

Crossroads Program Application for Referral

Thank you for considering Crossroads School. We accept female students that are pregnant and/or parenting. When submitting this application, please include the student's *current transcript, health and discipline records, special education/504 records, grades to date, verification of pregnancy from a doctor or a birth certificate if parenting*. The student and her parent(s) or guardian(s) must attend an interview and turn in all paperwork prior to enrollment. The interview process is to make sure that Crossroads can meet the needs of the applicant, and the applicant can make sure Crossroads is a good fit for her. If an applicant is accepted, Crossroads will contact the student and the registrar.

Student Name _____ ID Number _____
Age _____ Birth Date ____/____/____ Grade _____ Credits Earned _____
Is student currently enrolled? _____ Where? _____
ASD School Zone in Which Student Lives _____
ASD Counselor _____
Mother/Guardian _____ Work Phone _____
Father/Guardian _____ Work Phone _____
With Whom Does the Student Live? _____
Address _____ Home Phone _____
Student Cell _____ Mother Cell _____ Father Cell _____

Other Programs the student has participated in:

CIT _____ AMYA _____ Migrant Ed _____ Bilingual _____ MYC _____
Probation _____ Step Up _____ Inpatient _____ Outpatient _____

Special Education:

Has the student ever received any assistance through special education? Yes ___ No ___
Is the student being considered for special education? Yes ___ No ___
Does the student have a current IEP? Yes ___ No ___ If so, please include a copy.
Date of most recent three-year evaluation _____
Does the student have a current 504 Plan? Yes ___ No ___ If so, please include a copy.
Did the IEP team consider placement in regular education classes with ONLY study skills help? Yes ___ No ___

Academics: List classes in progress and grades to date

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Transportation:

The only transportation provided to Crossroads is from King Career Center. The student or parent must provide the student's transportation to and from school.

What are the student's transportation plans? _____

Please provide any other information that will help us with this student.

Other Relevant Information (Optional):

Medication, if any _____ Allergies _____

Drug/alcohol problems _____ Residential treatment _____

Outpatient treatment _____ Name of agency _____

Therapist/Counselor _____ Social Worker _____

Probation officer _____

Family Issues, Be Specific _____

Emotional Issues _____

Peer Problems _____

Other/Comments: _____

Name of Referrer (Please Print) _____

Title _____

Counselor/ Administrator Signature

Date

Special Education Department Chair Signature

Date

Parent Signature

Date