



Administrative Office & Mt. Scott High School  
6148 SE Holgate, Portland OR 97206  
503-771-8880 \* FAX: 503-771-4750

Mt. Scott Middle School  
5205 SE 86<sup>th</sup> Ave, Portland OR 97266  
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: \_\_\_\_\_
- Currently not 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

- DHS involvement DHS Caseworker \_\_\_\_\_ Phone \_\_\_\_\_
- Intake interview scheduled Date \_\_\_\_\_
- Accepted Start date \_\_\_\_\_ Group \_\_\_\_\_ Advisor \_\_\_\_\_
- Denied Reason \_\_\_\_\_
- Wait List Referral to Direction Services \_\_\_\_\_
- Letter Sent Date \_\_\_\_\_