

Home School Student Referral Form for Hawthorne High School Admissions

Complete and return to Hawthorne High School (Courier: 386/Fax: 980-343-5609/ Mail: 1411 Hawthorne Lane Charlotte, NC 28205)

Name of Student _____ ID# _____ Grade _____

Date of Birth ____/____/____ Age ____ Current School _____

Parent/Guardian _____

Street Address _____ City & Zip Code _____

Home Phone #: _____

Work Phone #: _____

Mobile Phone # _____

School or Parent/Guardian Referral _____

Please check if appropriate:

___ **Exceptional Children**

___ **504**

___ **English Second Language**

___ **Currently Pregnant/TAPS**

___ **Court Involvement**

Please check reasons for referral: (Please explain below)

___ Student would benefit from a small school environment/small class size

___ Student has demonstrated difficulty succeeding in home school

___ Student easily influenced by negative peer pressure at home school

___ Student would benefit from additional support services offered at Hawthorne

___ Other _____

Provide a summary that support reasons for referral:

Please summarize interventions that have been implemented for this student:

Referral made by: _____

Title: _____

Principal Signature: _____ Date: ____/____/____

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

For Home School Counselor:

For adequate processing, please be sure that the application includes the following:

Transcript, Attendance Report, Student Incident Report, Schedule, IEP/504 (if applicable)