

Thank you for applying to the Osseo Area 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 OALC is listed below.

1. The student, parent, and counselor sections of the application must be completed and returned to the OALC.
Please keep all sections of the application stapled together! (When faxing, you do not need to include this page.)
2. If your home school district is not ISD 279, current transcripts, MCA-II/GRAD/BST scores with numbers, IEP's, 504's, and immunizations must be included with your application.
3. Attendance and discipline reports need to be attached for all students.
4. Students who receive Special Education Services and have an IEP need to complete an IEP meeting at his/her home school prior to filling out this application. **All IEPs and Evaluation Summary Reports must be current (not due in 45 days upon acceptance).**
5. If you are accepted, you will be sent a letter indicating the date and time for orientation, and a start date for classes. If you are not accepted, you will receive a letter or a phone call that explains the reason for denial.
6. Upon acceptance, **you and a parent/guardian must** attend our orientation program prior to beginning classes at the OALC. Orientations last approximately 45 minutes and are typically held in the early afternoon.
7. New students are accepted to the OALC once every three weeks. **Students may start only at the beginning of each three-week grading period.**

Note: Following are some of our considerations when reviewing applications:

- Priority is given to:
 - Students who are motivated to graduate
 - Parents in need of childcare, dependent upon the space available
 - Students whose class has already graduated and/or students near graduation
- ISD 279 students who have been expelled or have signed a separation agreement are not eligible to apply until the expulsion or separation agreement is no longer in effect.
- Students who have been expelled or have signed a separation agreement from another district may apply. The OALC may review the application with the ISD 279 District Administration and with the student's home district prior to making a decision regarding enrollment.

To be considered, your application must be completed (all pages) and turned in to the OALC.

Incomplete applications will be returned to students for completion.

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

- Student portion is complete with thorough answers. (pages 1 & 2)
- Parent/Guardian portion is complete and signed. (page 2)
- Counselor portion has been completed by your home high school. (pages 3 & 4)
- Transcript, attendance, discipline, immunizations, MCA-II/GRAD/BST scores with numbers, current 504, and/or IEP are attached to the application.
- Emergency/Health form has been completed by parent/guardian. (pages 5 & 6)
- All pages of the application are complete and turned into the OALC .**

Note for faxed applications: Be sure to fax both sides of the application pages. There are 6 pages total, plus coversheet.

STUDENT APPLICATION

(Please print legibly)

Last Name	First Name	Middle	Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address			City, State, and Zip	
Student Home phone		Student Cell phone		Other number(s)
Name of parent/legal guardian		Address		City, State, and Zip
Home phone		Work phone		Other number(s)
Current or last school attended		Grade	Date attended	Name of counselor or contact person
		(@ intended start date)		

Do you need childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of child: Additional Information:	Date of Birth:
Do you have a social worker or case manager? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Phone:
Do you have a probation officer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Phone:
Have you been in Chemical Dependency treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In-patient <input type="checkbox"/> Out-patient	Facility: Contact person:	Phone: Dates attended:
Have you been in Mental Health treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In-patient <input type="checkbox"/> Out-patient	Facility: Contact person:	Phone: Dates attended:

TO BE COMPLETED BY STUDENT

Please answer these questions as thoroughly as possible. They will be evaluated to determine your commitment to your education. Students who do not answer the following questions thoroughly may have their application denied.

This is a school of choice. Please describe why you want to attend the OALC. _____

What did you struggle with at your last school? _____

What commitment(s) are you willing to make to be successful at the OALC? _____

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

Why should we accept your application? _____

TO BE COMPLETED BY PARENT OR GUARDIAN

How do you believe the OALC will be able to better serve your child? _____

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

I verify that the information provided above is accurate.

I realize that any misinformation or lack of information will invalidate the application and/or terminate enrollment.

Parent or Guardian Signature

Student Signature

Date

If a Parent/Guardian is unable to complete this portion of the application, please explain the reason: _____

Osseo Area Learning Center

7300 Boone Avenue North
 Brooklyn Park, MN 55428
 Phone (763) 391-8890 Fax (763) 391-8575

Please attach transcript, MCA-II/GRAD/BST scores, 504, IEP, immunization records, attendance and discipline history.

