Willmar Area Learning Center Referral Form
2023-2024

Day School

Date of Referral:_____

Grade:_____**Graduation School Year:**_____

Student Name:_____**DOB:**____/____/_____

Resident District:_____ **Ed. Services: SPED / 504 / ELL / None**

County Social Worker: Y / N Name:_____ **Truancy Court: Y / N**

Probation: Y / N Name:_____

Parent/Guardians:_____

HomeAddress:_____

Phone number:_____ _____ _____
　　　　　　　　　　　Home　　　　　　　　**Cell and/or Work**　　　　　　**Student Cell**
*If you are a student registering from outside of the Willmar Public Schools you will need to enroll with the District at https://www.willmar.k12.mn.us/domain/1323 or at the District office.

Transportation: ☐ **Bus** ☐ **Walk** ☐ **Drop off/Picked up**

The above-named student meets the following ALC Enrollment Options criteria:

A pupil under the age of 21 or who meets the requirements of section 120A.20, subdivision 1, paragraph (c),is eligible to participate in the graduation incentives program, if the pupil:

_____ (1) performs substantially below the performance level for pupils of the same age in a locally determined achievement test;
_____ (2) is behind in satisfactorily completing coursework or obtaining credits for graduation;
_____ (3) is pregnant or is a parent;
_____ (4) has been assessed as chemically dependent;
_____ (5) has been excluded or expelled according to sections 121A.40 to 121A.56;
_____ (6) has been referred by a school district for enrollment in an eligible program or a program pursuant to section 124D.69;
_____ (7) is a victim of physical or sexual abuse;
_____ (8) has experienced mental health problems;
_____ (9) has experienced homelessness sometime within six months before requesting a transfer to an eligible program;
_____ (10) speaks English as a second language or has limited English proficiency; or
_____ (11) has withdrawn from school or has been chronically truant; or
_____ (12) is being treated in a hospital in the seven-county metropolitan area for cancer or other life threatening illness or is the sibling of an eligible pupil who is being currently treated, and resides with the pupil's family at least 60 miles beyond the outside boundary of the seven-county metropolitan area.

_____　　　　_____
Referring District Representative Signature　　　　　　　**Date**

_____　　　　_____
Parent Signature　　　　　　　　　　　　　　　　　**Date**

_____　　　　_____
Student Signature　　　　　　　　　　　　　　　　**Date**