

Emerson Alternative High School Registration 2016-2017

Student # _____ Grade Level: please circle 9 10 11 12

Registering for: DAY ___ NIGHT ___ BOTH ___ Student Cell # _____

Last Name: _____ First: _____ Middle _____

Street _____ City, State, Zip _____ Male ___ Female ___

Date of Birth: _____ Male ___ Female ___ Is this student Latino or Hispanic? Yes ___ No ___

Father/Stepfather/Guardian: _____ E Mail: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mother/Stepmother/Guardian: _____ E Mail: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Currently living with: Father ___ Mother ___ Step-Father ___ Step-Mother ___ Other: _____

Emergency Contact (other than parent): _____ Phone: _____ Relationship: _____

*Are you enrolled in school at this time? Y ___ N ___ If yes, name of school _____

*Are you an I.F. School District #91 resident: Yes ___ No ___ **If you check no, you must fill out a waiver**

I understand if I transfer to Emerson, I cannot go back to my home school for 1 full year.

Have you been suspended/expelled within the past 12 months? Y N If yes, explain:

Do you have a Probation Officer? If yes, please name: _____

Do you have a medical condition? If yes, please list: _____

Do you receive Special Education services? Please check: IEP _____ 504 _____

DAY SESSIONS (Scheduling Use Only)

1 _____

2 _____

3 _____

4 _____

5 _____

Night School _____

Emerson Alternative High School – Day & Night School Eligibility Form

Parent and/or student: You must bring this completed form with you at time of registration.

Student Name _____ Current/Previous School _____

I verify that the student listed below:

___ Qualifies as an alternative school student - no tuition fee required for day school: \$25 fee for night school

___ Credit Recovery: \$75.00 per credit required for previously failed class for night school.

___ Does not qualify as an alternative school student: Tuition of \$150.00 per credit required.

Counselor or administrator must indicate which criteria qualify the student by circling the number(s) below which apply. Verification may be required.

An At-Risk youth is any secondary student grade ten through twelve (9-12) who meets any three (3) of the following criteria in column A, or any one (1) criteria in column B. Fill out both column A and B and record total for each.

Any three of the following:

1. Has repeated at least one grade.
2. Has absenteeism greater than 10% during the preceding semester/trimester.
3. Has an overall grade point average that is less than 1.5 on a 4.0 scale prior to enrolling in an alternative secondary program.
4. Has failed one or more academic subjects in the previous semester/trimester.
5. Is two or more semester/trimester credits behind the rate required to graduate.

Or any one of the following:

1. Has a documented substance abuse behavior.
2. Is pregnant or a parent.
3. Is an emancipated youth.
4. Is a previous dropout.
5. Has a documented serious personal, emotional or medical problems.
6. Is a court or agency referral.
7. Upon recommendation of the school district as determined by locally developed criteria for disruptive student behavior.

Referral by:

___ Counselor ___ Administrator

Additional Comments: _____

Counselor Signature _____ Date _____

Administrator Signature _____ Date _____