

**SONORA UNION HIGH SCHOOL DISTRICT**

**APPLICATION FOR ALTERNATIVE EDUCATION PROGRAMS**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_ Counselor: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program applied for:

Cassina \_\_\_\_\_ Ted Bird \_\_\_\_\_ Adult Ed \_\_\_\_\_

Initiated by: Parent \_\_\_\_\_ Student \_\_\_\_\_ Admin \_\_\_\_\_ Counselor \_\_\_\_\_

Reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Note:**

**Students accepted to an alternative education program will no longer be eligible to play sports or participate in programs for Sonora High.**

**By signing below, I acknowledge that alternative education classes may not meet CSU/UC college requirements for admittance directly from high school.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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To be completed by Alt Ed Committee:

Attendance: Regular \_\_\_\_\_ Irregular \_\_\_\_\_

Student has: 504 \_\_\_\_\_ IEP \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_