



**Santa Ana Unified School District
Educational Options
Request For Action**

**2019-20
Spring**

PROGRAM CHOICE CHECK (Please mark clearly which school is being requested):

<input type="checkbox"/> Cesar E. Chavez High School* *Student must 16 years old <input type="checkbox"/> PM Success Options 1:36 pm to 7:57 pm <input type="checkbox"/> Dual Enrollment & Home HS	<input type="checkbox"/> Lorin Griset Academy* * Student must be 16 years old <input type="checkbox"/> Virtual Program/Independent Study Home School: _____ Questionnaire % score: _____	<input type="checkbox"/> Independent Study Program ____ Full-time ____ Part-time <input type="checkbox"/> Returning to Comprehensive High School: _____
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Last Name: _____ First Name: _____ Student I.D. _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Referring High School: _____ DOB: _____ Age: _____

Student email: _____ Credits Earned: _____ Grade: _____

Parent email: _____

Student Signature	Date	Student must check ALL the periods planning to attend for Credit Recovery ___ AM Period 1 ___ PM Period 1, 1:36-2:30 pm ___ AM Period 2 ___ PM Period 2, 2:45-3:39 pm ___ AM Period 3 ___ PM Period 3, 3:42-4:36 pm ___ AM Period 4 ___ PM Period 4, 5:09-6:03 pm ___ AM Period 5 ___ PM Period 5, 6:06-7:00 pm ___ AM Period 6 ___ PM Period 6, 7:03-7:57 pm
Parent Signature	Date:	
Counselor Printed Name & Signature	Date	
Administrator Printed Name & Signature	Date	

**RESPONSIBILITY OF REFERRING SITE:
(The following information must be attached and current course completed)**

___ Graduation Flow Chart ___ Transcript ___ Gradebook Summary ___ 504 Plan (if applicable)

Will Student be dual enrolled with Home High School, while attending Chavez HS? Yes or No

List courses for current enrollment in the following programs:

APEX Course#	BRIDGE Course#	ISP Course#	CTE Course#

Recommended Courses:

Only list failed classes prior to current semester

COURSE NAME F/S	COURSE NUMBER
1.	
2.	
3.	
4.	
5.	
6.	

Other Comments _____

Does the student participate in any socio-emotional support program? Yes:___ No: ___

If yes, which and how can we continue support: _____