

Student Name:		_ Age: 16 17 18 19	DOB: Student ID:
Address:		City:	State: Zip:
Parent/Guardian Name:		Phone:	
Previous School:		Reason	for Withdrawal:
Withdraw Date:		Intereste	ed in: 18 or 24 Credit (circle one)
504 Plan/ESE/Active	e IEP: Y N ELL:	Y	N Passed Reading FSA/FCAT: Y N
Passed Algebra EOC	C: Y N Resou	rce Classes: Y	N
 Must b Must b Studen No sevincludi Parent Contac son/da Attend Monito 	Entrance Requirements: De 11 th , 12 th , or 5 th year senior. De enrolled in day school. Det cannot be in resource classes. Deterediscipline history within the sing outside of the school setting outside of the school setting outside of the school setting outside of a regular basis to ughter's educational progress of parent conference nights or their son/daughter's attendant. Cor students is a shared	e past year g inquire about their ace, tardiness, and citizer	 Students must be willing to: Commit to workplace training Accept placement in Drop Out Prevention Program Students understand they must graduate from Simmons *In addition, students must comply with attendance expectations and must be on time daily. Parents and students understand that excessive absences will lead to other educational alternatives.
Student Signature:		Date:	Parent Signature:
Office Staff: Please attach the fo	ollowing documents:		
	e History SD3407A -J Screut Record Summary TP8032A -P Scre	en (If ESE)	-S Screen (pages 1 & 2)

Application will be received and a decision made within 14 days of receipt. We will notify you via phone or letter to the number listed above.