

Conditional Release Academic Intake Form (CRAIF)
ACTS Conditional Release Program

CR Provider:

8602 N. Dixon Street - 2nd Floor
Tampa, FL 33604

813-354-0664
813-354-0740 – Fax

School District Contact:

Juvenile Justice Transition Dept. / Hillsborough County Public Schools
Chrissy Dorion & Christine Grose – Transition Specialists
813-228-0805 - Work / 813-228-0828 - Fax

Educational ReEntry Information:

Student's Name: _____

Date of Birth: _____

Program Name: _____

Entry Date / PDOR: _____ / _____

Case Mgr / Phone #: _____ / _____

Education Rep / Ph #: _____ / _____

Parent / Guardian: _____

Home Address: _____

Home / Cell / Wk #: _____ / _____ / _____

Was this the student's 1st program? Yes / No
If no, what other program(s) has he/she attended? _____

Is the student ESE? Yes / No
If yes, what is his/her exceptionality? _____

Does the student have any type of diploma (GED, Standard, Special)? Yes / No
If yes, what type of diploma does he/she have? _____

What grade is the student in? _____ How many credits? _____

Comments: _____

Transitional Case Manager: _____

Date: _____