

LOGAN COUNTY ALTERNATIVE SCHOOL VOLUNTARY PLACEMENT APPLICATION

Complies with requirements of 704 KAR 19:002, Alternative Education Programs
PLEASE COMPLETE APPLICATION IN BLUE OR BLACK INK ONLY

Section I: Student Identification	Student Name _____	Last	First	MI
	Student ID# _____	Ethnic Code <input type="checkbox"/> Native Am <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> 2 or more races		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	DOB _____	School Data Grade ____ Credits ____		
	Month Day Year			

Section II: Contact Information	Circle One:	Mother/Father	Guardian	Emancipated Youth
	Name _____	Home Telephone _____		
	Street _____	Work Telephone _____		
	City _____ State _____ Zip _____	Other Telephone _____		

Section III: Requested By	I hereby apply for enrollment in the Logan County Alternative School and authorize the Hearing Committee to review student data, including but not limited to attendance, discipline, grades, intervention programs, and other programs. Permission is also granted for the Committee to confer with the school guidance counselor and classroom teachers.	
	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
	<input type="checkbox"/> two or more years behind their age group in basic skill (reading or math) levels
	<input type="checkbox"/> a habitual truant (missed 6+ days unexcused OR excused)
	<input type="checkbox"/> a parent/pregnant
	<input type="checkbox"/> has 5 or more discipline infractions in the <u>current</u> school year
	<input type="checkbox"/> involved in the court system or CDW/DJJ
	<input type="checkbox"/> student is at-risk because he/she is/was a drop out
<input type="checkbox"/> is two (2) years older or younger than same-age peers	
<input type="checkbox"/> other: _____	

Section V: Parental Input	Please explain/answer the following questions using the back of this page or attach a separate sheet of paper. Without <u>all</u> questions answered, your application will be returned unprocessed or denied enrollment.	Special Education Needs: <input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify: _____
	<ol style="list-style-type: none"> 1. What academic needs do you think the student needs to address during the placement at the alternative school? 2. What behavioral needs do you think the student needs to address during the placement at the alternative school? 3. Identify specific goals (academic, behavior, social, etc.) you want your student to accomplish during his/her time at the alternative school? 	DISTRICT OFFICE USE: PtG Level of Risk: _____ A%: _____ DI: _____ SRI: _____ M: _____ R: _____ SS: _____ S: _____ KPP: _____

- Accept/Enroll
 No Vacancy/Put on Waiting List
 Inappropriate Referral
 Lack of Evidence

Committee Representative _____ Date _____