

# 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 <span style="float: right;">Name</span>																												
		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		<table style="width: 100%; border-collapse: collapse;"> <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 style="text-align: center;">Name of social worker/ counselor/probation officer</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"/>	Name of social worker/ counselor/probation officer	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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How many credits does student have currently?																														
Please include student behavior record including suspensions and behavior referrals																														
Has the student ever had an IEP or 504?	IEP <input type="checkbox"/>	504 <input type="checkbox"/>																												
Does the student have a current IEP or 504?	<input type="checkbox"/>	<input type="checkbox"/>																												
Current Case Manager																														

## 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.

- 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

**I certify the student meets at least one of the criteria above**

Reason for referral: Please include comments on the student's unique academic and learner needs to be addressed and student's unique strengths and talents that will lead to success with ALP support

\_\_\_\_\_  
(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# \_\_\_\_\_