

Area Learning Center Student Enrollment Form *and* Non-Resident Tuition Acknowledgement: 2016-2017

Intermediate District 287

RESPONSIVE. INNOVATIVE. SOLUTIONS.

287 Student ID #

NOTE: This information is required by the ALC for state reporting purposes and the operation of the ALC. All information is protected under the Data Privacy Act.

Today's Date:	Return Form to:		
ALC School Name:	Address:		
ALC School Number:	City	State	ZIP

Student Name (Use legal name and permanent address only) (CE220):			
Last:	First:	Middle:	
Street Address (CE010):		APT:	Email:
City:		State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
Birth date (CE220): MM/DD/YYYY		Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F

Is this student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Primary Ethnicity: <input type="checkbox"/> American Indian/Alaskan Native(1) <input type="checkbox"/> Asian/Pacific Islander(2) <input type="checkbox"/> Hispanic(3) <input type="checkbox"/> Black(4) <input type="checkbox"/> White(5)				
What is the student's race? (choose one or more) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black /African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White				
Primary Home Language (CE220):		Student Birth Country (CE221):		

WITH WHOM DOES THE STUDENT LIVE? (circle one)			
Mother & Stepfather	Mother & Mother	Father & Mother	Father & Stepmother
Legal Guardian(s)	Foster Parent(s)	Father & Father	Father only Mother Only
		Grandparent(s)	Other: _____

Parent/Guardian #1	Relationship:	Parent/Guardian #2	Relationship:
Last:	First:	Last:	First:
Address (if different from above):		Address (if different from above):	
Street:	APT:	Street:	APT:
City:	State:	City:	State:
Phone (H):	Phone (W):	Phone (H):	Phone (W):

Grade Level:	Ward of State: <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Ed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Evaluation Status:
Transportation Code:		Primary Disability:	
Transportation District:		Instructional Setting:	
State ID #		Grad Standards Year (GSY): (NOTE: GSY must be completed for all students in ninth grade or over.)	

ENROLLMENT DATE (ST208): MM/DD/YYYY		Limited English Proficient: <input type="checkbox"/> Yes <input type="checkbox"/> No	LEP Start Date:
State Aid Category: 03	GI:	Resident District:	Post-Secondary Options: <input type="checkbox"/> Yes <input type="checkbox"/> No
Last School Attended:		Month:	Year:
Compensatory Aid: 0 1 2	FTE %	School Code:	Previous District #:
Opt Out: MN Care <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Location of Attendance Code:	

NOTE: Approval of this form indicates verification that a Continuous Learning Plan is on file and in mutual agreement with the resident district.

ADMINISTRATOR—We acknowledge that the student listed above is a resident of our school district, and we expect to be billed for alternative instruction and service costs provided for this student during the indicated school year by Intermediate District 287. Credits earned will be accepted and the information contained on this document is correct to the best of our knowledge. (Please sign below.)

Resident District Administrator or Designee

School District

Date

White — MARSS Copy (287)

Yellow — Program

Pink — Resident District Administration

MARSS Form (REV 5.15.15)