

ALTERNATIVE EDUCATION APPLICATION

SALINAS UNION HIGH SCHOOL DISTRICT

20 Sherwood Pl. Salinas, CA 93906

Phone Number: 831-796-6900



STUDENT ATTESTATION / TESTIMONIO DE ALUMNO

- I understand alternative education is voluntary, unless placed by the School Board
Yo entiendo que la educación alternativa es voluntaria, a menos que sea colocada por la mesa directiva

Please explain why you would like to attend alternative education
Explique por qué le gustaría asistir a la educación alternativa.

Student Signature / Firma del Alumno:

Date / Fecha:

PARENT ATTESTATION / TESTIMONIO DE LOS PADRES

- I authorize the SUHSD to enroll my student in the recommended school/program.
Yo, autorizo a SUHSD a inscribir a mi estudiante en la escuela/programa recomendado.
- I have received an explanation of all alternative education options available in the district.
Yo, he recibido una explicación de todas las opciones de educación alternativa disponibles en el distrito.
- I understand that enrollment in any alternative school/program is voluntary, unless placed by the board of trustees.
Yo, entiendo que la inscripción en cualquier programa/escuela alternativa es voluntaria, a menos que lo indique la mesa directiva.

Parent or Guardian Signature / Firma del padre o tutor:

Date / Fecha:

OFFICE USE

Student ID:

Desired School:

Student Name:

Desired Program:

Counselor: