

HIGH SCHOOL ALTERNATIVE PROGRAM (HSAP)
STUDENT INFORMATION SHEET
(Please print)

Enrollment Date: ____/____/____

Student ID Number: _____

Student Information

Date of Birth: ____/____/____ Age: _____ Student Cell Phone: _____

Home School: _____ Current Grade: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ Zip: _____

If employed, where? _____ Student Work Phone: _____

Sex: Male / Female **Race:** White / Black / Hispanic / Asian / Native American / Other _____

Parent/Guardian Information

Parent/Legal Guardian: _____ Home Phone: _____

Address: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact Information

Emergency Contact #1: _____ Relationship: _____

Cell Phone: _____ Other Phone: _____

Emergency Contact #2: _____ Relationship: _____

Cell Phone: _____ Other Phone: _____

Additional Student Information

Is your student currently involved with the Department of Juvenile Justice? Yes / No

If yes, DJJ worker's name: _____ Phone: _____

Is your student currently involved with the Department of Social Services? Yes / No

If yes, DSS worker's name: _____ Phone: _____

Is your student currently involved with the Department of Mental Health? Yes / No

If not, are you interested in your student receiving DMH counseling services? Yes / No

Has your student ever attended an Alternative Program before? Yes / No

If yes, where? _____ Dates: _____

How will your student be transported to and from HSAP? _____

I certify that the above information is correct to the best of my knowledge.

Parent(s)/Guardian(s) Signature(s): _____ Date: _____

Parent(s)/Guardian(s) Email address(es): _____

Interview Release Acknowledgement

My student may be interviewed by the news media and/or Greenville County School District.

_____ Yes, my student may be interviewed.

_____ No, my student may not be interviewed.

Parent/Guardian Signature: _____ **Date:** _____

Consent for Surveys and Life Skills

I understand that while enrolled in the High School Alternative Program (HSAP), students will attend training sessions dealing with a life skills curriculum and the Ripple Effects Program. These curriculums will cover various life skills topics including, but not limited to:

Self-Awareness	Communication Skills	Responsibility	Anger Management
Attitude	Peer Pressure	Teen Violence	Conflict Resolution
Decision Making	Substance Abuse	HIV and AIDS	Sexual Harrassment

I give permission for my student to participate in these various curriculums and to view the videos provided.

Parent/Guardian Signature: _____ **Date:** _____

