At-Risk Student Qualification Checklist

Student Last Name	e First	M.I.	Age
Street Address			
City		State	7
Parent / Guardian	Name		Phone
Parent Signature (required if student is under 1	78) Date	Email Address
he following criteri	any secondary student grade a in column A , or any <u>one (1</u> for each and obtain your sch	<u>1)</u> criteria in column B .	Fill out both column A and re for verification.
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based upon the above criteria.

Counselor Signature

Date