

# REFERRAL FOR ADULT HIGH SCHOOL PROGRAM

Name of Student \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Grade \_\_\_\_\_ Official Date of Withdrawal\* \_\_\_\_\_

Permit # \_\_\_\_\_ Date Issued \_\_\_\_\_

License # \_\_\_\_\_ Date Issued \_\_\_\_\_

Was student suspended?\* Yes  No  If yes, reason for suspension \_\_\_\_\_  
(A student who has been suspended from public school must seek special permission to enroll in a College and Career Readiness Program.)

Agency receiving Referral: Western Piedmont Community College

Please indicate one of the following:

\_\_\_\_\_ Student does not have a permit or license.

\_\_\_\_\_ Student **WAS NOT** making adequate progress at time of withdrawal, and DMV has been notified to process revocation of license/permit.

\_\_\_\_\_ Student **WAS** making adequate progress at time of withdrawal. DMV has not been notified to process revocation of license/permit.

\_\_\_\_\_ Student has been granted an Eligibility Certificate based on hardship.

I, \_\_\_\_\_,  
*Signature of School Superintendent/Designee*

recommend that the 6-month waiting period be waived for this student.

**\*This information is required for student to be considered for admission.**

## OFFICE USE ONLY

Program \_\_\_\_\_

Date Enrolled \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal/Designee Date

\_\_\_\_\_  
School

\_\_\_\_\_  
Signature of School Superintendent Date