

VOLUNTARY Alternative Program
Recommendation Application

**REGULAR SCHOOL PRINCIPAL
should sign and fax this form to
Tim Carder, VAP Principal, at
770-460-3905**

Student Name: _____ Current Grade Level: ____ Date of Recommendation: _____

Who initially sought recommendation: _____ Home School: _____

****For the following, please check EACH item to indicate that it has been explained to the parent/student****

Criteria for voluntary alternative program have been met when:

1. _____ Student struggles academically and may benefit from small class size and one-on-one tutoring (direct class instruction is not part of our instructional model)

AND/OR

2. _____ Student struggles behaviorally **and** behavioral interventions have been documented and addressed through the **RTI or IEP** process

AND

3. _____ The Regular School principal has connected with the VAP principal about this student.

Parent & Regular School Counselor communicated, with the following points explained:

_____ **Dress Code will apply:** khaki pants (no jeans, no cargo), white POLO-type shirt (no button down or T-shirts), tennis shoes. Further specifics for personal body wear will be discussed at intake.

_____ **Attendance** is strictly enforced.

_____ **Transportation is not provided** UNLESS the student has an active **IEP** or **S504 with transportation accommodation** prior to intake.

_____ **The school day has an increased, non-negotiable structure** for ALL students.

_____ **All courses are self-driven** with small group and one-on-one tutoring with certified teacher.**

_____ **Student's personal electronic devices are NOT allowed** at any time (neither will staff "hold" them for student).

_____ **No drawings, notes to other students, or 'entertainment'** attempts are allowed due to their generally disruptive or distracting nature.

_____ **Hours of student attendance are 9am – 3pm.** Some working or senior VOLUNTARY students *may* be eligible to leave early. This must be cleared with the VAP principal **prior to** the intake process.

_____ **Necessary withdrawal from Regular School** has been explained; *student will remain under Regular School's FTE, only showing withdrawn because of the school system's computer software limitations.*

(continued on back)

_____ **NCAA rules/regulations regarding credit recovery** have been explained and understood by student and family (IF applicable to student's situation)

_____ **Student shows agreeable attitude** toward attending the Voluntary Alternative Program.

_____ **Parents show agreeable attitude** toward student attending the Voluntary Alternative Program.

_____ **All involved parties understand that if the student is not successful in the Voluntary Alternative Program** during the semester in which he/she is enrolled (with academic progress, attendance and discipline record considered), the student may not be invited to return the following semester.

What is your (student's) expected outcome as a result of attending our Voluntary Alternative Program?

Please reply here: _____

Student/Family/School Staff: By signing below, each of you verify agreement with the parameters within which the Voluntary Alternative Program operates.

Further, parent/guardian agrees to contact the VAP office to schedule an intake appointment by calling 770-460-3551.

Parent/Guardian Signature

Student Signature

Counselor Signature

Regular School Principal Signature

**** Some courses are online via OdysseyWare curriculum**