



Benny Benson Alternative High School  
 4515 Campbell Airstrip Rd. Anchorage, AK 99507  
 Phone: 742-2050 Fax: 742-2060  
 Frank Reuter, Principal  
Referral Application



\_\_\_ Benny Benson Proper \_\_\_ Crossroads \_\_\_ Covenant House Program

Student Name \_\_\_\_\_ Credits Earned \_\_\_\_\_

Student ID# \_\_\_\_\_ 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 504Plan? YES NO

Transportation: How will your student get to Benny Benson?

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 (Print) \_\_\_\_\_ Counselor \_\_\_ Administrator \_\_\_

Parent/Guardian \_\_\_ Self \_\_\_

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

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

Please fax completed application to 742-2060.

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