



Grand Rapids Public Schools
Learning Options Application
(Southeast Career Pathways)
MUST FILL OUT COMPLETELY

PLEASE PRINT ALL INFORMATION CLEARLY!

PLEASE ATTACH A COPY OF YOUR TRANSCRIPT(S) WHEN SUBMITTING THIS APPLICATION!

PERSONAL INFORMATION SECTION:
DATE:
LAST NAME FIRST NAME
AGE DATE OF BIRTH MALE FEMALE
CURRENT/LEGAL ADDRESS
CITY MICHIGAN ZIP CODE
TELEPHONE NUMBER IS THIS #: HOUSE CELL WORK OTHER
EMAIL ADDRESS:

SCHOOL INFORMATION: [PLEASE FILL OUT FOR LAST SCHOOL YOU ATTENDED]
LAST SCHOOL ENROLLED/ATTENDED LAST DATE OF ATTENDANCE
ADDRESS CITY STATE ZIP
REASON FOR LEAVING PRINCIPAL NAME
DOES STUDENT RECEIVE ANY SPECIAL EDUCATION SERVICES? YES NO

PARENT/GUARDIAN NAME RELATIONSHIP:
PARENT/GUARDIAN ADDRESS
PARENT/GUARDIAN CITY MICHIGAN ZIP CODE
PARENT/GUARDIAN TELEPHONE NUMBER IS THIS NUMBER A: HOUSE- CELL-OTHER (CIRCLE)
PARENT/GUARDIAN EMAIL ADDRESS:

I UNDERSTAND THAT IN ORDER FOR MY STUDENT TO RETURN BACK TO THE BASE SCHOOL, HE/SHE MUST BE MAKING PROGRESS IN THE LEARNING OPTIONS PROGRAM HE/SHE IS PLACED. TRANSFERS BACK TO THE BASE SCHOOLS ARE CONSIDERED AT THE END OF EACH SEMESTER BY THE LEARNING OPTIONS PROGRAM THAT THE STUDENT IS ENROLLED.

PARENT/GUARDIAN SIGNATURE: DATE:

SUBMIT THIS COMPLETED APPLICATION WITH YOUR TRANSCRIPT ATTACHED

BY MAIL/FAX

Grand Rapids Public Schools
Student Services Department
1331 Franklin St SE
Grand Rapids, MI 49506
FAX (616) 819-2017

IN PERSON

Grand Rapids Public Schools
Student Services Department
1331 Franklin St SE
Grand Rapids, MI 49506



**Grand Rapids Public Schools  
Learning Options Application  
(Southeast Career Pathways)**

**MUST FILL OUT COMPLETELY**

REASON FOR LEARNING OPTIONS REQUEST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHECK ALL THAT APPLY:**

\_\_\_\_\_ ATTENDANCE      \_\_\_\_\_ GRADES      \_\_\_\_\_ BEHAVIOR      \_\_\_\_\_ OTHER

HOW MANY TIMES HAVE YOU BEEN SUSPENDED THIS YEAR AT YOUR PREVIOUS SCHOOL? \_\_\_\_\_

WHAT WAS THE REASON(S) FOR THE SUSPENSION? \_\_\_\_\_  
\_\_\_\_\_

ARE YOU INVOLVED WITH ANY COMMUNITY AGENCIES?      YES \_\_\_\_\_      NO \_\_\_\_\_

IF YES, PLEASE INDICATE WHICH ONE(S):

\_\_\_\_\_ PAROLE OFFICER      NAME: \_\_\_\_\_      PHONE: \_\_\_\_\_

\_\_\_\_\_ PROBATION OFFICER      NAME: \_\_\_\_\_      PHONE: \_\_\_\_\_

\_\_\_\_\_ CASE WORKER      NAME: \_\_\_\_\_      PHONE: \_\_\_\_\_

\_\_\_\_\_ COUNSELOR      NAME: \_\_\_\_\_      PHONE: \_\_\_\_\_

HAVE YOU BEEN INVOLVED WITH ALCOHOL OR DRUGS?      YES \_\_\_\_\_      NO \_\_\_\_\_

HOW BEST CAN THE ALTERNATIVE PROGRAM MEET YOUR NEEDS? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICIAL USE ONLY**

STUDENT NUMBER: \_\_\_\_\_

**INFORMATION BEING FORWARDED:**

- \_\_\_\_\_ STUDENT REFERRAL FORM
- \_\_\_\_\_ DOCUMENTAION OF (3) INTERVENTIONS BY BUILDING LEVEL STUDENT STUDY TEAM
- \_\_\_\_\_ CREDIT AUDIT

SENDING DATE: \_\_\_\_\_

COUNSELOR NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SPECIAL EDUCATION STAFF: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

RECEIVED DATE: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**PLACEMENT:**

GRANTED TO: \_\_\_\_\_

EFFECTIVE DATE:

\_\_\_\_\_ 1<sup>ST</sup> SEMESTER      \_\_\_\_\_ 2<sup>ND</sup> SEMESTER

DENY TO: \_\_\_\_\_

REASON: \_\_\_\_\_