



Jodi Commerford Principal



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ALBANY HIGH NIGHT SCHOOL PROGRAM AT ABROOKIN

GREGORY BAKER & LINDSEY SIMMONS, PROGRAM COORDINATORS-NICOLE NEWMAN- PROGRAM ADMINISTRATOR 99 Kent Street, Albany, NY 12206 2518-475-6400 fax 518-475-6402

| Student Name | Student ID# | Date |
|---|---|---|
| Date of Birth | Current School | |
| The above-named stu | dent has been recommended for a | n alternative program at: |
| THE ABROOKIN | EVENING TUTORIAL PROGRAM | // (NIGHT SCHOOL) |
| guidance counselor and an intake ha | taken place. Positive behavior and difficulties meeting these standards | varded to the appropriate program by the d good record of attendance will be s, the alternative education placement |
| By signing this document, you unders DO NOT return to Albany High School | , | o the Abrookin Evening Program they |
| Please sign below granting permissio Program. | n for your student to be placed on t | the list for the Abrookin Evening |
| Parent/Guardian Name: | | |
| Parent/Guardian Signature: | | |
| Parent/Guardian Address: | | |
| Home Phone Number: | | |
| Work/Cell Number: | | |
| Date: | | For Office use Only |
| Preferred CTE Course: | | IEP: Yes No |
| Recommended By: | | Meeting Needed |
| | | Yes No |
| | | Date CSE |
| | | Amended |
| | | Sub-CSE Chair Signature |
| | | Academy Principal Signature |