

Other _____

Date rec _____

New Approach Alternative HS School & Aspire Alternative HS ~ Student Referral Form ~

Please return this form to:

New Approach Alternative HS, 1500 Jefferson, Vandalia, IL 62471 618/283-9311 FAX 618/283-9339
Aspire Alternative HS, 900 W. Edgar, Effingham, IL 62401 217/342-2865 FAX 217/342-9840

Student information:

Name: _____ M ___ F ___ Birthdate: _____

Complete Address: _____

Telephone Number: _____ Email Address: _____

Grade level: _____ Graduating class: _____ SIS Number: _____

Last or current school attended: _____ Date dropped: _____

Rate of attendance (days missed vs. days possible to attend): _____

Does the student have an IEP? Yes ___ No ___ If yes, please attach.

Parent/Guardian information:

Parent(s)/Stepparent(s)/Guardian(s): _____

Complete Address: _____

Telephone: _____ Work phone: _____

To be completed by student (if possible):

Why do you wish to attend the New Approach or Aspire Alternative HS? _____

To be completed by referring party (if possible):

Why are you referring this student to the New Approach or Aspire Alternative HS?

Referred by:

Name: _____ School/Agency: _____

Phone number: _____ Date: _____