

THIS SECTION MUST BE COMPLETED BY YOUR HOME SCHOOL COUNSELOR

Dear Counselors:

Please complete this section out entirety. This information is critical for GAVC administration, staff and instructors.

Students current GPA:_____

of days the student missed last term:_____

Students State ID Number: #_____

Does the student have an 504 Plan? ___yes ___no

Does the student have an IEP? ___yes ___no

Does the student currently qualify for free or reduced lunch? ___yes ___no

Did the student have any disciplinary write up's in the last term?_____ if yes please

explain:_____

****PLEASE ATTACH A COPY OF THE STUDENTS CURRENT IEP****

The above named student is currently enrolled in the home school indicated. The home district will be responsible for paying tuition to Galesburg Area Vocational Center for the student.

Counselor Signature_____

Date:_____
