

# POINT OPTION NON-TRADITIONAL HIGH SCHOOL 2016-2017 APPLICATION

*A Newport News non-traditional high school program designed to foster personal and academic growth in non-traditional students with diverse learning styles utilizing a small, yet supportive and challenging environment.*

**Mr. Mike Bonfiglio, Principal**  
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(Office: 757-591-7408) (Fax: 757-865-4508)

(Please Print)

Name: \_\_\_\_\_ Student #: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #'s Home: \_\_\_\_\_ Parent/Guardian Cell Phone: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ # of Credits: \_\_\_\_\_

Last school attended: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ School Counselor: \_\_\_\_\_

Who referred you to Point Option? \_\_\_\_\_

I want to attend Point Option to \_\_\_\_\_  
\_\_\_\_\_

Are you receiving **504 services**? \_\_\_ Yes \_\_\_ No Do you have an **IEP**? \_\_\_ Yes \_\_\_ No

Have you ever been suspended from school? \_\_\_ Yes \_\_\_ No. If "Yes" state why:  
\_\_\_\_\_

Do you have any special health considerations we must be aware of? If yes, briefly state:  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Parent email address: \_\_\_\_\_

(School use only)

Interview Date \_\_\_\_\_ Accepted: yes no Administrator \_\_\_\_\_

*Newport News Public Schools*