

REFERRAL FORM – Independent study

River Bend Area Learning Center

1315 South Broadway
New Ulm, MN 56073
(507) 359-8700 Fax (507) 359-1380
e-mail: cbodick@riverbend.k12.mn.us

Independent Study

Date of Referral: _____ **Expected Start Date:** _____

Student Name: _____

Grade: _____ **Graduating Class:** _____ **Resident District** _____

Birth Date: __/__/__ **Age:** _____ **Sped. Ed. Services:** **LD** **EBD** **Other** **None**

MARSS #: ____/____/____/____/____/____/____/____/____/____/____/____/____/____/____

Parent/Guardian: _____ **Phone** _____

Cell Phone _____ **Email** _____

Home Address: _____

Street Address

City

State

Zip Code

Student Contact Info: _____

Phone #

Email Address

The above-named student meets the following Enrollment Options criteria:

A pupil under the age of 21 or who meets the requirements of section 120A.20, subdivision 1, paragraph (c), is eligible to participate in the graduation incentives program, if the pupil:

- _____ (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 according to sections 121A.40 to 121A.56;
- _____ (6) has been referred by a school district for enrollment in an eligible program or a program pursuant to section 124D.69;
- _____ (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 has limited English proficiency; or
- _____ (11) has withdrawn from school or has been chronically truant; or
- _____ (12) is being treated in a hospital in the seven-county metropolitan area for cancer or other life threatening illness or is the sibling of an eligible pupil who is being currently treated, and resides with the pupil's family at least 60 miles beyond the outside boundary of the seven-county metropolitan area.

Class(es) needed: 1. _____ **Full Class** _____ **Credit Recovery** _____

2. _____ **Full Class** _____ **Credit Recovery** _____

3. _____ **Full Class** _____ **Credit Recovery** _____

Resident District Representative Signature Date

Parent Signature Date