

# WILLMAR AREA LEARNING CENTER

## 2014-2015 APPLICATION

Complete **ALL** attached forms for the 2014-2015 school year. You **WILL NOT** be assigned a class until your application is completed. Stop in or call (320-214-6692) to visit with the Program Coordinator if you have questions. **ALL** information is in the handbook. Pencils, paper, and folders are required for classes.

<b>STUDENT NAME (First, Middle, Last)</b>	<b>Birthdate</b>	<b>Grade</b>
<b>Student's Email Address</b>	<b>Parent's/Guardian's Email Address</b>	

<b>CHECK the class or classes desired:</b>			
<b>SUMMER SCHOOL (Check)- INDEPENDENT STUDY</b>		<b>DAY SCHOOL (Check 6 classes)</b>	
	Communications		Academic Strategies (special education)
	Math		Art
	Science		Communications
	Social Studies		Driver's Education
	Elective		FACS
			Health
<b>NIGHT SCHOOL (Check) - INDEPENDENT STUDY</b>			Math
	Communications		Physical Education
	Health – elective		Reading Comprehension - elective
	Math		Science
	Science		Service Learning
	Social Studies		Social Studies
	Elective		Work Experience

**PLEASE COMPLETE (all applicants must complete)**

1.	Write Your Long-Term Goal:
2.	Write Your Short-Term Goal:

**QUALIFIER:**


# WILLMAR ARE LEARNING CENTER APPLICATION 2014-2015

<b>STUDENT NAME</b> -First, Middle, (Maiden), Last		<b>BIRTHDATE</b>	<b>AGE</b>	<b>Sex (M-F)</b>	
<b>Student's Address</b>					
<b>Street Address (PO Box)</b>		<b>Lot/Appt #</b>	<b>City</b>	<b>State</b>	<b>Zip code</b>
<b>Home Phone</b>		<b>Student's Cell Phone</b>		<b>Student's Work Phone</b>	

<b>PARENT/GUARDIAN INFORMATION</b>					
<i>Student lives with(circle: Mother Father Both Other (explain))</i>					
<b>Mother's Name</b>		<b>Home Phone</b>		<b>Cell Phone</b>	
<b>Street Address (PO Box if applicable)</b>		<b>Lot/Appt #</b>		<b>City</b>	<b>State</b>
<b>Father's Name</b>		<b>Home Phone</b>		<b>Cell Phone</b>	
<b>Street Address (PO Box if applicable)</b>		<b>Lot/Appt #</b>		<b>City</b>	<b>State</b>
<b>Brother(s)/Sister(s) and Grades</b>					

***In case of emergency and I am unavailable, please contact one of the following:***

<b>Name-First, Middle(if available), Last</b>	<b>Relationship to Student</b>	<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>

***Accident or serious illness - In case of emergency or serious illness, I request the school to contact me. If I am unavailable, please call the physician indicated below and follow his instructions. If this physician is unavailable, the school may make whatever arrangements necessary.***

Doctor to Contact \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

## **Educational Information** (list all schools attended, additional information can be written on the back of the application)

<b>NAME OF SCHOOL LAST ATTENDED</b>		<b>SCHOOL ADDRESS-Street, City, State, Zip Code</b>			
<b>Currently Attending Y N</b>	<b>Date of Withdrawal</b>	<b>Reason for Withdrawal</b>			
<b>Were you in any of the following programs (circle all that apply):</b>					
<b>Work Experience</b>		<b>SLD</b>	<b>EBD</b>	<b>OHD</b>	<b>Other</b>
<b>Have you been referred or tested for Special Education in high school?</b>					

**OTHER IMPORTANT INFORMATION (STUDENT):**

Are you receiving services from:			
County	Social Security	Other-Explain:	
Do you have a Social Worker?			
Name	Phone	County	
Do you have a Probation Officer			
Name	Phone	County	
Are you married?	Single?	Divorced?	Parent?
Have you been recommended or evaluated for chemical use? Yes _____ No _____			
Have you been in treatment? Yes _____ No _____ Dates: From _____ To _____			
Name/Address of Treatment Facility:			
How did you hear about the Willmar Area Learning Center?			
Why do you want to attend?			
Have you completed the free/reduced lunch application for the current school year?			

