

APPLICATION - DSIS

Date _____ Student ID # _____ Student Cell # _____

Student Name _____ Birthdate _____ Sex M F Grade _____

Street Address _____ City _____ Zip _____ Phone (_____) _____

Mailing Address if different: _____

Student lives with: Father _____ Mother _____ Legal Guardian _____ Other _____

Mother _____ Home Phone (_____) _____ Work Phone (_____) _____

Address _____ City _____ Zip _____

Father _____ Home Phone (_____) _____ Work Phone (_____) _____

Address _____ City _____ Zip _____

Legal Guardian _____ Home Phone (_____) _____ Work Phone (_____) _____

Address _____ City _____ Zip _____

EDUCATIONAL BACKGROUND:

Name of current school _____ Telephone Number (_____) _____

Address of School (if outside of DJUSD) _____

Check If Student Is An Interdistrict Transfer: _____

SPECIAL SERVICES:

Please note any Special Services or program modifications you now have or have had at your previous school to assist you in learning. Indicate the grades in which you received the services.

	<u>Grades</u>		<u>Grades</u>		<u>Grades</u>
____ Special Education	_____	____ Speech/ Language	_____	____ Title I	_____
____ Limited English Prof.	_____	____ Special Reading	_____	____ 504 Plan	_____
____ Retention	_____	____ Gifted/Talented Ed.	_____		

Check If Student Has An Active IEP or 504 plan (PLEASE ATTACH COPY) _____

COURSES BEING REQUESTED

In the left hand column, indicate what courses (if any) you would like to keep at your current site and what courses you would like at DSIS.

<u>Current Site</u>	(Completed by DSIS counselor)
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
<u>DSIS</u>	
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____

(Complete back page)

TO BE COMPLETED BY STUDENT

Out of the various school options in DJUSD, why are you specifically applying to DSIS (include at least 2 reasons) _____

Please explain how any of the following issues may have affected your education or academic achievement:

Academic: _____

Emotional: _____

Personal: _____

Health: _____

What are your post high school plans at this time? _____

Parent Signature _____ **Student Signature** _____

School Counselor Signature _____
(not applicable if not currently enrolled in a DJUSD school)

TO COMPLETED BY DSIS COUNSELOR:
