

WILLMAR AREA LEARNING CENTER

2018-2019 APPLICATION

Complete **ALL** attached forms for the 2018-2019 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. Pencils, paper, and folders are required for classes.

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)	
	Communications		Academic Strategies (special education)
	Math		Art
	Science		Communications
	Social Studies		Driver's Education
	Elective		FACS
			Health
NIGHT SCHOOL (Check) - INDEPENDENT STUDY			Math
	Communications		Physical Education
	Health – elective		Reading Comprehension - elective
	Math		Science
	Science		Service Learning
	Social Studies		Social Studies
	Elective		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 2018-2019

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	
Street Address (PO Box if applicable)		Lot/Appt #		City	State
Father's Name		Home Phone		Cell Phone	
Street Address (PO Box if applicable)		Lot/Appt #		City	State
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):					
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 a trial placement. 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.

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**