

OFFICE USE ONLY: Date Received	
Date Approved	
Interview Date	

## **ALTERNATIVE EDUCATION**

TIM GOHEEN, PRINCIPAL

## 2020-2021 Parent Application

Parent Information	Date:
Parent/Guardian Name	
Address Number/street	City
Telephone E	mergency Telephone
Employer_	Telephone
<b>Student Information</b>	
Currently enrolled at Tri County High School  If NO, please attach transcrip	YESNO of and attendance report to application
List all middle and high schools you have atte School City/Sta 1	te Year Attended
Grade average/academic performance during	past school year:
Has your student been tested or evaluated receiff yes, when and what testing was done	· · · · · · · · · · · · · · · · · · ·
Please list your son/daughter's strengths.  1	
Please list things that have held your son/daug  1.  2.	
3.	

Thy do you want your son/daughter to attend the	Alternative Education Program?
your opinion, what will help your son/daughter	be successful in school?
entify and explain any current or chronic medica	al conditions affecting the student.
as your son/daughter had any of the following concerns  Poor academic performance Drug/Alcohol Poor behavior Poor peer relations Any other concerns  **Please explain any concerns that have been	oncerns: marked:
ease list all professionals that have recommende  NameTi  NameTi	
<u> </u>	lacement in the Tri County Alternative Education will be used to help identify the best possible learning 019 school year.
Parent Signature	
	OFFICE USE ONLY: Approval  TCAE ADMINISTRATOR HS PRINCIPAL HS COUNSELOR