Alternative Education Forms

FOCUS AND FINISH PROGRAM VOLUNTARY/INVOLUNTARY APPLICATION

Application Date	Student's Home School:
Student Name:	School:
DOB: Age:	Grade:
Parent/Guardian	Phone:
Name:	
Parent/Guardian Email Address:	
Has student ever been retained or repeated a grade?	? If yes, identify the grade and provide explanation
participate in prom, homecoming, graduation activit graduation ceremony and not their A1 school.	will not return to their A1 school and forfeits the opportunities to ties, etc The student will graduate through the CCPS alternative
Student Signature	Parent Signature
For Principal/Counselor should write comments on the	or School Use Only:
Referring (Home) School Counselor Signature:	••
Referring (Home) School Principal Signature:	
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Application for Hardship Graduation (if applicable)	CPR
Date Received:	of Student Services' Use Only Graduation Cohort:
Outcome of Conference:	
Next Steps	
Director of Student Services Signature:	
Student Transition Coordinator Signature:	
Parent/Guardian/Student Notification of Admission	