

**APPLICATION TO FERN RIDGE HIGH SCHOOL
PARENT FORM**

Student Name:	Birthdate:	Age:
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Street Address:	City:
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ZIP Code:	School Student Presently Attends:
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Parent/Guardian Name:	Home Phone:	Alternate Phone (work/cell):
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Parent/Guardian Name:	Home Phone:	Alternate Phone (work/cell):
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Student's current grade level: 9 10 11 12	Number of High School Credits to Date:
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Check all that apply to your son/daughter:

<input type="checkbox"/>	low grades	<input type="checkbox"/>	afraid to try new things
<input type="checkbox"/>	attendance problems	<input type="checkbox"/>	skips school or classes
<input type="checkbox"/>	problems with drugs/alcohol	<input type="checkbox"/>	gets stressed easily
<input type="checkbox"/>	apathy toward school	<input type="checkbox"/>	needs smaller school environment
<input type="checkbox"/>	does not get along with other students	<input type="checkbox"/>	inability to concentrate on school work
<input type="checkbox"/>	discipline problems	<input type="checkbox"/>	does not get along with teachers
<input type="checkbox"/>	needs small group instruction	<input type="checkbox"/>	disorganized
<input type="checkbox"/>	needs hands-on projects	<input type="checkbox"/>	needs more one-on-one instruction
<input type="checkbox"/>	has been retained in school	<input type="checkbox"/>	currently failing two or more classes

Does your child receive Special School District Services?	<input type="checkbox"/> *yes	<input type="checkbox"/> no
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If yes, what kind of services and what classes? (e.g. CWC for English I, resource for Alg. II, etc.)

***Please bring a copy of your child's I.E.P. to the interview**

