

# WILLMAR AREA LEARNING CENTER

## 2022-2023 APPLICATION

Complete **ALL** attached forms for the 2022-2023 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.

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

<b>CHECK the class or classes desired:</b>			
<b>SUMMER SCHOOL (Check)- INDEPENDENT STUDY</b>		<b>DAY SCHOOL (Check 6 classes)</b>	
	English		Academic Strategies (special education)
	Math		Art
	Science		English
	Social Studies		Driver's Education
	Elective		FACS
			Health
<b>NIGHT SCHOOL (Check) - INDEPENDENT STUDY</b>			Math
	English		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 AREA LEARNING CENTER APPLICATION 2022-2023

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

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

**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

<b>Educational Information</b> <small>(list all schools attended, additional information can be written on the back of the application)</small>					
<b>NAME OF SCHOOL LAST ATTENDED</b>			<b>SCHOOL ADDRESS-Street, City, State, Zip Code</b>		
<b>Currently Attending Y N</b>	<b>Date of Withdrawal</b>		<b>Reason for Withdrawal</b>		
<b>Were you in any of the following programs (circle all that apply):</b>					
Work Experience      SLD      EBD      OHD      Other					
<b>Have you been referred or tested for Special Education in high school?</b>					

**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 _____			
Name/Address of Treatment Facility:		Dates: From	To
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.

**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 acknowledgement of the voluntary nature and focus of this program.

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

<b>Student's Signature</b>	Date
<b>Parent's/Guardian's Signature</b> (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.	
<b>Parent's/Guardian's Signature</b>	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 8<sup>th</sup> Street SW  
Willmar, MN 56201  
Phone: 320-214-6692  
Fax: 320-235-5352**