

**Choices
(Diploma Option)
Referral Form**

Student Name _____ Date of Birth _____

Address _____ SSN _____

_____ Phone # _____

Parents/Guardians Name(s) _____

Reason for Referral:

- Behind on Credits, explain below:
- Medical complication (pregnancy, medical procedure, etc...), explain below:
- Unusual family circumstance, explain below:

Initial entrance criteria (all entrance criteria, documentation must be confirmed and attached):

- Student has reached the end of his/her of 3rd year, or 17 years old
- Currently attending Greene County schools for a minimum of 1 term (Director of Schools has right to waive if all other criteria are met)
- Provide a list of courses needed to graduate
- Minimum 14 credits
- Transcript record attached (required)
- Attach discipline record for last two years

Referring Counselor's Signature _____ Date _____

Referring Administrator's Signature _____ Date _____

This section to be completed by Program Director prior to Screening Committee Meeting

- All signatures are affixed
- All entrance criteria have been met and all documentation is attached
- Student referral to CHOICES has been disapproved. Reason _____
- Student will be admitted to the Choice program beginning on _____

- **All requirements must be completed one week prior to graduation to participate in graduation ceremonies.**

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Director's Signature _____ Date _____