RIVER BEND AREA LEARNING CENTER ONLINE PROGRAM REFERRAL FORM

ALC Online Program	Expected Start Date:	1315 South Broadway New Ulm, MN 56073 Phone (507) 359-8700 Fax (507)359-1380
Student Name:		Grade:
Graduating Class:	_ Resident District:	Sped. Ed. Services: LD / EBD / Other / None
MARSS #:///	_/_/_/_/_/_/_/_/_/_	Birth Date://_ Age:
Parent/Guardian:		Phone
Cell Phone	Email	
Home Address:		
	Street Address City	State Zip Code
Student Contact Info:	Cell Phone	Parent Email Address
If student is on an		ce before enrollment to determine service needs.
(3) is pregnant or i(4) has been assess(5) has been exclud(6) has been referr(7) is a victim of ph(8) has experience(9) has experience(10) speaks English(11) has withdraw(12) is being treated the sibling of an eligible	sed as chemically dependent; ded or expelled according to sections red by a school district for enrollment rysical or sexual abuse; d mental health problems; d homelessness sometime within six h as a second language or has limited r from school or has been chronically red in a hospital in the seven-county m	121A.40 to 121A.56; in an eligible program or a program pursuant to section 124D.69; months before requesting a transfer to an eligible program; English proficiency; or truant; or etropolitan area for cancer or other life threatening illness or is and resides with the pupil's family at least 60 miles beyond
An intake meeting	must take place before start	ing in the ALC Online Program
Referring	g District Representative Signat	ure Date
Parent Si	gnature	Date
Student S	Signature	 Date