



Area Learning Center Application

Demographic Information

Name (first, last): _____ Gender: _____ DOB: _____ Grade: _____
Student Cell Phone Number: _____ Ethnicity: (see MARSS person) _____
Parent Name: _____ Phone # _____
Address: _____
Parent Name: _____ Phone # _____
Address: _____
Resides with: _____ Phone, if different than parent: _____
Address if different from parent: _____
Specific custody arrangements: _____
Primary Language Spoken at Home: _____

District Information

Referring District: _____ MARRS # _____ Grad Year _____
Referred By: _____ Date Referred: _____
Resident District: _____ Resident County: _____

Referral Information

Individuals who support the referral:

- | | |
|--|---|
| <input type="checkbox"/> School Psych | <input type="checkbox"/> Case Manager (if applicable) |
| <input type="checkbox"/> Student Assistance Team | <input type="checkbox"/> School Social Worker |
| <input type="checkbox"/> Principal | <input type="checkbox"/> Other _____ |

Student is currently receiving the following school services:

____ Special Education: Disability Category: _____ (send IEP/ER)
____ ESL: English as a Second Language: ACCESS testing date/score/level: _____
____ Health Services: Health Plan, Medical Diagnosis, allergies: _____
____ 504 Accommodations (send 504 plan)
____ Other: _____

Interventions tried in the home district prior to referring to the WCED ALC, including input from your student support team and/or school psychologist:

1. _____
2. _____

What could become stressors while at school: _____

Team members supporting student education (truancy officer, probation officer, outside agencies):

Number of Suspension Days this school year: _____

Eligibility Criteria

The High School Graduation Incentives program is designed to encourage students who are not succeeding in the traditional high school or who have dropped out of high school to choose from a variety of non-traditional education programs to complete their high school education.

If you fit any of the following criteria, you are eligible to choose a non-traditional program.

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 having substance use disorder;
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 is an English learner;
11. Has withdrawn from school or has been chronically truant.

I have read and understand the eligibility list above and feel that I qualify under one or more of the criteria listed.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

School District Rep Signature: _____ Date: _____

Supporting documents to be sent with application:

- | | |
|---|--|
| <input type="checkbox"/> Attendance Record | <input type="checkbox"/> IEP and ER |
| <input type="checkbox"/> Current transcript | <input type="checkbox"/> ACCESS testing date/score level |
| <input type="checkbox"/> Application for educational benefits | <input type="checkbox"/> Health plan |
| <input type="checkbox"/> Summary of behavior referrals/discipline | <input type="checkbox"/> 504 plan |
| <input type="checkbox"/> State testing results | |

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