

WILLMAR AREA LEARNING CENTER

2021-2022 APPLICATION

Complete **ALL** attached forms for the 2021-2022 school year. You **WILL NOT** be assigned a class until your application is completed. Stop in or call (320-214-6692) to visit with the Program Coordinator if you have questions. **ALL** information is in the handbook.

STUDENT NAME (First, Middle, Last)	Birthdate	Grade
Student's Email Address	Parent's/Guardian's Email Address	

CHECK the class or classes desired:			
SUMMER SCHOOL (Check)- INDEPENDENT STUDY		DAY SCHOOL (Check 6 classes)	
<input type="checkbox"/>	Communications	<input type="checkbox"/>	Academic Strategies (special education)
<input type="checkbox"/>	Math	<input type="checkbox"/>	Art
<input type="checkbox"/>	Science	<input type="checkbox"/>	Communications
<input type="checkbox"/>	Social Studies	<input type="checkbox"/>	Driver's Education
<input type="checkbox"/>	Elective	<input type="checkbox"/>	FACS
<input type="checkbox"/>		<input type="checkbox"/>	Health
NIGHT SCHOOL (Check) - INDEPENDENT STUDY		<input type="checkbox"/>	Math
<input type="checkbox"/>	Communications	<input type="checkbox"/>	Physical Education
<input type="checkbox"/>	Health – elective	<input type="checkbox"/>	Reading Comprehension - elective
<input type="checkbox"/>	Math	<input type="checkbox"/>	Science
<input type="checkbox"/>	Science	<input type="checkbox"/>	Service Learning
<input type="checkbox"/>	Social Studies	<input type="checkbox"/>	Social Studies
<input type="checkbox"/>	Elective	<input type="checkbox"/>	Work Experience

PLEASE COMPLETE (all applicants must complete)

1. Write Your Long-Term Goal:
2. Write Your Short-Term Goal:

QUALIFIER:

WILLMAR ARE LEARNING CENTER APPLICATION 2021-2021

STUDENT NAME -First, Middle, (Maiden), Last		BIRTHDATE	AGE	Sex (M-F)	
Student's Address					
Street Address (PO Box)		Lot/Appt #	City	State	Zip code
Home Phone		Student's Cell Phone		Student's Work Phone	

PARENT/GUARDIAN INFORMATION					
<i>Student lives with(circle: Mother Father Both Other (explain))</i>					
Mother's Name		Home Phone	Cell Phone		Work Phone
Street Address (PO Box if applicable)		Lot/Appt #	City	State	Zip Code
Father's Name		Home Phone	Cell Phone		Work Phone
Street Address (PO Box if applicable)		Lot/Appt #	City	State	Zip Code
Brother(s)/Sister(s) and Grades					

In case of emergency and I am unavailable, please contact one of the following:

Name-First, Middle(if available), Last	Relationship to Student	Home Phone	Cell Phone	Work Phone

Accident or serious illness - In case of emergency or serious illness, I request the school to contact me. If I am unavailable, please call the physician indicated below and follow his instructions. If this physician is unavailable, the school may make whatever arrangements necessary.

Doctor to Contact _____ Phone # _____

Parent/Guardian Signature

Educational Information (list all schools attended, additional information can be written on the back of the application)

NAME OF SCHOOL LAST ATTENDED		SCHOOL ADDRESS-Street, City, State, Zip Code			
Currently Attending Y N	Date of Withdrawal	Reason for Withdrawal			
Were you in any of the following programs (circle all that apply)s:					
Work Experience		SLD	EBD	OHD	Other
Have you been referred or tested for Special Education in high school?					

