



OSSEO AREA LEARNING CENTER  
7300 Boone Avenue North  
Brooklyn Park, Minnesota 55428

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**STUDENT APPLICATION**

Re-enrollment Form

(Please print legibly)

_____				<input type="checkbox"/> Male
Last Name	First Name	Middle Name	Date of birth	<input type="checkbox"/> Female
_____			_____	
Address			City, State, and Zip	
_____		_____	_____	
Home phone		Cell phone	Other number(s)	
_____		_____	_____	
Name of parent or 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	

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:

There are times at the Osseo Area Learning Center your son/daughter's photograph may be taken. Some examples of how those photographs may be used are on recognition boards or as a part of the school newsletter. The use of these photographs is for internal use and not intended for publication outside of the OALC/District #279.

**Please check the box that applies.**

- YES, I give permission for the OALC staff to use photographs of my child for the intended purpose of internal uses.  
 NO, I do not give the OALC staff permission to photograph my son/daughter.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY STUDENT**

*(Please answer these questions thoroughly; they will be evaluated to determine your commitment to your education. By filling out this application you are not guaranteed re-enrollment at the OALC and/or may be requested to interview with the OALC Enrollment Committee.*

*Attach additional sheets to this form as needed)*

1. What kept you from earning credit and/or attending classes at the OALC? \_\_\_\_\_

2. How will things be different this time? \_\_\_\_\_

3. The OALC is a school of choice, please describe why you want to attend here? \_\_\_\_\_

4. What are your short term goals that will improve your success at the OALC? (Be specific, write down exactly what you want to accomplish and when you want to accomplish it by.)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

5. What commitments are you willing to make if you are re-enrolled? \_\_\_\_\_

6. Please describe any concerns (academic, physical, social, etc.) we should know about? \_\_\_\_\_

**To be completed by Parent/Guardian**

1. Why was your child previously unsuccessful at the OALC? \_\_\_\_\_

2. Why do you believe the OALC is the best educational environment for your child? \_\_\_\_\_

3. What commitments are you willing to make to assist your child if re-enrolled at the OALC? \_\_\_\_\_

4. 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/ Guardian

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date