

# ASPIRE High Alternative School

## Referral Form

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Student ID# \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_

School Last Attended \_\_\_\_\_

Counselor's Name \_\_\_\_\_

Initial Contact:

<input type="checkbox"/>	Alcester-Hudson	<input type="checkbox"/>	Gayville-Volin	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Beresford	<input type="checkbox"/>	Irene-Wakonda	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Canton	<input type="checkbox"/>	Viborg	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Elk Point	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

School Information—Special Programs (Resource, etc.) Please list and explain:

Individual Circumstances:

Reason for Recommendation:

Additional Information:

# *ASPIRE High Alternative School*

## Referral Form

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
High School

\_\_\_\_\_  
Counselor's Name

### Proposed Course of Study

Subject	Credit Needed	Required	Elective
<b>Totals</b>			

All signed understand and/or certify that any classes taken and satisfactorily completed at ASPIRE High will be awarded credit upon completion of each class.

\_\_\_\_\_  
High School Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
High School Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
High School Superintendent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ASPIRE High Coordinator Signature

\_\_\_\_\_  
Date

\*Please Attach a transcript when sending this form.