

Osseo Area Learning Center

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

2008-2009

Thank you for applying to the Osseo Area Learning Center.

Do not detach any section of this application!

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 attached.
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 one and one half hours and are typically held in the early afternoon.
7. New students are accepted to the OALC once every three weeks. **Students may only start at the beginning of each three-week grading period.**

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

- Priority is given to 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expelled or have signed a separation agreement are not eligible to apply until the expulsion or separation agreement is no longer in effect.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 a candidate, 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 is designed to 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 completed by parent/guardian. (pages 5 & 6)
- All pages of the application are turned into the OALC together and completed!**

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

ISD  279

Osseo Area Learning Center

UNITING COMMUNITIES OF EXCELLENCE

Osseo Area Learning Center

2008-2009

7300 Boone Avenue North
Brooklyn Park, MN 55428
(763) 391-8890
Fax (763) 391-8895

STUDENT APPLICATION

(Please print legibly)

_____			_____	<input type="checkbox"/> Male
Last Name	First Name	Middle	Date of birth	<input type="checkbox"/> Female
_____			_____	
Address			City, State, and Zip	
_____			_____	
Student Home phone	Student Cell phone	Other number(s)		
_____			_____	
Name of parent/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 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:
Do you need childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of child: Additional information:	Date of birth:



TO BE COMPLETED BY STUDENT

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

What did you struggle with at your last school? _____

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

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. _____

<p>I verify that the information provided above is accurate.</p> <p>I realize that any misinformation or lack of information will invalidate the application and/or terminate enrollment.</p>		
_____ <i>Parent or Guardian Signature</i>	_____ <i>Student Signature</i>	_____ <i>Date</i>

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

TO BE COMPLETED BY SCHOOL COUNSELOR

2008/2009 Application

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	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/Int. 1	3.0			
Geometry/Int. 2	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
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-district 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 continue on to next page)

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 from school or been chronically truant; | |

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

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

EMERGENCY INFORMATION

Students Legal Name _____

Last Name

First Name

Middle Name

Students Address _____

Street

Apt No.

City

Zip Code

Sex: _____ Birthdate: _____ Grade: _____ Language Spoken: _____

Student Lives With: (1) Both Mother & Father (2) Father & Stepmother (3) Mother & Stepfather (4) Father Only
 (5) Mother Only (6) Guardian(s) (7) Foster Parent (s) (8) Other

Father's Name (last, first)	Father's Address: (include city, state, zip) <i>(if different from student's address)</i>	Home Phone ()	Work Phone ()
		Cell Phone ()	Pager ()
Mother's Name (last, first)	Mother's Address: (include city, state, zip) <i>(if different from student's address)</i>	Home Phone ()	Work Phone ()
		Cell Phone ()	Pager ()
<i>Other adults living in the household who may provide care for student:</i>			
Name: (last, first)	Address: (include city, state, zip) <i>(if different from student's address)</i>	Home Phone ()	Work Phone ()
		Cell Phone ()	Pager ()
Relationship:		()	()

In case of an emergency and the school staff is unable to reach the parents/guardians listed above, please call:

Name	Relationship to student	Home Phone	Alternate Phone
1.		()	()
2.		()	()
3.		()	()

SIGNATURE AND COMPLETION OF BOTH SIDES IS REQUIRED!

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 you 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 you 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.

Parent/Guardian Signature _____ Date _____