

Washington Alternative High School Voluntary Transfer Request

| | | | |
|--------------|----|-----|-----|
| Student Name | ID | GRD | DOB |
|--------------|----|-----|-----|

| | | |
|--------------|-------------|-----------|
| Home Phone # | Alternate # | Counselor |
|--------------|-------------|-----------|

| | |
|---|--|
| Referral School <input type="checkbox"/> BHS <input type="checkbox"/> CHS <input type="checkbox"/> GTHS | Counselors: Please check the CUM file for intervention history or any other pertinent information. <input type="checkbox"/> CUM File Checked (date checked: _____) |
|---|--|

| | | |
|---|---|--|
| Program Information (check all that apply) | | R _____ W _____ L _____ S _____ |
| <input type="checkbox"/> GATE <input type="checkbox"/> SART <input type="checkbox"/> 504 <input type="checkbox"/> RSP Date of Change of Placement IEP _____ | <input type="checkbox"/> EL Level _____ | |
| <input type="checkbox"/> SST: Date _____ | | |

ACADEMIC SUMMARY

Credits Earned: _____ **Check All Diploma Requirements Completed:**

Credits needed for COMPREHENSIVE diploma: _____ Algebra I

Student Plans (check ONLY one):

Return to my home school next year

COUNSELOR COMMENTS or RECOMMENDATIONS

Please attach the following:

Social/Emotional _____

From Profile area

Home info

Contacts

Programs

Behavior-Contract

Date _____

Attendance by reason

From Academic History

Transcript w CST scores

Other

Student Essay

Other Interventions:

SIGNATURES

I understand that this is a voluntary transfer request to the high school opportunity program at Washington Alternative High School.

| | | | | | |
|-------------------|-------|------------------|-------|---------------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| Student Signature | Date | Parent Signature | Date | Counselor Signature | Date |

OFFICIAL USE ONLY

ACCEPTED

DENIED – Reason: _____

Approval Signature

