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:	