Student Name	Current Grade	Date
Counselor Name	School	Phone Number

REQUIRED COURSES	279 (TRI) REQUIRED	PREVIOUS CREDITS 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 / American History	1.0			
US History B / Intro to Wrld Geo	1.0			
Geo of Africa / Wrld Hist/Geo A	1.0			
Geo of Asia / Wrld Hist/Geo B	1.0			
Geo & Wrld Hist / Wrld Hist/Geo C	1.0			
Economics	1.0			
Government & Citizenship	1.0			
Elective Math (9)	3.0			
Algebra 1	3.0			
Geometry	3.0			
Science 9	3.0			
Biology	3.0			
Elective Science	3.0			
Life Fitness	1.0			
Health	1.0			
Electives	19.0			
Art	3.0			
Other:				
TOTAL	64			

Special Education and Other Services
 (Please attach a copy of 504 plan, IEP and/or ESR form)

1. Student has been assessed for SPED? Yes No
 Date assessed: _____
2. Student qualified for services? Yes No
 Services qualified for: EBD LD
 Other: _____
3. Family/student refused services? Yes No
4. Student has an active IEP? Yes No
 Case manager: _____
 Phone number: _____
5. Student has a 504 Plan? Yes No
6. Student receives ELL services? Yes No
 Description: _____

Home High School Credit Info

1. Credits are: quarter semester trimester
 full year other: _____
2. Number of Classes Per Day _____
3. Length of Classes in minutes _____
4. Graduation Standard Year (GSY): _____

GRADUATION TESTING REQUIREMENTS Report must be attached with actual scores for ALL non-ISD 279 students
 MCA-II/GRAD/BST Math Score _____ MCA-II/GRAD/BST Reading Score _____ MCA-II/GRAD/BST Writing Score _____
 Passed Failed Passed Failed Passed Failed

Please check the State Learner Eligibility Indicators of Need that apply:

- | | |
|--|--|
| <input type="checkbox"/> Performs substantially below the performance level for pupils of the same age; | <input type="checkbox"/> has been referred by a school district for enrollment in an eligible program; |
| <input type="checkbox"/> is at least one year behind in completing coursework or obtaining credits for graduation; | <input type="checkbox"/> is a victim of physical or sexual abuse; |
| <input type="checkbox"/> is pregnant or is a parent; | <input type="checkbox"/> has experienced mental health problems; |
| <input type="checkbox"/> has been assessed as chemically dependent; | <input type="checkbox"/> has experienced homelessness sometime within six months; |
| <input type="checkbox"/> has been excluded or expelled; | <input type="checkbox"/> speaks English as a second language or has limited English proficiency. |
| <input type="checkbox"/> has withdrawn for school or been chronically truant | |

Student has been excluded, expelled or withdrawn	Dates and explanation:		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Student has been suspended or received other disciplinary action	Dates and explanation:		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Student has truancy issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates and explanation:	
Truancy petition filed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
(Please attach copy of truancy petition)			
Student has a social worker or case manager	Name:	Phone:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Student has a probation officer	Name:	Phone:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Student has been in Chemical Dependency treatment	Facility:	Phone:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact person:	Dates attended:	
<input type="checkbox"/> In-patient <input type="checkbox"/> Out-patient			
Student has been in Mental Health treatment	Facility:	Phone:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact person:	Dates attended:	
<input type="checkbox"/> In-patient <input type="checkbox"/> Out-patient			

Please include any additional information that may be helpful in working with this student.

Recommendation:

- YES**, I believe the OALC is an appropriate placement for this student.

Please indicate the severity of need for recommendation on the scale below.

1	2	3	4	5
High need	Moderate need		Low need	

- NO**, this student is not recommended to attend the OALC.

Counselor Signature

Date



Health Information

Student Name _____

Family Doctor _____ Phone () _____

Family Dentist _____ Phone () _____

Hospital Preference _____

	Yes	No	If yes, please explain
Please circle any current health/mental concerns: Asthma, ADD/ADHD, Diabetes, Epilepsy/Seizures, Hearing loss/Hearing Aid, Pregnancy, Drug/Alcohol related issues, Depression/Bipolar, Emotional/Behavioral Concerns, Other.			
Illness/injury in past 12 months?			
Is the student taking any medication?			
Asthma inhaler?			
Any restrictions of activities?			
Allergies? (bee stings, food, medications)			

If your child will be taking medications/inhalers at school, a Medication Administration Consent Form must be completed by parent/guardian and physician each year. These forms are available from your building Health Office.

This information is being collected to provide for the student's health and safety at school and to update our current information. Refusal to supply emergency information could result in the school's inability to contact you in case of an emergency. If unable to reach you or your designee, staff will call 911 for assistance if necessary. Information provided will be shared with school staff having a need to know, unless you indicate otherwise. Updated immunizations are required for the student to attend school. Immunization data is reported to the State, as well as to ImmuLink (Hennepin county immunization registry). Parents may opt out of ImmuLink by calling the health office for further information @ 763.391.8896.

Parent/Guardian Signature _____ Date _____

