

Marshfield Alternative School Application

Name: _____ DOB: _____

Phone Number: _____

Address: _____

Parent's Address: _____

School History

High School Last Attended: _____

Current Grade: _____

Are you currently receiving or have you ever received special education services? (EBD, LD, CD, Section 504, etc.) yes no (circle one) If yes, please describe the type of SPED services provided below:

What factors have been negatively impacting your performance at school? (check all that apply)

_____ Attendance

_____ Problems with teachers

_____ Dislike of school

_____ Problems with drugs/alcohol

_____ Problems at home

_____ Problems with friends

_____ Learning difficulties

_____ Difficulty completing homework

_____ Organization

_____ Time Management

_____ Other: _____

Employment Information

Employer (if currently working): _____

Total hours working per week: _____

Personal Information

▪ Living Situation:

_____ Live with both parents

_____ Live with one parent

_____ Foster Home

_____ Group Home

_____ Other (explain): _____

- Are you currently taking any medications? Yes No (circle one) If yes, please list the medication(s):

- Legal History (optional) List all current and past involvement with the juvenile justice system:

Questions

I would like to be accepted into MAHS because:

Biggest challenge I will have to overcome in order to be successful at MAHS and why:

I am interested in the following careers:

Parent/Guardian Statement

The biggest challenge my student will have to overcome to be successful at MAHS is:

Referred by: _____

Student Signature: _____

Parent/Guardian Signature: _____

Return this application to the MHS Counseling Office.