

# LONG TERM SUSPENSION PROGRAM HOME SCHOOL DISTRICT ENROLLMENT FORM 2016-17

**Note: Please FAX this form AT LEAST one day prior to arrival**

In addition, please include the following additional paperwork as soon as possible.

- 1.) Most Recent Report Card
- 2.) Current Schedule
- 3.) Science lab information as applicable
- 4.) Health records as pertinent
- 5.) Copy of Official Suspension Letter/ Discipline Report

|  |   |
|--|---|
| <b>Student Name:</b>   | <b>Gender:</b>  |
| <b>Home School</b> making referral:  |   |
| <b>School Contact Person:</b>  |   |
| <b>Phone:</b>  | <b>Email:</b>   |
| <b>Reason for Assignment to Long-Term Suspension Program (please be specific):</b>   |   |
| <b>Long Term Suspension <u>START</u> date:</b> _____   | <b>Long Term Suspension <u>END</u> date:</b> _____<br>Is there an option for an early return?<br>If yes, what is the early return date? _____ |
| <b>Free/Reduced Lunch:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If <b>YES</b> , please attach documentation)    |   |
| <b>Classified by CSE/504:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If <b>YES</b> , please attach documentation) |   |
| <b>PINS:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If <b>YES</b> , please attach documentation)                  |   |
| <b>Probation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If <b>YES</b> , please attach documentation)             |   |

**Student Information**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

Student's grade level: \_\_\_\_\_

**Regents Exams Needed**

**Note:** If your district requires bubble sheets for the Data Warehouse, they must be forwarded to us before the exam.

**Contact Information**

**Student resides with:** \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**Emergency Information**

Name (other than parent) \_\_\_\_\_

Relationship to student \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Health/ Medical Information**

Any medical concerns/allergies (please list): \_\_\_\_\_

Current Medication (please list): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_