



**Benny Benson High School**  
 Phone: 742-2050 Fax: 742-2060  
 SEARCH Program (9th-10th grade)  
 SAVE Program (11th-12th grade)  
 Crossroads  Night School (Tues 6-8PM)

**AVAIL High School**  
 Phone: 742-4930 Fax 742-4933  
 Proper  
 Transitions M-Th 4-8 PM  
 Back on Track

**REFERRAL APPLICATION**

Student Name \_\_\_\_\_ Credits Earned \_\_\_\_\_  
 ID Number \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
 Student Phone \_\_\_\_\_ Student Email \_\_\_\_\_  
 Most Recent School \_\_\_\_\_ Currently Attending: YES NO  
 ASD School Zone in Which Student Lives \_\_\_\_\_

**Contact Information:**

**Mother/Guardian** \_\_\_\_\_ Email \_\_\_\_\_  
 Phone(s): Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Address \_\_\_\_\_ Contact lives with Student? YES NO

**Father/Guardian** \_\_\_\_\_ Email \_\_\_\_\_  
 Phone(s): Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Address \_\_\_\_\_ Contact lives with Student? YES NO

**Reasons for Referral:**

Academics \_\_\_\_\_ Attendance \_\_\_\_\_ Credit Recovery \_\_\_\_\_ Night School \_\_\_\_\_ AMYA \_\_\_\_\_ MYC \_\_\_\_\_  
 Probation \_\_\_\_\_ Continuation \_\_\_\_\_ In/Outpatient treatment \_\_\_\_\_ Mid Semester Transfer \_\_\_\_\_ No Transfer  
 Grades \_\_\_\_\_ Full-Time Job \_\_\_\_\_ Parenting/Caretaking Responsibilities \_\_\_\_\_ Any other reasons for this referral? \_\_\_\_\_

**Special Education:**

Does the student have a current IEP? YES NO Date of most recent three-year evaluation \_\_\_\_\_  
 Has the student ever received or is being considered for special education? YES NO 504 Plan? YES NO

**Transportation:** How will your student get to school?

People Mover \_\_\_\_\_ Driving Self \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ ASD Bus \_\_\_\_\_

**DISCLAIMERS:** \* The ASD Bus transportation is a bus-to-bus option only. \*Students may NOT enter their home school or King Tech High School unless currently enrolled. \*Students who violate any ASD bus rule, will have bus privileges revoked. \*The afternoon bus option reduces the number of class periods available for students at Benny Benson (i.e. 5 classes instead of 6).

**Signatures:**

Name of Referrer (Please Print) \_\_\_\_\_ Counselor \_\_\_\_\_ Administrator \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Self \_\_\_\_\_

\_\_\_\_\_  
 Counselor/Administrator Signature Date Special Ed. Chair/Case Mgr. Signature Date

\_\_\_\_\_  
 Parent / Guardian Signature Date Student Signature Date

**PLEASE FAX COMPLETED APPLICATION TO Benny Benson 742-2060 or AVAIL High School 742-4933**