

# Student Intake Form for Susan H. Nelson Independent High School

Choose One Work Preference:    Online/AP classes  
Quarter System:

Packets/  
Online

Date form completed: \_\_\_\_\_

Student's Name: _____	Grade '21-22: _____	Current High School: _____
Student cell phone: _____	DOB: _____	Present Age: _____

  

Parent/Guardian Name: _____	Cell phone: _____	Email: _____
Parent/Guardian Name: _____	Cell phone: _____	Email: _____

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**Expectations of SNIHS Students and Parents/Guardians:**

- 25-35 hours of homework per week
- Students must attend a weekly appointment with their supervising teacher. (This may be a virtual meeting.)
- Students must pass 2 of 3 classes each quarter. Attendance is determined by how well the student stays on pace with assignments.
- Students must attend additional tutoring sessions as needed/required.
- Parent/guardian is expected to monitor student assignments on a daily basis to support student academic success.

Further information about SNIHS may be obtained by calling 951-695-7360. **Ask for the SNIHS Lead Teacher, Ms. Koger.**

**Please answer each of the following questions:**

Are you on track to graduate?	YES	_____	NO	_____
Are you on a 504 plan?	YES	_____	NO	_____
Are you an English Language Learner? (language other than English)	YES	_____	NO	_____
Are you on an IEP? (If yes, enrollment is an IEP team decision.)	YES	_____	NO	_____
Do you live within the boundaries of TVUSD?	YES	_____	NO	_____

**If not, in which school district do you currently reside?**

\_\_\_\_\_

**In order to ensure the best placement for you need to:**

1. have **your counselor and/or assistant principal** complete the counselor section if at all possible.
2. have your counselor email the completed form to SNIHS prior to any action on placement being taken. Send to both Gloria Dixon ([gdixon@tvusd.us](mailto:gdixon@tvusd.us)) and Sharan Koger ([skoger@tvusd.us](mailto:skoger@tvusd.us)).
- (If the parent is unable to get counselor input, they can send the completed form directly to SNIHS.)
3. continue to attend classes at your current high school until placement is available and approved.

**Failure to comply with these recommendations may nullify or delay consideration for placement. All applicants must be approved by the SNIHS administration. We have read and understood the conditions necessary for placement at SNIHS.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Relationship to student

**Please answer the following questions:**

**To be completed by STUDENT ONLY:**

1. Who will provide transportation to SNIHS for your weekly appointment or tutoring if not 100% online?

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2. Who is going to monitor and support your work at home on a daily basis?

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3. Have you ever attended an independent study program? If so, what was your experience?

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4. What are your strengths as a student?

- 
5. What are your weaknesses as a student?

- 
6. If you are not on track to graduate, why do you think SNIHS is a better fit for you?

- 
7. Why do you want to attend SNIHS?

- 
8. Are you planning to play sports at your home school?

- 
9. What are your hobbies and interests outside of school?
- 

**Parent Section:**

1. Has there ever been a Student Study Team (SST) meeting for your student and if so, what were the recommendations?

- 
2. Is your student's goal to meet the A-G requirements necessary to enroll directly in a 4-year college or university or is their goal to earn a high school diploma?
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3. Every student has an educational history and a story that is useful in placing the student with the correct teacher so the student is comfortable working through their educational goals together with the assigned teacher. What information do you feel is necessary for a teacher to understand about your student's personal circumstances?
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**FOR COUNSELOR'S USE ONLY**

Counselor's Name

\_\_\_\_\_

Counselor's phone number (and extension)

\_\_\_\_\_

Counselor's School

\_\_\_\_\_

Is the student on track to graduate?

\_\_\_\_\_

How many community service hours has the student completed?

\_\_\_\_\_

What are the student's SBAC/CAASPP Performance levels? ELA:

\_\_\_\_\_

Math:

\_\_\_\_\_

How many courses is the student currently passing?

\_\_\_\_\_

Failing:

\_\_\_\_\_

Is the student taking any courses that are NOT offered at SNIHS?

\_\_\_\_\_

Which courses?

\_\_\_\_\_

\_\_\_\_\_

What are your suggestions regarding working with this student?

\_\_\_\_\_

\_\_\_\_\_

**Please provide SST, 504 and intervention attachments**