

**ALTERNATE SCHOOL PLACEMENT FORM**

STUDENT: \_\_\_\_\_

GRADE: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Date Placement Made: \_\_\_\_\_

Beginning Date Alternate Center: \_\_\_\_\_

Number of Days Assigned: \_\_\_\_\_

Transportation Begins: \_\_\_\_\_

Bus Assignment: \_\_\_\_\_

\_\_\_\_\_

Date Returned to Home School: \_\_\_\_\_

Total Days at Alternate School: \_\_\_\_\_

Signature of Building Principal: \_\_\_\_\_

