In my opinion, m	y present stud	y habits are:	PoorFairGoodExcellent		
6.	I am doing as we	ell in school as	my parents expe	ect me to do:Don't KnowYesNo		
7.	I am doing as well in school as I expect myself to do:YesNo					
8.	Graduating from high school isNot ImportantImportantVery Important					
9.	How much time outside of school do you spend with your friends?					
10.	D. What is your favorite class or subject in school?					
11.	1. What is your favorite hobby?					
12.	2. Why do you want to go to the alternative school?					
13.	3. What problems have you had in school in the past? (Such as attendance, behavior, grades, etc)					
14.	4. How do you think the alternative school will help you solve these problems?					
15.	5. What are your plans after graduating from high school?					
16.	How do you war	nt your name to	read on your dip	iploma?		