

WEST CENTRAL AREA LEARNING CENTER ADMISSION APPLICATION

1. Name (First, Middle, Last) _____

2. Birth Date (mm/dd/yy): _____ Today's Date: _____

3. Phone Number (home): _____ (work) _____

4. Home District: _____ MARSS Number: _____

5. Referred by: _____ Title: _____ Date referred: _____

6. Reason for referral (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> failing classes | <input type="checkbox"/> assessed as chemically dependent |
| <input type="checkbox"/> hands-on learning style | <input type="checkbox"/> perpetual victim of other students |
| <input type="checkbox"/> low motivation, low grades | <input type="checkbox"/> overly aggressive, fighting, etc |
| <input type="checkbox"/> absenteeism problem | <input type="checkbox"/> overwhelmed by large class sizes |
| <input type="checkbox"/> appears isolated from others | <input type="checkbox"/> excluded or expelled per MS 127.26 or 127.39 |
| <input type="checkbox"/> family issues | <input type="checkbox"/> speaks English as a Second Language/Limited English Proficiency |
| <input type="checkbox"/> homeless within last 6 mos | <input type="checkbox"/> pregnant or a parent |
| <input type="checkbox"/> physically or sexually abused | <input type="checkbox"/> experienced mental health problems |
| <input type="checkbox"/> two or more grades below on achievement tests | |
| <input type="checkbox"/> at least one year behind in satisfactorily completing coursework | |
| <input type="checkbox"/> referred by school district for enrollment at WCALC | |
| <input type="checkbox"/> other, specify _____ | |

7. Academic Status. Last Grade Completed: _____

Latest Reading Level: _____ (Test/Date: _____)

Latest Mathematics Level: _____ (Test/Date: _____)

Basic Skills Tests Passed: Eighth Reading Eighth Mathematics Tenth Writing

Minnesota Comprehensive Achievement completed:

Reading 7 Mathematics 7 Reading 10 Mathematics 11

8. Student is currently receiving the following services:

___ Special Education LD EBD Other

___ LEP

___ Title I

___ Social Worker/School Psychologist/Mental Health

___ Assurance of Mastery

___ Other, specify _____

9. In Part 6 of this application one or more referral reasons were checked. In this regard, what are the expectations and goals the referring district, or the student, has for choosing the WCALC as an alternative, nontraditional educational placement:

a.

b.

c.

d.

10. Identify those interventions the home district at risk team has tried prior to making this application:

a.

b.

c.

11. _____
Student signature and date

12. _____
Signature and Title of District Official approving this application; Date

13. Date Received at WCALC: _____

14. Admission packet reviewed by: _____ Date: _____

15. Admission: Approved Denied Date:
 (if denied attach explanation)

FORMS, WORKSHEETS, ETC. TO BE COMPLETED AND ATTACHED TO APPLICATION:

___Interventions Completed Worksheet

___ALC Transportation Eligibility Form

___Individual Educational Plan

___Current Evaluation Report (SPED)

___Functional Behavior Assessment/Plan

___Graduation Contract