

# NORTHERN NECK REGIONAL ALTERNATIVE EDUCATION PROGRAM

Northern Neck Technical Center  
P.O. Box 787  
13946 Historyland Highway  
Warsaw, VA 22572  
Telephone: (804) 333-9349 Fax: (804) 333-0538

**Student Information Form:** (To be completed by the home school) The following information will be used to complete a report to the Department of Education.

**Date:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Sex:** Male or Female    **Grade:** \_\_\_\_\_    **Birth date:** \_\_\_\_\_    **Age:** \_\_\_\_\_

**Home/Primary Phone:** \_\_\_\_\_    **Additional Phone Number:** \_\_\_\_\_

**Name of Parent(s)/Guardian(s)** \_\_\_\_\_

**Student's living arrangements:** \_\_\_\_\_ two parents/stepparents in household.  
\_\_\_\_\_ mother only    \_\_\_\_\_ father only    \_\_\_\_\_ grandparent(s) or other adult relative  
\_\_\_\_\_ non-related legal guardian, including foster parents    \_\_\_\_\_ group home  
\_\_\_\_\_ DYFS or DOC    \_\_\_\_\_ not emancipated: living alone, with friends  
\_\_\_\_\_ emancipated/married

**Home Address:** \_\_\_\_\_

**City** \_\_\_\_\_    **Zip:** \_\_\_\_\_

**School Division:** \_\_\_\_\_

**Date of Referral** \_\_\_\_\_    **Date student was admitted** \_\_\_\_\_

**Recommended Length of Placement:** \_\_\_\_\_

**Admission status:** \_\_\_\_\_ First Admission    \_\_\_\_\_ Continuing from previous year  
\_\_\_\_\_ Second or more admission

**Student's race ethnicity:** \_\_\_\_\_ American Indian/Alaskan Native    \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Asian Pacific Islander    \_\_\_\_\_ African-American, not Hispanic origin    \_\_\_\_\_ Multi-racial  
\_\_\_\_\_ White, not of Hispanic origin

**Reason for enrollment:**

1. Suspension for Violations of school board policy including pending violations  
\_\_\_\_\_ A. Weapons  
\_\_\_\_\_ B. Drugs or Alcohol  
\_\_\_\_\_ C. Intentional Injury  
\_\_\_\_\_ D. Chronic Disruptive Behavior  
\_\_\_\_\_ E. Theft  
\_\_\_\_\_ F. Combination of Above  
\_\_\_\_\_ G. Other (explain) \_\_\_\_\_
- \_\_\_\_\_ 2. Released from youth correctional center
- \_\_\_\_\_ 3. Other (explain): \_\_\_\_\_

**STUDENT INFORMATION FORM (continued)**

**Legal Status (current):**

- charges pending
- not before the courts at this time
- adjudicated for a felony
- adjudicated for misdemeanor
- adjudicated for a new felony while enrolled
- adjudicated for new misdemeanor while enrolled
- n/a

**Academic Status of student upon enrollment (complete all that apply):**

- Student has unacceptable rate of absenteeism \_\_\_\_\_ number of days absent
- Student has failed classes due to violations of attendance policy
- Student has diagnosed reading problem
- Student has an IEP Name of case manager \_\_\_\_\_

**SOLS**

SOL TEST(S) FAILED \_\_\_\_\_

SOL TEST(S) PASSED \_\_\_\_\_

**Please write a brief paragraph stating what you would like to see the student gain from attending the Alternative School Program**

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This form was completed by \_\_\_\_\_ of  
Person's Name Filling Out Form  
\_\_\_\_\_ on \_\_\_\_\_  
Department/Title Date