



**Prince George's County Public Schools  
High School Consortium  
Department of Alternative Educational Options**

*Alternative High School Academy Application*

Submit Parts I and II of this application along with all other required student documents listed in the Documentation Checklist section in Part II. Submit the completed application packet to the appropriate Alternative High School Academy.

Alternative High School Academy Site: \_\_\_\_\_

**Part I**

*(To be completed by the base school)*

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Base/Home School \_\_\_\_\_ Cluster \_\_\_\_\_ Current Grade \_\_\_\_ DOB \_\_\_\_\_

Principal \_\_\_\_\_ Guidance Counselor \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Reason for Application: (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Academic Problems                  | <input type="checkbox"/> Repeated Suspensions |
| <input type="checkbox"/> Behavior Problems                  | <input type="checkbox"/> Attendance Problems  |
| <input type="checkbox"/> Expulsion & Date of Incident _____ |   |

Give reason for expulsion/comments: \_\_\_\_\_

Does the student have an I.E.P.? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the student have a Section 504 Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes to questions above, be sure to attach to this application)

Has the school begun the special education screening process for this student? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does this student receive ELL/ESOL services? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has the student ever received ELL/ESOL services? Indicate date of withdrawal \_\_\_\_\_

Does the student receive free/reduced lunch? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Required signatures:**

\_\_\_\_\_  
Parent/Guardian Date

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

\_\_\_\_\_  
Special Education Assistant Supervisor Date  
(If needed)

\_\_\_\_\_  
Compliance Office Date  
(If needed)

## Part II

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_

**Student Documentation Checklist:** (Put a check mark for all attached documents)

Required Documents

- Latest report card
- PDS cards
- Latest attendance report
- Discipline referrals
- Suspension and/or expulsion reports
- School past interventions statement
- FBA/BIP
- SIT/SST notes

Required Documents (if applicable)

- Current IEP
- Current 504 Plan
- Psychological report
- IDT Summary Notices
- Prior Written Notices
- Educational Testing Report

**Academic Skill Levels:** (Place score/level in appropriate box)

Math Score:	Math Assessment Instrument	Reading Score:	Reading Assessment Instrument
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**High School Assessment:** (List the highest score for each test)

Algebra Score:	English Score:	Government Score:	Biology Score:
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**Special Services:**

Indicate disability, level of service provided, how often, and why? \_\_\_\_\_

Indicate related services (i.e., speech, OT, PT,) and hours of service, (if appropriate) \_\_\_\_\_

Have special education, Section 504, or ESOL services been discontinued?  Yes  No. If yes, include the Prior Written Notice or Section 504 IDT Summary Notice showing withdrawal from services.

**Attendance and Conduct Record:**

	Unexcused	Excused	Tardies	Comments/Reasons/Attendance Follow-Up Steps
Attendance				

**Has the student ever been:**

	Yes	No	How many suspensions?	How many days?	Reason
Suspended (In school)					
Suspended (Out of school)					
Expelled					

Rate student's overall behavior:  Good  Average  Poor

**Health:**

Does the student have a pre-existing health condition that might impact attendance or academic progress?

Yes  No Medication:  Yes  No Given at school:  Yes  No

**Past Interventions:**

**Attach a brief statement about the student's academic performance, social adjustment, and behavior which includes past strategies and interventions that the school implemented to assist the student.**

Signature of Person Completing Form

Position

Date

Phone Number