



# RIVER BEND AREA LEARNNG CENTER REFERRAL FORM

1315 South Broadway New Ulm, MN 56073 Phone (507) 359-8700 Fax (507) 359-1380

Referral Date: \_\_\_\_\_ Preferred Start Date: \_\_\_\_\_ Graduating Class of: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Resident District: \_\_\_\_\_

Ed Services: Special Education \_\_\_\_\_ 504 \_\_\_\_\_ ELL \_\_\_\_\_ None \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone Number: \_\_\_\_\_  
Home Cell and/or Work Student Cell

Type of Programming Requested: \_\_\_\_ In-Person \_\_\_\_ Online Off-Campus

**If the student has 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\_\_\_\_ (11) has withdrawn from school or has been chronically truant; or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.~~

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## FOR INTERNAL USE ONLY

Date Received: \_\_\_\_\_ Admin Review: \_\_\_\_\_ Transcript Request: \_\_\_\_\_

Entrance Conference: \_\_\_\_\_ Programming: \_\_\_\_ In-Person \_\_\_\_ Online