

FOR OFFICE USE ONLY

Check List	
<input type="checkbox"/> Verify I.D. _____	<input type="checkbox"/> Copy of ID
<input type="checkbox"/> Verify SS# _____	<input type="checkbox"/> Copy of BC
<input type="checkbox"/> Transcript	<input type="checkbox"/> Copy of SS Card
	<input type="checkbox"/> Copy of Utility Bill
	<input type="checkbox"/> Plant Youth
	<input type="checkbox"/> CW Plan 109

Teen Parent <input type="checkbox"/>
<input type="checkbox"/> Exit Grades
<input type="checkbox"/> Drop Slip <i>(If from out of district)</i>
<input type="checkbox"/> Copy of B.C.
<input type="checkbox"/> Immunizations

Special Ed <input type="checkbox"/>
<input type="checkbox"/> IEP Rec'd
<input type="checkbox"/> 504 Rec'd

<input type="checkbox"/> Orientation Date: _____
<input type="checkbox"/> Testing Date: _____

Placement

Pretest (HSD/ABE) <i>Calworks</i>	Reading	Score
	Math	
Pretest (ESL) <i>Calworks</i>	Listening	
	Reading	
Grade Placement:		
Program Placement:		
Class Placement:		

ESL (Reading)		ESL (Listening)
Lit. Low Beg	165-190	Lit. Low Beg 168-189
High Beg	191-200	High Beg 190-199
Low Interm.	201-210	Low Interm. 200-209
High Interm.	211-220	High Interm. 210-218
Advanced	221-235	Advanced 219-227
Transition/ HSD	236- ↑	Transition/ HSD 228- ↑

Grade Level - Credits to Complete
Senior: 0 - 37
Junior: 38 - 85
Sophomore: 86 - 132
Freshman: 133 - 175

BEGINNING CREDITS: _____
Program Put In: HSD or ABE

ABE (9,10) 180-235
HSD (11,12) 236- ↑

Entered By (Initial)

I/C _____	SIGNATURE _____	DATE: _____
ASAP _____		
Transcript _____		

