

Lincoln School

960 Royce Avenue
Joliet, IL 60432
815-774-8900
815-722-3352 fax



High School Alternative Learning Opportunities Program Request for Program Admittance and Release of Information

I/we _____ request to have my child be considered for the
(Parent/Guardian)
Alternative Learning Opportunities Program (ALOP) at Lincoln School. I agree to have
_____ release pertinent information regarding
(District School)
_____ to Lincoln School for the purposes of enrollment.
(Student Name)

The person or agency to whom information is disclosed may not re-disclose this information unless I specifically consent to such re-disclosure. I understand that I have the right to inspect and copy the information to be disclosed. This consent is valid until _____ (one year from today's date). I understand I have the right to revoke this consent at any time. Refusal to consent to disclosure of this information will result in lack of coordination of services and inability to place student into program. Moreover, I understand that, if accepted and enrolled, I/we can have our child return to _____ upon the start of the next semester if I/we do not believe that attending the ALOP is in his/her best educational interest.

Signed: _____	Date: _____
(Parent/Guardian)	
_____	Date: _____
(Parent/Guardian)	
_____	Date: _____
(Student)	
_____	Date: _____
(District/School Representative)	