



Middle School *Junior Academies
Senior Academies * Transition
Administrative Offices
6148 SE Holgate, Portland OR 97206
503-771-8880 * FAX: 503-771-4750
503-771-0297 * FAX: 503-771-0938

STUDENT INTEREST FORM

Completion of this form represents your interest in enrollment. It is not a guarantee.

Date ____/____/____

Student Name _____ Female Male

Parent/Guardian _____ Phone _____ Alt Phone _____

Address _____ Zip _____

Date of Birth _____ Age _____ Current Grade _____ Credits Earned* _____

Previous school _____ Counselor _____

*Please provide a copy of your current High School Transcript or initial here so that we may request one _____

Student Needs (check all that apply)

- Special Ed/IEP (Please provide current copy)
- Section 504 (Please provide current copy)
- Expulsion - Date of Hearing: _____
(Please briefly describe event below)

- Pregnant/Parenting
- ESL Home Language: _____
- Not currently enrolled Since: _____

Reason for referral (check all that apply)

- Academic difficulties
- Attendance difficulties
- Depression
- Drug and alcohol issues
- Past abuse history
- ADHD/ADD

- School anxiety
- Fighting with peers
- Struggling with authority
- Juvenile Justice involvement
- Bullying

Description of other reasons for referral (attach as many pages as needed): _____

OFFICE USE ONLY

- Wait List Letter Sent? Y / N Date _____
- Referral to Direction Services? Y / N Date _____
- Interview Date _____
- Accepted Start date _____ Group _____ Advisor _____
- Denied Reason _____