

Other \_\_\_\_\_

Date rec \_\_\_\_\_

## ROE #3 YES 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  
AEP North, 113 N. School St. Raymond, IL 62560 217/229-4320

**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 YES Alternative HS? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To be completed by referring party (if possible):**

Why are you referring this student to the YES Alternative HS?  
\_\_\_\_\_  
\_\_\_\_\_

**Referred by:**

Name: \_\_\_\_\_ School/Agency: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_