**MUSTANG ALTERNATIVE EDUCATION PROGRAM**

**APPLICATION FORM**

The Mustang Alternative Education Program provides support to students aged 15 - 20

(9th - 12th grade) who are unsuccessful in the traditional school setting or who are at risk of dropping out of school. The primary function of the program is to provide an alternative method for students to earn the necessary credits to receive a Mustang high school diploma. Target groups for placement in the Mustang Alternative Education Program are: Fifth Year Seniors, Junior and Senior students who are one or more years behind in credits needed for graduation, recovered dropouts, self-supporting/ homeless students, pregnant/ parenting students, students with a history of not being able to emotionally adjust to the regular school environment.

**PERSONAL INFORMATION**  DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_ Graduation Year: \_\_\_\_\_\_\_\_

Student Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Address (if different from student): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Student Resides with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person’s Addess: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT DATA**

Student Referred by: \_\_\_\_ Self \_\_\_\_\_ Parent \_\_\_\_\_ School \_\_\_\_\_ Court \_\_\_\_\_ Other

If “other”, list other source of referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REASON FOR REFERRAL** (check all that apply)

\_\_\_ Excessive Absences \_\_\_ Credit Recovery

\_\_\_ Academic Deficiencies \_\_\_ Chemical Dependency

\_\_\_ Behavioral Difficulties \_\_\_ Displaced from Home

\_\_\_ Pregnant/ Parenting Teen \_\_\_ Long-term suspension (reason) \_\_\_\_\_\_

\_\_\_ Emotional/ School Adjustment \_\_\_ Military (Depart. Date: \_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_ Recovered Dropout \_\_\_ Fifth Year Senior

\_\_\_ Juvenile Justice Referral \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is student presently attending school? \_\_\_ Yes \_\_\_ No

If “No”, list last school attended and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the student currently employed? \_\_\_ Yes \_\_\_ No

If “Yes”, where/ number of hours working per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this student currently have an IEP/ 504 Plan? \_\_\_ Yes \_\_\_ No

If “Yes”, list the teacher who holds the IEP or Counselor who holds the 504 Plan:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this student previously been in an Alternative Education setting: \_\_\_ Yes \_\_\_ No

If “Yes”, list school and district: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT SELF- EVALUATION STATEMENT**

I want to attend the Alternative Education Program to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional specific reasons for consideration of this student for placement in the Mustang Alternative Education program list on a separate piece of paper and attach to referral form. Include the student’s full name on the additional information sheet(s).

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**This section must be filled out by the Principal and/ or the Counselor.**

We recommend this student to the Mustang Alternative Education selection committee.

\_\_\_ Yes No \_\_\_ Reason for “No”: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Application must include current copy of student’s transcript, attendance, and disciplinary record.*