

WILLMAR AREA LEARNING CENTER

2019-2020 APPLICATION

Complete **ALL** attached forms for the 2019-2020 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) | |
| | 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 2019-2020

| | | | | | |
|--|--|-----------------------------|-------------|-----------------------------|-----------------|
| 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): | | | | | |
| 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**