



**New Prague Alternative Learning Center**  
405 1st Ave. N.W. - New Prague, MN 56071  
phone: 952-758-1745; fax: 952-758-1749  
[www.npaschools.org](http://www.npaschools.org)

## **NEW PRAGUE AREA SCHOOLS**

Thank you for your interest in applying to the New Prague Alternative Learning Center.  
Keep all sections of this application together

The student applicant and his/her parent/guardian are responsible for ensuring that all required information is completed and attached to the application.

The procedure for applying to the NPALC is listed below.

1. The student and parent sections of the application must be completed and returned to the NPALC.
2. If your home school district is not ISD 721, current transcripts, MCA-II/GRAD scores with numbers, IEP's, 504's, and immunizations must be included with your application.
3. Students who receive Special Education Services and have an IEP must have a team meeting with home school district and NPALC staff prior to filling out this application. All IEP's and Evaluation Summary Reports must be current (not due in 45 days upon acceptance).
4. If you are accepted, you will be notified by NPALC staff. You and a parent/guardian must attend an orientation meeting at which time you complete the registration process.

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**To be considered for enrollment, your application must be completed (all pages) and turned into the New Prague Alternative Center.**

The following checklist will help ensure that your application is complete:

- General information is complete, including phone numbers and email addresses
- Student questions are answered with thorough answers
- Parent/Guardian questions are answered
- Transcript, immunizations, MCA-II/GRAD?BST scored with numbers, current 504, and/or IEP are attached
- Emergency/Health form has been completed by parent/guardian
- Student and parents/guardian signatures





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**NEW PRAGUE AREA SCHOOLS**

## ALC STUDENT APPLICATION

*(Please print legibly)*

\_\_\_\_\_

Last Name	First Name	Middle	Birthdate
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\_\_\_\_\_

Address	City, State and Zip
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\_\_\_\_\_

Student Home Phone	Student Cell Phone	Other number(s)
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\_\_\_\_\_

Name of parent/legal guardian	Address	City, State, and Zip
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\_\_\_\_\_

Home Phone	Work Phone	Other number(s)
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\_\_\_\_\_

Current or last school attended	Grade	Date attended	School Counselor
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**Indicators of Need:** (Check ( ) all that apply)

\_\_\_ performs substantially below the performance level for pupils of the same age in a locally determined achievement test

\_\_\_ is at least one year behind in satisfactorily completing coursework or obtaining credits for graduation;

\_\_\_ is pregnant or is a parent

\_\_\_ has been assessed as chemically dependent

\_\_\_ has been excluded or expelled according to sections 121A.40 to 121A.56

\_\_\_ has been referred by a school district for enrollment in an eligible program or a program pursuant to section 124D.69

\_\_\_ is a victim of physical or sexual abuse

\_\_\_ has experienced mental health problems

\_\_\_ has experienced homelessness some time within six months before requesting a transfer to an eligible program

\_\_\_ speaks English as a second language or has limited English proficiency (LEP)

\_\_\_ has withdrawn from school or has been chronically truant

\_\_\_ Other \_\_\_\_\_  
 please fill in

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**TO BE COMPLETED BY STUDENT:**

Do you have a county social worker or case manager? Yes or No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a probation officer? Yes or No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you been in Chemical Dependency treatment? Yes or No

In-Patient \_\_\_\_ Out-Patient \_\_\_\_ Facility: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you been in Mental Health treatment? Yes or No

In-Patient \_\_\_\_ Out-Patient \_\_\_\_ Facility: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

This is a school of choice. Please describe why you want to attend NPALC. \_\_\_\_\_

\_\_\_\_\_

What did you struggle with most at your last school? \_\_\_\_\_

\_\_\_\_\_

What commitment(s) are you willing to make to be successful at the NPALC? \_\_\_\_\_

\_\_\_\_\_

Please describe any concerns (academic, physical, psychological, social, etc.) we should know about. \_\_\_\_\_

\_\_\_\_\_

Why should you be accepted at the NPALC? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

General Information Questions					
What language do you primarily speak at home?					
Putting them together, what were your grades mostly like last year?	A's	B's	C's	D's	F's
How often do you feel that school work assigned is meaningful or important?	always	often	sometimes	seldom	never
How important do you think what you are learning in school is for later in life?					
How often do you enjoy being in school?	always	often	sometimes	seldom	never
How often do you hate being in school?	always	often	sometimes	seldom	never
How often do you try your best work in school?	always	often	sometimes	seldom	never
I like having the chance to help decide things like class activities or rules.	Yes	No			
I like being noticed when I do a good job.	Yes	No			
I like having an opportunity to talk with my teachers one-on-one.	Yes	No			
I feel safe when I am at school.	Yes	No			
I like when the school lets my parents know when I have done something well.	Yes	No			
I like participating in class discussions.	Yes	No			
I like completing class projects.	Yes	No			
Have you used smokeless tobacco?	Yes	No			
Have you smoked cigarettes?	Yes	No			
Have you tried other illegal drugs?	Yes	No			
Do you drink alcohol?	Yes	No			
Have you been suspended from school?	Yes	No			
Have you ever been involved in a physical fight?	Yes	No			
Do you like to see how much you can get away with?	Yes	No			
Do you ever feel like life is not worth it?	Yes	No			
Do you ever feel like you aren't good at anything?	Yes	No			
Do you see yourself as a failure?	Yes	No			
Do you feel it is okay to beat people up if they start a fight?	Yes	No			
Do you feel it is okay to steal if you can get away with it?	Yes	No			
Do you feel it is important to be honest, even if it upsets people?	Yes	No			
Do you feel it is okay to cheat in school sometimes?	Yes	No			
Do you feel it is okay to ignore rules that get in your way?	Yes	No			
Do you ever do the opposite of what people say just to make them mad?	Yes	No			
Do you do things that feel good without considering the consequences?	always	often	sometimes	seldom	never
Do you do things that are dangerous because someone has dared you to?	always	often	sometimes	seldom	never
Do you feel it is okay to make fun of someone because they are different?	always	often	sometimes	seldom	never

**TO BE COMPLETED BY PARENT OR GUARDIAN:**

How do you believe the NPALC will be able to better serve your child? \_\_\_\_\_

\_\_\_\_\_

Please describe any concerns and /or provide information to help us better serve your child. \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY INFORMATION**

Student Legal Name: \_\_\_\_\_

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

Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Student Lives with: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

In case of an emergency and the school staff is unable to reach the parents/guardians listed above, please call:

Name:	Relationship to student:	Home Phone	Alternate Phone:



**HEALTH INFORMATION**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Does this student have current health concerns? \_\_\_\_\_  
\_\_\_\_\_

Please list any medications this student is currently taking: \_\_\_\_\_  
\_\_\_\_\_

In an effort to create the best environment for all students to learn and to support the communication and cooperation needed between the New Prague Alternative Center staff, parents/guardians and students, we ask that you read the following statements.

1. Enrollment at the NPALC is voluntary.
2. The staff of the NPALC is here to assist students and families in making the educational experience as successful as possible. If you have questions/concerns at any time, please contact the staff to set up a phone conference or meeting.
3. It is our expectation that students are free from chemicals while they attend school. Our staff and school nurse are great resources for any student or parent.
4. Due to the individualized nature of the program at the NPALC, electronic student grade books may not be used for all classes. Staff will make every attempt to keep you apprised of the status of your child in their classes.

The signatures below acknowledge our commitment to the NPALC and the success of our student. We agree to follow the rules and policies of the NPALC as stated in the school handbook.

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NPALC Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_