



Assigned School: _____
 Staff Contact Person: _____
 Event Date: _____
 Event Number: _____
 Student's FSI #: _____

The School Board of Broward County, Florida
 Alternative to External Suspension (AES) Programs
 Student Placement Form

AES Program Location: **PROMISE at Pine Ridge** Location Hours: **9:45am to 3:45pm**
 Student Name: _____
 Student Number: _____ Grade: _____ Race: _____ Gender: _____ DOB: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Lunch Status (A04 Panel): Free Reduced Pay

Parent/Guardian Name: _____
 Home #: _____ Work #: _____ Mobile #: _____
 Email Address: _____
 Medical Alert: Yes No Medication: Yes No
 Medication Information: _____

ESE: Yes No 504: Yes No
 Exceptionality: _____
 (Attach at a glance IEP information)

PROMISE Infraction: _____

Student placement shall be for a period of _____ days, commencing on _____.
 The student will return to their assigned school on _____.

Is this the first PROMISE AES placement for this student? Yes No
 If No, how many prior placements? _____

While in the AES program, the student **may not** participate in any Broward County Public Schools' functions/activities or visit any school grounds, other than of the assigned AES Program.

Additional information may be required at the program site. **Transportation will be available for the student, however, it is recommended that parents transport and accompany their child on the first morning of attendance.**

Parent Signature: _____ Date: _____

Home School Checklist:

- _____ The student has been entered on the C26 panel with appropriate P-code (screen print may be attached).
- _____ All necessary forms relating to medication, IEP information and classwork have been attached or forwarded.
- _____ The receiving program/school has been notified in advance.
- _____ Copies have been provided to AES Program and Parent.