

ALTERNATIVE LEARNING EXPERIENCE APPLICATION

STUDENT NAME _____

DATE RECEIVED _____

Home Room Teacher _____

Grade _____

Date(s) of School Absence _____

Where will your experience take place? _____

DESCRIBE in detail the experience and what educational benefit will be derived:

Other school age siblings and their grade levels:

I attest that all of the ABOVE information is true and accurate:

Student's signature _____

Date _____

Parent's signature _____

Date _____

Address _____

Home phone _____

Cell or Work _____

SCHOOL USE ONLY

_____ Approved

_____ Copy sent to Parent

_____ Conditional Approval

_____ Copy sent to Teacher

_____ Denied

If denied, reason for denial:

_____ Submitted AFTER the experience

_____ Submitted LESS than one week prior

_____ Unsatisfactory Attendance

_____ Academic Concerns

_____ Experience falls within district testing

_____ Multiple ALEs taken within academic year

Principal Signature _____

Date _____