

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



WEST CENTRAL EDUCATION DISTRICT

Program Oversight:  
Early Intervention,  
Beacon and ALC

## Area Learning Center Application (enrollment in day school)

Name (first, last): \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Resides with: \_\_\_\_\_ Phone, if different than parent: \_\_\_\_\_

Address if different than parent: \_\_\_\_\_

Specific custody arrangements: \_\_\_\_\_

Referring District: \_\_\_\_\_ MARRS # \_\_\_\_\_ Grad Year \_\_\_\_\_

Referred By: \_\_\_\_\_ Date Referred: \_\_\_\_\_

Resident District: \_\_\_\_\_ Resident County: \_\_\_\_\_

Primary Language Spoken in the Home: \_\_\_\_\_

If not English, last ACCESS testing date/score/level: \_\_\_\_\_

Ethnicity:

- |   |   |
|---|---|
| <input type="checkbox"/> white                            | <input type="checkbox"/> Hispanic/Latino        |
| <input type="checkbox"/> American Indian/Alaska Native    | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Asian                  |

Reason for Referral (check all that apply)

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

Student has the following Academic Credit Needs: Please note if summarized on attached page

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 IEP/ER)

\_\_\_\_ ESL: English as a Second Language

\_\_\_\_ Other, specify: \_\_\_\_\_

In regards to "at risk" behaviors, what are the expectations/goals the home district, student, and family have for choosing the WCED ALC as an alternative, nontraditional educational placement:

- 1.
- 2.
- 3.

Interventions tried in the home district prior to referring to the WCED ALC:

- 1.
- 2.

What could become stressors while at school: \_\_\_\_\_  
\_\_\_\_\_

Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

County Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Truancy Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

**To complete this application, the referring district will include the following documents: attendance record, transcript detailing credit earned and credit recovery expectations, summary of behavior referrals/discipline, and state testing results.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School District Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***To be completed at intake: What is the plan to address graduation requirements? Review of support services (educational and county)***

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

WCED 903 State Road, Sauk Centre, MN 56378 \* 320-352-2284 x4100 \* wced6026.org \* 320-352-3404 (fax)  
Area Learning Center 9 West 2nd St S Melrose, MN 56352 \* 320-256-7836 \* 320-256-7812 (fax)