

Louisiana National Guard Youth Challenge Program Referral
Course Choice / Credit Recovery / HiSET

Date: _____

SECTION I.

Student: _____ Student ID: _____

Parish: _____ School: _____

Grade: _____ Schedule: Full Year Block

*******Please attach Student Demographic Form*******

Student Contact: _____ Phone: _____

Program referred to: Course Choice / Credit Recovery HiSET

Student's Current School Pathway: Tops University Jumpstart HiSET

School Counselor: _____

Email: _____ Phone: _____

School Mailing Address: _____

*******NOTE*******

Only complete Section II if applicant is referred to the Course Choice / Credit Recovery Program.

SECTION II.

CURRENTLY ENROLLED COURSES / COURSE CHOICE (CC)	
Course Name	Course Code
CREDIT RECOVERY (CR)	
Course Name	Course Code

Attach Current Transcript (CCCR only) Attach Current Schedule (CCCR only)

Signature: _____

Submit to YCP Education Coordinator (Seth Bordelon) via email: ycp.edcoordinator@la.gov or fax: 318-290-5409
YCP does not exclude any person based upon race, color, national origin, gender or religion.