

RED WING PUBLIC SCHOOLS

CREATIVE • COURAGEOUS • UNITED

RWPS Tower View Application

154 Tower View DR
Red Wing MN 55066

Name	Birthdate	Grade																												
Address		Phone Number Name																												
	Student																													
	Parent/ Guardian																													
Name of person(s) with whom student live/Relationship		Parent/ Guardian																												
	Alternate Phone																													
Email Addresses																														
	Student																													
	Parent/ Guardian																													
School History		Parent/ Guardian																												
		Services																												
Last school attended		Is student or has student ever been																												
Graduation class year		Name of social worker/ counselor/probation officer																												
How many credits does student have currently?		<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 20%;"></td> </tr> <tr> <td style="text-align: center;">in Social Services</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;">in treatment</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;">in counseling</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;">on medication (for school-related issues)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;">on probation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;">receiving mental health services at school</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>		Yes	No		in Social Services	<input type="checkbox"/>	<input type="checkbox"/>		in treatment	<input type="checkbox"/>	<input type="checkbox"/>		in counseling	<input type="checkbox"/>	<input type="checkbox"/>		on medication (for school-related issues)	<input type="checkbox"/>	<input type="checkbox"/>		on probation	<input type="checkbox"/>	<input type="checkbox"/>		receiving mental health services at school	<input type="checkbox"/>	<input type="checkbox"/>	
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Please include student behavior record including suspensions and behavior referrals																														
Have you ever been on an IEP or 504?	IEP <input type="checkbox"/>	504 <input type="checkbox"/>																												
Currently, are you on an IEP or 504?	<input type="checkbox"/>	<input type="checkbox"/>																												
Current Case Manager																														
Alternative Program																														
What was the reason for this referral?																														
Why do you believe this student is a candidate for an alternative learning center?																														



Graduation Incentives Criteria Verification of Eligibility

This form should be used whenever a parent, teacher, school administrator, or outside agency refers a student to Tower View ALP.

Please check qualifying criteria for the student referred for enrollment.

- performs substantially below the performance level for pupils of the same age in a locally determined achievement test
- is at least one year behind in satisfactorily completing coursework or obtaining credits for graduation
- is pregnant or a parent
- has been assessed as chemically dependent
- has been excluded or expelled according to sections 127.26 or 127.39
- has been referred by a school district for enrollment in an eligible program or a program pursuant to section 126.23
- is a victim of physical or sexual abuse
- has experienced mental health problems
- has experienced homelessness sometime within 6 months before requesting transfer to an eligible program
- speaks English as a second language or has limited English proficiency
- has withdrawn from school or is chronically truant

Reason for referral: Please include comments on the student's unique academic and learner needs or qualifying characteristics.

(Signature of individual verifying eligibility)

(Relationship to the student)

Please attach a copy of the most recent student transcript available and a copy of most current 504/IEP if applicable.

School _____

Address _____

 Telephone# _____