OTHER IMPORTANT INFORMATION (STUDENT):

Are you receiving services from:			
County	Social Security	Other-Explain:	
Do you have a Social Worker?			
Name	Phone	County	
Do you have a Probation Officer			
Name	Phone	County	
Are you married?	Single?	Divorced?	Parent?
Have you been recommended or evaluated for chemical use? Yes _____ No _____			
Have you been in treatment? Yes _____ No _____ Dates: From _____ To _____			
Name/Address of Treatment Facility:			
How did you hear about the Willmar Area Learning Center?			
Why do you want to attend?			
Have you completed the free/reduced lunch application for the current school year?			

WILLMAR AREA LEARNING CENTER GUIDELINES

1. Acceptance into the ALC Program is on an optional trial basis. Continued enrollment is dependent upon satisfactory citizenship, scholarship, and attendance.
2. Students are expected to make a genuine commitment to improve their academic and vocational skills and to earn a high school diploma.

Participation in the program is optional. A continual learning plan must be developed at least annually for each pupil with the participation of the pupil, parent or guardian, teachers, and other staff; each participant must sign and date the plan as an acknowledgment of the voluntary nature and focus of this program.

I AGREE TO FOLLOW THE REGULATIONS AND POLICIES SPELLED OUT IN THE ALC STUDENT HANDBOOK.

Student's Signature	Date
Parent's/Guardian's Signature (for students under the age of 18)	Date

PERMISSION FORM

I give my son/daughter permission to participate in local field trips, printed and electronic media coverage, and general functions sponsored by the Willmar Area Learning Center.	
Parent's/Guardian's Signature	Date

It is expected that students who attend the Willmar Area Learning Center are serious about earning credits toward graduation. Therefore, it is expected that students will attend classes on a regular basis. If, as a parent or guardian, you feel attendance might be an issue with your child, it is suggested that you request weekly attendance be sent to you or that you call the attendance clerk at the end of the week for an update.

RETURN COMPLETED FORMS TO: Willmar Area Learning Center
512 8th Street SW
Willmar, MN 56201
Phone: 320-214-6692
Fax: 320-235-5352

Rev. 11-2001; 2-2002; 2-11-2002; 8-01-2012

Internet and Electronic Mail

User Agreement and Parent Permission Form

As a user of the Willmar Public Schools computer network, I hereby agree to comply with the Willmar Public Schools Internet Acceptable Use and Safety Policy No. 524 posted on the Willmar Public Schools' web page.

I agree to honor all relevant laws and restrictions.

Student Signature _____

As the parent or legal guardian of the minor student signing above, I grant permission for my son or daughter to access networked computer services such as electronic mail and the Internet. I understand that individuals and families will be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use - setting and conveying standards for my daughter or son to follow when selecting, sharing or exploring information and media.

Parent Signature _____ Date _____

Name of Student _____ School _____

Grade _____ Birth Date _____

Street Address _____ Home Telephone _____

Rev. 11-2001; 2-2002; 2-11-2002; 8-01-2012

Internet y Correo Electrónico

Forma de Permiso de Padres y Acuerdo al uso de Internet

Como usuario del network de las computadoras de las Escuela Públicas de Willmar, por este medio estoy de acuerdo con el uso aceptable del Internet de las Escuelas Públicas de Willmar y con su Póliza de seguridad No. 524 publicada en la pagina de internet de las Escuelas Públicas de Willmar. Estoy de acuerdo en hacerle honor a todas las leyes relevantes y restricciones.

Firma del **Alumno** _____

Como padre/madre o tutor legal del menor que firma anteriormente, doy permiso a mi hijo o hija a tener acceso a los servicios de network de la computadora como correo electrónico e Internet. Entiendo que las personas responsables a cualquier violación serán el mismo individuo y las familias. Entiendo que algunos materiales del Internet puede ser censurable, pero yo acepto la responsabilidad para la guía del uso del Internet-poniendo y estableciendo normas para mi hijo/a a seguir cuando este seleccionando o navegando información y media.

Firma del **padre/madre** _____

Fecha _____

Nombre del alumno _____

Grado _____

Fecha de nacimiento _____

Telefono de casa _____