

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



WEST CENTRAL EDUCATION DISTRICT

*Program Oversight:
Early Intervention,
Star, Beacon and ALC*

Area Learning Center Application (enrollment in day school)

Name (first, last): _____ Gender: _____ DOB: _____ Grade: _____

Student Cell Phone Number: _____

Mother's Name: _____ Phone # _____

Address: _____

Father's Name: _____ Phone # _____

Address: _____

Resides with: _____ Phone, if different than parent: _____

Address if different from parent: _____

Specific custody arrangements: _____

Referring District: _____ MARRS # _____ Grad Year _____

Referred By: _____ Date Referred: _____

Resident District: _____ Resident County: _____

Primary Language Spoken at Home: _____

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

Ethnicity: (see your MARSS person) _____

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: Please note if summarized on attached page

Name of Course/Subject: _____ Credit: _____

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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, non traditional 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, application for educational benefits (free and reduced lunch completed application), 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.

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