

# Princeton Innovation Center

## Interest Form 2018-2019

The Princeton Innovation Center provides students with an innovative, flexible, student-centered learning environment. Our goal is that each student will graduate with the skills and preparation to take the next step toward a career or college opportunity.

AM or PM

Online

IC Staff Only

Referred by: Student / Family \_\_\_\_\_ Counselor \_\_\_\_\_ Administration \_\_\_\_\_

Student Name: \_\_\_\_\_

Last

First

Middle Initial

Student ID#

Date of Birth: \_\_\_\_\_ Gender: M / F Current Grade: \_\_\_\_\_

Current IEP: Yes \_\_\_\_\_ No \_\_\_\_\_ 504 Plan: Yes \_\_\_\_\_ No \_\_\_\_\_ ESL Services: Yes \_\_\_\_\_ No \_\_\_\_\_

Involved in and Eligible for extracurricular: Yes \_\_\_\_\_ No \_\_\_\_\_

Parent / Guardian Names:

Parent Name: \_\_\_\_\_

Last

First

Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Phone #

Work #

Address: \_\_\_\_\_

Address

Current Email: \_\_\_\_\_

Current Email

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City

State

Zip

Other Emails: \_\_\_\_\_

Other Emails

Reason for referral (please be specific, also list any behavior plan, Attendance Intervention Plans, or other contracts currently in place for this student.)

Number of absences this school year: \_\_\_\_\_ Unexcused \_\_\_\_\_ Excused \_\_\_\_\_

What previous interventions have been put in place for this student? \_\_\_\_\_

Transportation Plan: \_\_\_\_\_

Is student currently attending classes in the district Yes \_\_\_\_\_ No \_\_\_\_\_ If no, last day of attendance \_\_\_\_\_

Last school attended: \_\_\_\_\_ Dates: \_\_\_\_\_

Referral Authorization Date: \_\_\_\_\_ For School Yr. \_\_\_\_\_

Person referring: \_\_\_\_\_ Title: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed after building administrator approval.

I / We understand that there is a mandatory THREE hours of school time each day and 15 hours outside work each week required for this program. Anything less will be considered Truant. This is a one school year placement. Placement after will be discussed in transition meeting.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Signature

Date

Student Signature

Date