

Date: _____

RESET FORM

PROGRAM INFORMATION FORM

Choose One

New Program

Revised Program

Renewal Program

Choose One

Targeted Services Program

ALC Program

Choose One

Set Program

Independent Study (ALC)

Drop In

***New Program Application Required Every 2 years**

SCHOOL: _____

PROGRAM NAME: _____ **GRADE:** _____

PROGRAM TEACHER/S: _____

STARTING DATE: _____ **ENDING DATE:** _____

DAYS OF THE WEEK PROGRAM IS OFFERED: _____

HOURS PER DAY THE PROGRAM IS OFFERED: _____

NUMBER OF DAYS THE PROGRAM IS OFFERED: _____

TOTAL HOURS OF THE PROGRAM: _____

PERSON RESPONSIBLE FOR ENTERING DATA _____

Name

Number

For Computer Services Use Only:

Program Number Assigned: _____

Instruction Booklet Issued: _____