



Mount Baker High School COMPASS Alternative School REFERRAL FORM

Please fill out completely and return, mail, or fax to the Mt. Baker High School office.
4936 Deming Road Deming, WA 98244 ~ Phone: 360-383-2015 ~ Fax: 360-383-2029

Date: _____

Student Name: _____ Current Grade Level: _____

Address: _____
Street Address City State Zip

Parent / Guardian Name: _____

Daytime Phone: _____ Evening/Other Phone: _____

Please explain why you believe your student would benefit from an alternative learning program like COMPASS. (i.e. struggles academically, behaviorally, with attendance, motivation)

How does the student feel about participating in the COMPASS Program? _____

What should the COMPASS staff know about the student to better serve them? _____

What strategies for working with this student have been successful in the past? _____

What strategies for working with this student have been unsuccessful in the past? _____

STUDENT SIGNATURE: “Yes, please consider me for the Mount Baker High School Compass Program. I understand that the classes I previously registered for will change.” _____

PARENT SIGNATURE: “Yes, I would like my child considered for the Mount Baker High School Compass Alternative High School Program” _____ Date _____

BELEOW THE LINE FOR SCHOOL ADMINISTRATIVE USE ONLY

APPROVED DENIED (Reason: _____)

ADMINISTRATIVE SIGNATURE: _____ DATE: _____

Comments: