



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



Benny Benson Alternative High School

Stakeholders Compact
(student, parent/guardian, and school)

Students need the commitment of the entire community to be successful in life, we would like to join you in the journey to see your child achieve his/her high school graduation goals. Our mission is to provide students with alternative opportunities to build solid foundations for life long success. Take a moment to see what can we all do to help your student engage and succeed on achieving his/her goals.

At school we will make sure to provide:

- A daily positive, safe and welcoming environment for your student, and for all community members.
- Alternative opportunities and high-quality curriculum in a supportive and effective learning environment.
- An open door policy that allows for positive communication between the teacher, parent, and student.
- Ongoing staff development opportunities and time for teacher collaboration.
- Communication to parents, students and community via school website, phone calls, text message, e-mails, Q, automated phone-messages and/or home visits as needed to keep you informed of the progress and achievements of your student as well as our school's goals and activities.

As a parent/guardian I will be part of my child's successes:

- I will attend, volunteer or participate in school events whenever possible.
- I will contact the school or teacher whenever I have a question, concern and/or to update my contact information.
- I will celebrate my child's achievements.

As a students I will thrive to succeed by doing the following:

- I'll be at school on time ready to learn and work.
- I'll turn in at least one completed assignment each period everyday.
- I'll learn and follow school rules and guidelines.
- I'll treat others and myself with respect and dignity.
- I'll talk regularly with my teacher about school work so they can help me achieve my academic goals.
- I'll limit my screen time to before school, after school and during lunch time.
- I'll actively participate in classes to achieve my individual monthly rating goal in order to regain credit.

Student: _____ Parent/Guardian: _____

Staff (name & Title) _____ Date: _____