

RIVER BEND AREA LEARNING CENTER REFERRAL FORM

ALC _____

1315 South Broadway
New Ulm, MN 56073

Referral Date: _____ Expected Start Date: _____

Phone (507) 359-8700 Fax (507) 359-1380

Student Name: _____ Grade: _____

Graduating Class: _____ Resident District: _____ Ed. Services: LD EBD Other ELL None

MARSS #: ____/____/____/____/____/____/____/____/____/____/____/____/____/____/____ Birth Date: ____/____/____ Age: _____

Parents/Guardians: _____

Address: _____

Street Address City State Zip Code

Phone Number: _____

Home Cell and/or Work Student Cell

Please include the following paperwork with referral:

Transcript Attendance IEP and Evaluation Report 504 Plan
Behavior Referrals Test Scores Health Record

If student is on an IEP, an IEP Meeting must take place prior to enrollment to determine service needs.

The above-named student meets the following ALC 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- ____ (11) has withdrawn from school or has been chronically truant; or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.

No student will be accepted into a River Bend Education District program without a completed referral form. The student status will be reviewed in 30 school days to verify proper program placement.

Referring District Representative Signature

Date

Parent Signature

Date

Student Signature

Date