



# SAVE High School

Educating Students For Success In Life

410 E. 56th Street  
Anchorage, AK 99518-1244  
phone (907)742-1250  
fax# (907)742-1266

Original received:
Waitlist date:
SAVE staffing comments:

## Application/Referral

**Introduction:** Please complete all areas whether application or referral. If a referral, this should be completed by the counselor. When submitting the SAVE Application/Referral, please provide current and thorough information so that we may provide appropriate service for the student, should they be accepted into our program. If necessary, the SAVE counselor may need information from the Special Education Coordinator and /or your school psychologist.

The applicant and parents should understand the SAVE philosophy and work study commitment. If assistance is needed with any questions, please contact the S.A.V.E. counselor or principal.

### Please include necessary information listed below with this application:

1. An up-to-date transcript (include pages of test scores, entry and withdrawal dates)
2. Health record w/notes, include 504 or IEP if applicable and any disciplinary records.

Numeric scores listed for H.S.G.Q.E. tests

\_\_\_\_\_ R \_\_\_\_\_ W \_\_\_\_\_ M

Student ID# \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Current School: \_\_\_\_\_ Currently Active?  Yes  No

Last Enrolled dates: \_\_\_\_\_ Previous School: \_\_\_\_\_ Dates: \_\_\_\_\_

# of High School years: \_\_\_\_\_ Student cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cel Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cel Phone: \_\_\_\_\_

\_\_\_\_\_  
*Student Signature* *Date* *Parent Signature* *Date*

\_\_\_\_\_  
*Counselor Signature* *Date* *Counselor Printed Name* *Date*

Special Education:  Learning Disabilities \_\_\_\_\_  Emotionally Disturbed  504 Plan

\_\_\_\_\_  
*(If IEP) Special Education Signature* *Date*

**(OVER)**

**Reasons for Referral:**(include information relevant to academic, emotional and vocational concerns)

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**Was this student a participant in any of the following programs?**

- |                                               |                                              |
|-----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Continuation Program | <input type="checkbox"/> Bilingual Program   |
| <input type="checkbox"/> MYC                  | <input type="checkbox"/> MSI or Slingerland  |
| <input type="checkbox"/> Alternative Program  | <input type="checkbox"/> Conflict Resolution |
| <input type="checkbox"/> Inpatient            | <input type="checkbox"/> Probation           |
| <input type="checkbox"/> Outpatient Treatment |                                              |

Probation Officer \_\_\_\_\_

**Suspensions:** Was this student suspended while enrolled in your school (include dates)?  Yes  No

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**Health Issues:** Has this student had long term illness while enrolled in your school?(include dates)  Yes  No

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**Transportation:** There is no school bus service to SAVE only an ASD bus to/from KCC. What are your plans for transportation to SAVE?

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**List below this student's current grades in each class to date:**

Subject	Grade	Subject	Grade