**WILLMAR AREA LEARNING CENTER GUIDELINES**

1. Acceptance into the ALC Program is a trial placement. Continued enrollment is dependent upon satisfactory citizenship, scholarship, and attendance.
2. Students are expected to make a genuine commitment to improve their academic and vocational skills and to earn a high school diploma.

**I AGREE TO FOLLOW THE REGULATIONS AND POLICIES SPELLED OUT IN THE ALC STUDENT HANDBOOK.**

<b>Student's Signature</b>	Date
<b>Parent's/Guardian's Signature</b> (for students under the age of 18)	Date

**PERMISSION FORM**

I give my son/daughter permission to participate in local field trips, printed and electronic media coverage, and general functions sponsored by the Willmar Area Learning Center.	
<b>Parent's/Guardian's Signature</b>	Date

It is expected that students who attend the Willmar Area Learning Center are serious about earning credits toward graduation. Therefore, it is expected that students will attend classes on a regular basis. If, as a parent or guardian, you feel attendance might be an issue with your child, it is suggested that you request weekly attendance be sent to you or that you call the attendance clerk at the end of the week for an update.

**RETURN COMPLETED FORMS TO: Willmar Area Learning Center  
512 8<sup>th</sup> Street SW  
Willmar, MN 56201  
Phone: 320-214-6692  
Fax: 320-235-5352**

Rev. 11-2001; 2-2002; 2-11-2002; 8-01-2012

**Internet and Electronic Mail**

**User Agreement and Parent Permission Form**

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As a user of the Willmar Public Schools computer network, I hereby agree to comply with the Willmar Public Schools Internet Acceptable Use and Safety Policy No. 524 posted on the Willmar Public Schools' web page.

I agree to honor all relevant laws and restrictions.

Student Signature \_\_\_\_\_

As the parent or legal guardian of the minor student signing above, I grant permission for my son or daughter to access networked computer services such as electronic mail and the Internet. I understand that individuals and families will be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use - setting and conveying standards for my daughter or son to follow when selecting, sharing or exploring information and media.

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

Name of Student \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

## ESCUELAS PUBLICAS DE WILLMAR

### 516FS – Internet y Correo Electrónico

#### Forma de Permiso d Padres y Acuerdo al uso de Internet

Como usuario del network de las computadoras de las Escuela Públicas de Willmar, por este medio estoy de acuerdo con el uso aceptable del Internet de las Escuelas Públicas de Willmar y con su Póliza de seguridad No. 516 publicada en la pagina de internet de las Escuelas Públicas de Willmar. Estoy de acuerdo en hacerle honor a todas las leyes relevantes y restricciones.

Firma del Alumno \_\_\_\_\_

Como padre/madre o tutor legal del menor que firma anteriormente, doy permiso a mi hijo o hija a tener acceso a los servicios de network de la computadora como correo electrónico e Internet. Entiendo que las personas responsables a cualquier violación serán el mismo individuo y las familias. Entiendo que algunos materials del Internet puede ser censurable, pero yo acepto la responsabilidad para la guía del uso del Internet – poniendo y estableciendo normas para mi hijo/a seguir cuando este seleccionando o navegando información y media.

Firma del padre/madre \_\_\_\_\_ Fecha \_\_\_\_\_

Nombre del alumno \_\_\_\_\_ Escuela \_\_\_\_\_

Grado \_\_\_\_\_ Fecha de nacimiento \_\_\_\_\_

Calle y direccion \_\_\_\_\_ Telefono de casa \_\_\_\_\_