

Member School Districts:
Albany, Melrose,
Paynesville and Sauk Centre



WEST CENTRAL EDUCATION DISTRICT

Program Oversight:
Early Intervention,
Beacon and ALC

Admission Application & Continual Learning Plan for Credit Recovery (Night School and Summer School)

Name (first, last): _____ DOB: _____ Grade: _____
Parent Name: _____ Phone # _____
Parent Name: _____ Phone # _____
Address: _____
Home District: _____ MARSS Number _____
Referred By: _____ Date Referred: _____

Ethnicity:

_____ white _____ Hispanic/Latino
_____ American Indian/Alaska Native _____ Black/African American
_____ Native Hawaiian/Pacific Islander _____ Asian

Reason for Referral (check all that apply)

___ failing classes _____ chemical dependent concerns
___ hands on learning style _____ overly aggressive, fighting, etc
___ low motivating, low grades _____ overwhelmed by large class sizes
___ absenteeism/truancy _____ excluded or expelled per MS 127.26/127.39
___ appears isolated from others _____ family issues
___ homeless within last 6 mo _____ physically or sexually abused
___ pregnant or parent _____ speaks English as Second Language
___ mental health concerns _____ perpetual victim of other students
___ 2 or more grade levels below on achievement
___ at least one year behind in satisfactorily completing coursework
___ referred by school district for enrollment at WCED ALC
___ other, specify _____

Student has the following Academic Credit Needs:

Name of Course/Subject: _____ Credit: _____
Name of Course/Subject: _____ Credit: _____
Name of Course/Subject: _____ Credit: _____
Name of Course/Subject: _____ Credit: _____

Student is currently receiving the following services:

___ Special Education: Disability Category: _____ (**send Modifications/Accommodations**)
___ ESL: English as a Second Language
___ Other, specify: _____

What are the expectations and goals the referring district, or the student have for enrolling in Credit Recovery at the WCED ALC? Include academic and behavior concerns:

- 1.
- 2.
- 3.

Night School: The expectations of the WCED ALC for the student/family include:

1. Students will attend for the duration of night school; arriving by 4:00 PM and leaving at 7:00 PM.
2. To earn credit, students will engage in independent work (paper/pencil or online). 30 hours of completing quality work is required to earn/make up 1 quarter of a class which is 10 nights of night school. (120 hours is required to earn credit for a full year course; attending 40 nights of night school). Students will participate and produce quality work throughout the duration of class. If a student is not producing quality work, they will not earn the time and will need to make it up in attending additional nights of class.
3. Students are asked to supply their own ear buds for online learning.
4. If students are going to be absent from class, parent/guardian needs to call school prior to night school starting.
5. If students are absent from the school day due to illness, students will be excused from night school. A parent phone call is still required.

Summer School: The expectations of the WCED ALC for the student/family include:

1. Students will attend on a daily basis; arriving by 8:00 AM and leaving at 2:30PM. Lunch is on campus.
2. To earn credit, students will engage in independent work (paper/pencil or online). 30 hours of completing quality work is required to earn/make up 1 quarter of a class. (120 hours is required to earn credit for a full year course). Students will participate and produce quality work throughout the duration of class. If a student is not producing quality work, they will not earn the credit toward that class.
3. Students are asked to supply their own ear buds for online learning.
4. If students are going to be absent from class, parent/guardian needs to call school prior to school starting.
5. Two or more absences, poor work quality, not following school expectations will put the student at risk of losing their spot at summer school.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

School District Rep Signature: _____ Date: _____

Our mission is to maximize every student's educational experience by providing high quality services to students, families, and member districts.

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Area Learning Center 9 West 2nd St S Melrose, MN 56352 * 320-256-7836 * 320-256-7812 (fax)