

ALTERNATIVES FOR SUCCESS

(REAPPLICATION)

Date: _____ Grade: _____

Name: _____ Date of Birth: _____ Age: _____

Address: _____

Home Telephone: _____ Other Telephone: _____

Parent/Guardian: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Date dropped from AFS: _____

Reason for drop: _____

What would you do differently? _____

What are your educational or work plans after graduation or completion of a GED? (Goals) _____

Anticipated Graduation Date: _____

I understand that application to AFS does not ensure acceptance and that there may be a waiting period if the program is at capacity.

(Student signature and date)

(Parent/Guardian signature and date)

Date Reviewed by SAT: _____

Accepted: Yes _____ No _____

Anticipated Enrollment Date: _____