New Summits Credit Recovery
Referral Form SY2026-2027

☐Academic Challenges ☐Age Imbalance ☐Disciplinary Issues ☐Other _____

STUDENT

Student's Legal Name: (first, MI, last) _____ Student ID: _____

Date of Birth: _____ Age: _____ Gender: _____ Grade: _____

Race: ☐American Indian or Alaska Native ☐Asian ☐Black or African American

☐Native Hawaiian or another Pacific Islander ☐White ☐Hispanic

SCHOOL

NNPS Homeschool: _____ Counselor's Name: _____

Cohort Year: _____ Number of Credits Earned: _____

IEP:☐Yes ☐No If yes, List the Disability: _____ Case Manager: _____

ESL:☐Yes☐No 504 Plan:☐ Yes ☐No

ATTACH: ☐Portrait of a Student ☐Transcript ☐ CHS202 ☐Current 504 ☐Copy of IEP

PARENT

Parent/Guardian Name: _____ Parent Phone: _____

Address: _____ Parent Email: _____

Transportation: Does the student need NNPS transportation to the program? ☐Yes ☐No

List the Courses by Semesters

1. _____ 5. _____ 9. _____

2. _____ 6. _____ 10. _____

3. _____ 7. _____ 11. _____

4. _____ 8. _____ 12. _____

Does the Student need Industry Certification this academic year? ☐Yes ☐No

SOLs Needed this year:

1. _____ 2. _____ 3. _____

4. _____ 5. _____

Name of Person Completing Form: _____ Position: _____

Revised 7/2026