



## Everett Reengagement Academy Recommendation for Enrollment for Choice Transfer Student 2024-25 School Year

## **STEP 1:** To be completed by Graduation Alliance

St	udent Name:		EPS St	tudent ID:	SSID:	_
Da	ate of Birth:	Age: _	Graduation	Year (FGY):		
Re	esident District:		Previou	s School:	<del></del>	
St	udent was previo	usly enrolled in Grad	uation Alliance: □ `	Yes □ No		
IE	P: □ Yes □ No	504: □ Yes □ No	ML: □ Yes □ No	KIT: □ Yes □ No		
Stu	ident qualifies fo	r 1418 Open Doors	based on the follo	owing criteria:		
	Student is betw	een 16 and 21 years	old as of Septemb	er 1, 2024.		
AN	D					
	Student is a dro	p-out; last day of scl	nool the student atte	ended was	, withdrawal code	, OR
	Student is credi	t deficient and has c	ompleted h	igh school credits o	ut of 24 credits needed to g	graduate.
	% of ci	edits needed to grad	duate are completed	d to date, OR		
	Student is being	g referred by a social	service or case ma	anager. Please prov	vide additional information:	
		by District Success Coo	rdinator			
	<del>-</del>	eted the following:	. 5 6		f D (D ()	
		r Request (received		•	,	
					proved:	
		dent Request Form (	•	•		
				Date app	proved:	
	<ul><li>□ Enrollm</li><li>□ STAR A</li><li>□ First As</li><li>□ Attended</li></ul>	ance Enrollment Step lent Forms & Health Assessment esignment ed Strong Start Orien Student Learning Pl	Course Letter tation/Meetup			
STEF	<b>3:</b> To be complete	ed by District Success C	oordinator			
	Records reques	sted from previous so	chool/district.			
	Date requested	:	Date records receiv	ed:	<del></del>	
	Immunizations	entered in SIS				
	Transcript and	credit check sent to 0	Graduation Alliance			
STEF	4: To be complete	ed by Executive Director	of College and Career	Readiness & Extended	d Learning Options	
	Recommendation	on is approved.				
	Recommendation	on is denied for the f	ollowing reason:			
Q:	gnature:			F	Noto:	
SI	(Executive	Director of College and Ca	areer Readiness & Extend	ed Learning Options)	)ate:	