

WARREN COUNTY SCHOOLS  
ALTERNATIVE LEARNING PROGRAM  
427 West Franklin Street  
Warrenton, North Carolina 27589  
252-257-7120

**STUDENT ADMISSION FORM**  
(To Be Completed by the Referring School)

Referring School \_\_\_\_\_ Date \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Grade Level \_\_\_\_\_

The following SIMS information has been sent: (Due within 1-day of notification of attendance at the ALP)

_____ Student Demographics	_____ Testing Summary	_____ Attendance
_____ Discipline Profile	_____ Progress/Student Composite	
_____ Attendance	_____ EC Status _____	
_____ Teacher Comment Form	_____ Referring School Admission Form	

Lunch Status: Free \_\_\_\_\_ (Number \_\_\_\_\_) Reduced \_\_\_\_\_ Full Price \_\_\_\_\_

Reason for Referral: Please check all that apply:

_____ Disruptive Behavior	_____ Aggressive Behavior
_____ Attendance/Tuancy	_____ Academic Problems
_____ Transfer from Alternative School/Program	_____ ALP Application
_____ Transfer from Residential Program	_____ Long-Term Suspension
_____ Other _____	

Disciplinary Action: Please check the answer that most accurately describes the enrolling disciplinary status:

\_\_\_\_\_ No current disciplinary action  
\_\_\_\_\_ ALP placement is combined with short-term suspension (less than 10 days)  
\_\_\_\_\_ ALP placement is combined with long-term suspension (10 days or longer)  
\_\_\_\_\_ ALP placement is combined with 365-day suspension/expulsion

Adjudicated by the Court: \_\_\_\_\_ Yes \_\_\_\_\_ No

Is Student on Medication: \_\_\_\_\_ Yes \_\_\_\_\_ No

Referring School Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ALP Administrator Signature \_\_\_\_\_ Date: \_\_\_\_\_