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| --- |
| *Office Use*  Date Received: \_\_/\_\_/\_\_\_\_ Date Reviewed: \_\_/\_/\_\_\_\_ Student Enrollment Date: \_\_/\_\_/\_\_\_\_ |

**Alternative Education Referral Form**



Clearway High School

40 Arlington St.

Nashua, NH 03062

(603) 598-8303

Thank you for your interest in referring a student to Clearway High School. It is important to note that completed referral applications will be considered for enrollment. Please be sure to include all attachments listed on the check list provided. If you have any questions, you may contact our office by emailing Emily Soucy, ESoucy@NashuaALC.org or by calling our office, (603) 598-8303.

**Clearway High School is a *nonpublic* school; all referrals must be made by an educational entity; typically the child’s home school district.**

Date: \_\_\_\_\_\_\_\_ Name of person(s) making referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext.\_\_\_\_\_\_

**Student Information**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_ Student ID #: \_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

Current obtained H.S. Credit: \_\_\_\_\_\_

Check if applicable: IEP 504 Plan General Education

Translation Services needed: No Yes Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Legal Involvement: No Yes

**Current School Information**

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

School Case Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Special Education Case Manager, School Social Worker, School Counselor, Etc.)

Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Ext. \_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Numb. of Credits Earned: \_\_\_\_\_\_\_

What academic subject areas does your student enjoys the most?

What academic subject areas does your student not enjoy or struggle with?

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Describe the student’s strengths, likes and interests.

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Describe interventions that have been implemented (At least 6 weeks of data preferred).

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What additional services and supports are in place for the student and their family? (We work to ensure a continuum care of service once the student is enrolled. These supports could be within the school, or the community.)

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Please describe why Clearway would be the best environment for your student.

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Parent/Guardian Information

Has the parent/guardian signed the Parent/Guardian Release of information? No Yes

How were they notified? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred parent/guardian method of contact (Phone, email, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Contact Detail**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secondary Contact Detail**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please forward the completed packet electronically, with attachments as one document, to

Sharon Wilson, Director of Clearway High School, for review: [SWilson@NashuaALC.org](mailto:SWilson@NashuaALC.org)

Please be sure to include the following materials with your application:

|  |  |  |  |
| --- | --- | --- | --- |
|          | Parent/Guardian Release of Information  Discipline Summary  Attendance Summary  Assessment Data  Grades Summary |      | Current Schedule  Transcript  Current IEP and most recent evaluation or 504 Plan if applicable |

The following records must be forwarded after placement:

 Health

 Confidential

Clearway High School

Alternative Education Referral Process

Clearway High School 40 Arlington St.

Nashua, NH 03062

(603) 598-8303

1. The sending school district, or educational entity, will email a complete referral application to Director of Clearway High School, Sharon Wilson, [SWilson@NashuaALC.org](mailto:SWilson@NashuaALC.org)

\*Refer to the checklist provided to ensure a complete application.

1. The Director of Clearway will contact the student’s parent/guardian to schedule an interview.

1. Once a determination is made, the Director will notify all parties and if the student is accepted, will provide the student’s start date. \*Please note that admission is rolling and is offered on a first come first served basis.

\*Students should continue attending classes at their home school until their scheduled registration date at Clearway High School.

If you have any questions or concerns regarding Clearway High School, or the referral process, please reach out to Sharon Wilson, Director of Clearway High School SWilson@NashuaALC.org or call (603) 598-8303.