

Farragut High School
APPLICATION FOR REQUEST TO ATTEND ALTERNATIVE SCHOOL

Date _____

Name of student making request _____

Telephone:

Date of Birth:

Address:

City:

Zip Code:

Parent/Guardian's Name:

Telephone:

Address:

City:

Zip Code:

Emergency Contact Person:

Telephone:

Currently Enrolled (yes or no) _____

Current Grade Level:

Credits Earned:

Have you ever been identified or are you currently staffed into a special education program? Yes _____ No _____

Please explain why you should be given the opportunity to attend an alternative school.

Student Applicant Signature:

Parent/Guardian Signature:

Students will also supply referrals from two of their current or former Farragut High School teachers stating why they should attend an alternative school. These referrals should include, but may not be limited to, why students are unsuccessful in the regular school setting and how an alternative situation may help them be successful.

Date received by Farragut Administration: