

This application is for students who are currently attending, or whose most previous school experience was at a District 279 school

Osseo Area Learning Center

7300 Boone Avenue North

Brooklyn Park, MN 55428

Phone: (763) 391-8890 Fax: (763) 391-8575

Thank you for applying to the OALC!

Applicants are responsible for ensuring that all required information is completed before the application can be processed.

The procedure for applying to the OALC is listed below:

1. The entire enrollment packet must be completed and returned to the OALC. Please keep all sections of the application stapled together!
2. **If you are a student who receives Special Education services and has an Individual Education Plan (IEP), we are required by law to conduct an IEP review to determine if OALC is an appropriate setting to best meet your educational needs.**
 - Please do not proceed with this application until this process is completed. Our special education teacher, Chris Buerman ((763) 391-8890, extension 44213), will assist you with this process.
3. Upon acceptance, **you and a parent/guardian must** attend an enrollment/admission meeting prior to beginning classes at the OALC. These appointments last approximately 20 minutes.
4. New students will typically have an initial enrollment date that is on the first day of the school week (usually Monday).

OSSEO AREA SCHOOLS

ISD  279

STUDENT APPLICATION - OSSEO AREA LEARNING CENTER

7300 Boone Ave. N., Brooklyn Park, MN 55428

(763) 391-8890 Fax (763) 391-8595

_____	_____	_____	_____	<input type="checkbox"/> Male
Last Name	First Name	Middle	Date of birth	<input type="checkbox"/> Female
_____	_____	_____	_____	_____
Current or last school attended	Grade	Date attended	Name of counselor or contact person	

Do you need childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of child(ren):	Date of birth:
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Students that attend OALC must meet at least one of the following state eligibility criteria. Please circle all that apply.

1. performs substantially below the performance level for pupils of the same age in a locally determined achievement test;
2. is behind in satisfactorily completing coursework or obtaining credits for graduation;
3. is pregnant or is a parent;
4. has been assessed as chemically dependent;
5. has been excluded or expelled from school;
6. has been referred by a school district for enrollment in an eligible program;
7. is a victim of physical or sexual abuse;
8. has experienced mental health problems;
9. has experienced homelessness sometime within six months before requesting a transfer to an eligible program;
10. speaks English as a second Language or is an English learner; or
11. has withdrawn from school or has been chronically truant.

Student Statement: (use back side of page if more space is needed)

If you are a new student, please explain why you want to attend OALC.

If you are a student returning to OALC, please explain why you want to come back.

ENROLLMENT CHECKLIST

PLEASE HELP US SERVE YOU BETTER BY USING THIS CHECKLIST TO COMPLETE THE FORMS AND COLLECT THE DOCUMENTS NECESSARY FOR ENROLLING YOUR STUDENT

FORMS

ENROLLMENT FORM

- Complete both pages and sign the form
- Include any court documents related to guardianship or custody limitations, if applicable

EMERGENCY CONTACT AND HEALTH HISTORY FORM

- Complete as much information as possible and sign the form

STUDENT CONCERNS FORM

- Please share concerns that you may have regarding the student

PROOF OF RESIDENCY DOCUMENT

- THE DOCUMENT MUST SHOW THE NAME AND ADDRESS OF THE PARENT/GUARDIAN OR OTHER PERSON HAVING LEGAL CUSTODY OF THE STUDENT.

Please submit one of the following proofs of residency documents:

1. MINNESOTA DRIVER'S LICENSE WITH CURRENT ADDRESS

– OR –

2. A PHOTO ID (MAY BE EXPIRED) **AND** AN ADDRESS VERIFICATION DOCUMENT

Please submit a PHOTO ID and an ADDRESS VERIFICATION DOCUMENT from the list below

<u>PHOTO ID (may be expired) – Select One</u>	<u>ADDRESS VERIFICATION DOCUMENT – Select One</u>
State ID with FORMER address	Utility Bill [Dated within 60 days of enrollment] – electric, gas, water, solid waste, sewer, telephone (landline, cell, VOIP, etc.), internet services, TV (cable, satellite)
Passport	Letter from Government Agency (Local, State, or Federal) [Dated within 60 days of enrollment] – assisted housing, food stamps, etc.
Military ID	Lease Agreement – Must be signed by lessee and lessor and show the lease period (start date – end date)
Tribal ID	Purchase Agreement [Date with 60 days of enrollment] – Must be signed and show the purchase date
University, College, or Technical College ID Card	

DOCUMENTS

Your student's name, address, date of birth, school of attendance, dates of attendance, grades completed, awards and degrees, participation in officially recognized activities/sports, height and weight (if a member of an athletic team), and photograph are directory information. Directory information may be disclosed without prior consent unless you submit a written denial of release. All other data on these forms is private and will be used to identify the student's school records; provide legally required data for state and federal reports; and enable school officials to communicate with the home, including sharing school district information, and to access student data on a need-to-know basis. You are not required to provide a phone number or email, but the school will have difficulty communicating with you without it. Only authorized state and school officials will have access to this information. See *School Board Policy 515*.

ISD 279 – OSSEO AREA SCHOOLS

ENROLLMENT FORM

SCHOOL: _____

PROGRAM _____

GRAD INCENTIVE _____

OFFICE USE ONLY	STUDENT ID	BEGIN DATE (mm-dd-yyyy)	LAST LOCATION CODE	<input type="checkbox"/> NEW <input type="checkbox"/> ADDRESS CHG MOVE DATE:	<input type="checkbox"/> RE-ENTRY <input type="checkbox"/> TRANSFER	<input type="checkbox"/> WARD OF THE STATE <input type="checkbox"/> HOMELESS	<input type="checkbox"/> SHARED-TIME <input type="checkbox"/> 504 <input type="checkbox"/> IEP	
	<input type="checkbox"/> PRIMARY <input type="checkbox"/> LIVES WITH <input type="checkbox"/> ADDRESS CHANGE	DWELLING #	FAMILY #	LEGAL <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6	RES DIST	RES SCHL	RES CNTY	SAC
	<input type="checkbox"/> PRIMARY <input type="checkbox"/> LIVES WITH <input type="checkbox"/> ADDRESS CHANGE	DWELLING #	FAMILY #	LEGAL <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6	ACTION CODE <input type="checkbox"/> NW <input type="checkbox"/> EO <input type="checkbox"/> SP <input type="checkbox"/> OS <input type="checkbox"/> RO <input type="checkbox"/> EL	HOME LANG.	COMPLETED BY	

1. STUDENT INFORMATION (LEGAL NAME AS IT APPEARS ON THE BIRTH CERTIFICATE)

LEGAL NAME	Last:	First:	Middle:	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTH DATE (mm-dd-yyyy)	ENR GRADE
ADDRESS	Street Name and House Number (Apt./Unit#):			City:	State:	Zip Code:
HOME PHONE <input type="checkbox"/> Unlisted	() -	WITH WHOM DOES THE STUDENT LIVE? <input type="checkbox"/> Both Father & Mother <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only	<input type="checkbox"/> Mother and Stepfather <input type="checkbox"/> Father and Stepmother <input type="checkbox"/> Other relationship:			

2. BIOLOGICAL OR ADOPTIVE PARENT #1 INFORMATION

LEGAL NAME	Last:	First:	Middle:	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP <input type="checkbox"/> Father <input type="checkbox"/> Mother	INCLUDE FOR MAILINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME PHONE <i>(If different than student)</i>	() -	CELL PHONE () -	WORK PHONE () -	EMAIL		
ADDRESS <i>(If different than student)</i>	Street Name and House Number (Apt./Unit#):			City:	State:	Zip Code:

3. BIOLOGICAL OR ADOPTIVE PARENT #2 INFORMATION

LEGAL NAME	Last:	First:	Middle:	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP <input type="checkbox"/> Father <input type="checkbox"/> Mother	INCLUDE FOR MAILINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME PHONE <i>(If different than student)</i>	() -	CELL PHONE () -	WORK PHONE () -	EMAIL		
ADDRESS <i>(If different than student)</i>	Street Name and House Number (Apt./Unit#):			City:	State:	Zip Code:

4. LEGAL GUARDIAN (LEGAL DOCUMENTATION IS REQUIRED TO USE THIS ADDRESS FOR SCHOOL ASSIGNMENT)

LEGAL NAME	Last:	First:	Middle:	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP	INCLUDE FOR MAILINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME PHONE <i>(If different than student)</i>	() -	CELL PHONE () -	WORK PHONE () -	EMAIL		
ADDRESS <i>(If different than student)</i>	Street Name and House Number (Apt./Unit#):			City:	State:	Zip Code:

5. OTHER ADULT #1 (OTHER ADULT IN HOME WITH LEGAL RESPONSIBILITY FOR YOUR STUDENT)

LEGAL NAME	Last:	First:	Middle:	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP	INCLUDE FOR MAILINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME PHONE <i>(If different than student)</i>	() -	CELL PHONE () -	WORK PHONE () -	EMAIL		

6. OTHER ADULT #2 (OTHER ADULT IN HOME WITH LEGAL RESPONSIBILITY FOR YOUR STUDENT)

LEGAL NAME	Last:	First:	Middle:	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP	INCLUDE FOR MAILINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME PHONE <i>(If different than student)</i>	() -	CELL PHONE () -	WORK PHONE () -	EMAIL		

OFFICE USE ONLY	STUDENT ID
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ENROLLMENT FORM *(continued)*

ISD 279-OSSEO AREA SCHOOLS

7. GENERAL ENROLLMENT QUESTIONS

Have you recently moved to the school district in the last 36 months for temporary or seasonal agriculture or fishing work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your student ever enrolled in a Minnesota public school before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your student ever enrolled in ISD 279-Osseo Area Schools before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your student currently enrolled in a talented and gifted program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your student ever received help learning American English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your student currently receiving Title 1 services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your student have a social worker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name and phone number: _____		
Has your student ever been expelled from a previous school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, where? _____		
Has your student ever been arrested resulting in a charge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of probation officer and phone number: _____		
Early Childhood Screening: If enrolling for Kindergarten, has your student completed screening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Where? _____		
Does your student have a Section 504 Accommodation Plan as defined by ADA? (Americans with Disabilities Act)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your student have a Special Education IEP (Individual Education Plan)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, what is your student's disability? (Check all that apply)		
<input type="checkbox"/> Autism Spectrum Disorders <input type="checkbox"/> Developmental Cognitive Disability <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Deaf – Hard of Hearing	<input type="checkbox"/> Emotional/Behavior Disorders <input type="checkbox"/> Other Health Disabilities <input type="checkbox"/> Physically Impaired <input type="checkbox"/> Specific Learning Disabilities	<input type="checkbox"/> Speech /Language Impairments <input type="checkbox"/> Severely Multiple Impaired <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Visually Impaired

OFFICE USE ONLY	STUDENT ID
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ENROLLMENT FORM *(continued)*

ISD 279-OSSEO AREA SCHOOLS

8. OTHER SIBLINGS OF THE STUDENT UNDER THE AGE OF 21 LIVING IN THE SAME HOUSEHOLD INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER	BIRTH DATE (mm/dd/yyyy)	GRADE	SCHOOL
			<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /		
			<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /		
			<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /		
			<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /		
			<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /		
			<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /		

9. RACIAL/ETHNIC REPORTING INFORMATION (check ALL 3 columns)

PRIMARY RACIAL ETHNIC BACKGROUND FOR STATE CHECK ONE RESPONSE	FEDERAL REPORTING CHECK ONE RESPONSE	CHECK ALL RESPONSES THAT APPLY
<input type="checkbox"/> American Indian/Alaskan Native (1)	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian/Other Pacific Islander (2)	<input type="checkbox"/> NOT Hispanic or Latino	<input type="checkbox"/> Asian/Other Pacific Islander
<input type="checkbox"/> Hispanic (3)		<input type="checkbox"/> Hispanic
<input type="checkbox"/> Black, not of Hispanic origin (4)		<input type="checkbox"/> Black, not of Hispanic origin
<input type="checkbox"/> White, not of Hispanic origin (5)		<input type="checkbox"/> White, not of Hispanic origin

10. HOME LANGUAGE INFORMATION

A. Which language(s) did your student learn first?	<input type="checkbox"/> English (American)	<input type="checkbox"/> Other: _____
B. Which language(s) are usually spoken in your home?	<input type="checkbox"/> English (American)	<input type="checkbox"/> Other: _____
C. Which language(s) does your student speak or understand?	<input type="checkbox"/> English (American)	<input type="checkbox"/> Other: _____
D. Do you speak another language, other than English, and need an interpreter? If so, which language? _____		

11. IMMIGRANT INFORMATION

A. What is your student's country of birth? _____

B. If not the United States, when did your student enter the USA? (mm/dd/yyyy) _____

12. RESIDENCY INFORMATION

Is your student considered homeless? Yes No

If YES, what district and school did your student attend prior to becoming homeless? _____

If YES, what district does the primary legal parent live? _____

13. PREVIOUS SCHOOL ENROLLMENT INFORMATION

LIST ALL PREVIOUS ENROLLMENTS (LIST THE MOST RECENT FIRST)

District Name	School Name	State	Grade(s)	Withdraw Date

14. PARENT/LEGAL GUARDIAN/OTHER PRIMARY CARE PROVIDER/EMANCIPATED STUDENT CERTIFICATION

I CERTIFY THE INFORMATION GIVEN ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PRINTED NAME _____ SIGNATURE _____ DATE _____

STUDENT CONCERNS

Student Name _____

Please complete the following checklist – check all that apply.

ACADEMIC CONCERNS

- 504 Accommodation Plan
- Advance Courses: honors, advanced placement, etc.
- English Learner services (EL/ESL)
- Reading concerns
- Math concerns
- Special Education services (IEP) Please list primary disability: _____
- Title 1 services
- Tutoring
- Writing concern

BEHAVIORAL CONCERNS

- Attendance concerns
- Discipline/behavior issues
- Administrative withdrawals/suspension/expulsion

PERSONAL CONCERNS

- Attended several schools
- Chemical concerns
- Court involvement
 - Probation officer's name and phone # _____
 - Social Worker's name and phone # _____
- NOTE: Please complete a release of information – attached _____
- Health concern: _____ request contact with the school nurse
- Mental health issue
 - Therapist's name and phone # _____
- NOTE: Please complete a release of medical information – attached _____
- Peer conflicts
- *Other issue(s) please list _____
- Request counselor contact with parent and/or student

I have no concerns

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

Federally Recognized, State Organized Indian Group
 Including Alaska Native Recognized Terminated Meeting #5 of the
Definition Above

Name of individual with tribal membership: _____

Individual named is (check one): Child Child's Parent Child's
Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ OR

