



## The Arrows' School of Advancement

### Student Eligibility

**Student Name** {First, full middle, and last names}: \_\_\_\_\_

**Is the student residing within the Tecumseh Local Schools' District?** (Circle)      Y      N

**If yes, school name:** \_\_\_\_\_

**If no, school name and name of school district:** \_\_\_\_\_

**Has the student ever been expelled or suspended?** (Circle)      Y      N

**If yes, please explain and provide month and year of disciplinary action(s):**

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**Has the student ever been tested for special services or received special services?** (Circle)      Y      N

**If yes, please explain:**

**Does the student currently have an individualized education plan (I.E.P.)?** (Circle)      Y      N

*If yes, a copy of the I.E.P. must be included with your application. Please be aware that an online learning experience cannot accommodate all students. Students with an I.E.P. are evaluated on an individual basis to ensure a positive alternative educational experience.*

\_\_\_\_\_ (Parent/Guardian Initials) **As the parent or legal guardian for the student listed above, I am electing the following curriculum for my student (check one):**

\_\_\_\_\_ College Preparatory Curriculum

\_\_\_\_\_ State Graduation Requirement

**I certify all information provided is correct. Parent Signature AND Date** \_\_\_\_\_

**Please print name below:**