

Y tcrctqwpf 'Okn cwnng'Y qtmij ggy'
Hqt'''
Uwf gpu'Tgwt pki 'q'ORU'

Student Name _____

DOB _____ Current Grade _____

Student's Address: _____

Student's Telephone _____

Student Guardian _____

Guardian Information:

Address _____

Phone _____ email (if applicable) _____

Sending Institution _____

Desired Date of MPS entry _____

Special Education? YES NO (circle one)

On Probation? YES NO (circle one) Until: _____ (date)

Did the committed crime happen in or on school property?

YES NO

Can the committed crime, wp'cpl'y c f, be considered crime, sexual assault, etc?

YES NO

Notes: (Please provide any relevant information that will assist in placing the student)

Case Worker/ Contact Number:

Please provide your cell phone number – contact may be necessary during the intake meeting.

Parent/Guardian Signature

Date