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

EMERGENCY CONTACT AND HEALTH HISTORY FORM

OFFICE USE	STUDENT ID	NOTES								
1. STUDENT INFORMATION										
LEGAL NAME	Last:	First:			Middle:	GENDER	BIRTH DATE (mm/dd/yyyy) / /		GRADE	
ADDRESS	Street Name and House Number (Apt./Unit#):					City:	State:	Zip Code:		
2. EMERGENCY CONTACT INFORMATION										
This information is being collected to provide for the student's health and safety at school. Refusal to supply emergency information could result in the school's inability to contact you in case of an emergency. In the event of an emergency and the school is unable to reach the parent, the school will secure emergency services (medical, dental, paramedic, ambulance) for my child, at parent expense. District Policy authorizes school staff to release private data to appropriate parties in connection with an emergency if the knowledge of the information is necessary to protect the health and safety of the student. I certify that all information below is accurate and that it is my responsibility to apprise the school of any changes in residency, phone numbers, and emergency release contacts.										
EMERGENCY CONTACT(S) THAT LIVE(S) WITH THE STUDENT										
LEGAL NAME	Last:	First:			Middle:	GENDER	RELATIONSHIP			
HOME PHONE	() -	CELL PHONE	() -	WORK PHONE	() -	Please check to allow school nurse to leave voicemail <input type="checkbox"/>				
LEGAL NAME	Last:	First:			Middle:	GENDER	RELATIONSHIP			
HOME PHONE	() -	CELL PHONE	() -	WORK PHONE	() -	Please check to allow school nurse to leave voicemail <input type="checkbox"/>				
OTHER EMERGENCY CONTACT(S) – If possible please list at least two contacts										
LEGAL NAME	Last:	First:			Middle:	GENDER	RELATIONSHIP			
HOME PHONE	() -	CELL PHONE	() -	WORK PHONE	() -	Please check to allow school nurse to leave voicemail <input type="checkbox"/>				
LEGAL NAME	Last:	First:			Middle:	GENDER	RELATIONSHIP			
HOME PHONE	() -	CELL PHONE	() -	WORK PHONE	() -	Please check to allow school nurse to leave voicemail <input type="checkbox"/>				
LEGAL NAME	Last:	First:			Middle:	GENDER	RELATIONSHIP			
HOME PHONE	() -	CELL PHONE	() -	WORK PHONE	() -	Please check to allow school nurse to leave voicemail <input type="checkbox"/>				
PRIMARY E-MAIL ADDRESS – Please list only one e-mail address					FAMILY DOCTOR NAME		FAMILY DOCTOR PHONE NUMBER			
							() -			
4. HEALTH HISTORY INFORMATION										
This information is required in order to provide appropriate health services for your student. This data will be treated as private data and will be recorded in the student health record. It will be shared with those working with your child only on a "need to know" basis and with emergency personnel in the event of an emergency.										
DOES YOUR CHILD HAVE ANY OF THE FOLLOWING CHRONIC HEALTH CONDITIONS? (CHECK ALL THAT APPLY)	<input type="checkbox"/> Allergies (bee stings, food, medication, etc.) <input type="checkbox"/> Epi-pen (Prescribed) - Will be kept in Nurses Office <input type="checkbox"/> Epi-pen (Prescribed) - Student will be carrying his/her epi-pen with them				<input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> Corrective Lenses		<input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy/Seizures <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Heart Disease		<input type="checkbox"/> Hepatitis <input type="checkbox"/> Kidney problems <input type="checkbox"/> Sickle Cell Disease <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Vision Loss	
	<input type="checkbox"/> Other (Explain): _____									
HAS YOUR CHILD HAD THE CHICKEN POX DISEASE? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what month and year? (mm/yyyy) /	HAS YOUR CHILD BEEN HOSPITALIZED FOR ILLNESS, SURGERY, OR INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No			If YES, explain:					
DOES YOUR CHILD TAKE ANY MEDICATIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, explain:				OTHER COMMENTS					
OFFICE USE	INFORMATION ADDED TO	<input type="checkbox"/> HE220 <input type="checkbox"/> HE210	<input type="checkbox"/> HE230 <input type="checkbox"/> HE231	<input type="checkbox"/> HE215 <input type="checkbox"/> Health Notes						
9. PARENT/LEGAL GUARDIAN/OTHER PRIMARY CARE PROVIDER/EMANCIPATED STUDENT CERTIFICATION										
I CERTIFY THE INFORMATION GIVEN ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.										
PRINTED NAME _____				SIGNATURE _____				DATE _____		

Osseo Area Learning Center

Fax: (763) 391-8575

IN- DISTRICT SCHOOL COUNSELOR FORM

Student Name	Student ID	Date
Counselor Name	School & Grade Level	Phone Number

Required Courses & # of Trimesters required	Credits Earned	Credits Needed
English 9	3.0	
English 10	3.0	
English 11/12	6.0	
Social Studies 9	3.0	
US History A	1.0	
US History B	1.0	
World History Geography A	1.0	
World History Geography B	1.0	
World History Geography C	1.0	
Economics	1.0	
Government	1.0	
Non-Linear Algebra	3.0	
Geometry	3.0	
Algebra 2	3.0	
Science 9	3.0	
Biology	3.0	
Chemistry	3.0	
Life Fitness	1.0	
Health	1.0	
Art	3.0	
Electives	19.0	
TOTAL	64.0	

Please share any additional information below that might be helpful in working with this student.

PLEASE FAX THIS FORM TO (763) 391-8575

OSSEO AREA SCHOOLS

ISD  279