



**Faribault Public Schools Student Intake
Information Form
2020-2021 FALC-HS Continual Learning Plan**

FT PT WE CR

Start Date: _____

IS/CR Subject: _____

IEP LEP Rdg ____ Math ____

Print **LEGAL** name that appears on birth certificate – ***PLEASE PRINT NEATLY***

Student's Last Name	First Name	Middle Name	Grade	Age
Address (Include PO Box if used)	Apt. #	City/Zip Code	Birthdate	Gender
Student Cell Phone Number		Student Personal Email Address		

Are you or have you ever been a student with an IEP? Yes No

Are you or have you ever received LEP Services? Yes No

Social Services / Probation Officer Contact Information:

	Name	Agency
If place of birth other than USA, enter country and date child entered school in USA		
	Country	Date

Is your parent (s) or guardian (s) an active member of the military? (Optional) YES NO

Please list the names of all High Schools you have attended (including ONLINE):

To attend an Area Learning Center you need to meet one or more of the following criteria as stipulated in Area Learning Center Legislation. (M.S. 124D.68)

Please check all that apply

- | | |
|---|--|
| <input type="checkbox"/> 1. performs substantially below the performance level for pupils of the same age in a locally determined achievement test; | <input type="checkbox"/> 6. Has been referred by a school district for enrollment in an eligible program or a program pursuant to section 124D.69; |
| <input type="checkbox"/> 2. is behind in satisfactorily completing coursework or obtaining credits for graduation; | <input type="checkbox"/> 7. is a victim of physical or sexual abuse; |
| <input type="checkbox"/> 3. is pregnant or is a parent; | <input type="checkbox"/> 8. has experienced mental health problems; |
| <input type="checkbox"/> 4. has been assessed as chemically dependent; | <input type="checkbox"/> 9. has experienced homelessness sometime within six months before requesting a transfer to an eligible program; |
| <input type="checkbox"/> 5. Has been excluded or expelled according to sections 121A.40 to 121A.56; | <input type="checkbox"/> 10. has withdrawn from school or has been; chronically truant |

ETHNICITY/RACE – Part A & B New Federally Mandated Questions – *Please answer both questions*

Part A – Ethnicity: Are you Hispanic or Latino? Yes No

Part B – Race What is your race? (Choose one or more)

No matter what you selected above, please continue to answer the following by marking one or more boxes.

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander
<small>(origins of North, South & Central America)</small> | |

STUDENT LIVES WITH: Self/Alone Grandparent(s)
 Father/Mother Mother only Father only
 Mother/Stepfather Father/Stepmother Other—Name & relationship _____

PRIMARY HOUSEHOLD INFORMATION – (*Student’s Primary Household is where the student sleeps on a nightly basis*)
PLEASE CIRCLE: Parent / Guardian / Step parent / Other: _____

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip Code _____

EMAIL _____ Cell Phone _____ Other Phone _____

Does this parent/guardian have full legal rights? Yes No *Send Report Card to this Parent/Guardian? Yes No*
**Is there a No Contact Order or other Legal Order in effect? Yes No *If "Yes" – Documentation MUST be provided*

PLEASE CIRCLE: Parent / Guardian / Step parent / Other: _____

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip Code _____

EMAIL _____ Cell Phone _____ Other Phone _____

Does this parent/guardian have full legal rights? Yes No *Send Report Card to this Parent/Guardian? Yes No*
**Is there a No Contact Order or other Legal Order in effect? Yes No *If "Yes" – Documentation MUST be provided*

HOUSEHOLD MEMBERS - Please list the full names of **ALL** Household members (*under 21 years of age*):

_____ (Last Name)	_____ (First Name)	_____ (Relationship to Student)	_____ (Date of Birth)	_____ (School)
_____ (Last Name)	_____ (First Name)	_____ (Relationship to Student)	_____ (Date of Birth)	_____ (School)
_____ (Last Name)	_____ (First Name)	_____ (Relationship to Student)	_____ (Date of Birth)	_____ (School)
_____ (Last Name)	_____ (First Name)	_____ (Relationship to Student)	_____ (Date of Birth)	_____ (School)

EMERGENCY CONTACT INFORMATION:

(Please list at least 2 family members or friends who could assume temporary care of your child if you can not be reached.)

Contact #1 _____
(First Name & Last Name) (Cell Phone) (Alternate Phone) (Relationship to Student)

Contact #2 _____
(First Name & Last Name) (Cell Phone) (Alternate Phone) (Relationship to Student)

Student

I understand this is an application to attend classes at the Faribault Area Learning Center High School. I further understand this is a personalized education program and that I will be responsible to learn and follow the school policies and rules in the student handbook. I understand this program is not a special education program. I have received access to a copy of the FALC student handbook.

Student Signature

Date

Parent/Guardian

I give my permission for my son/daughter/student to enroll in the Faribault Area Learning Center High School and to allow academic testing as needed for placement. I understand this program is not a Special Education program. During the course of the year, your child/family will have the opportunity to participate in at least one supervised group excursion. These trips are well-planned and correspond with units of work in the curriculum. The schools take every precaution in executing these excursions and will provide adequate adult supervision through the use of teachers and parents. I grant permission for my child to participate in class field trips.

Students may be included in photo, video and website opportunities. Some of the photos/videos may be published or viewed in newspapers, TV or publications in school and the Faribault community. Student photos may also be included on the School District’s website and other social media applications. I grant permission for my student to be included in photos, videos, school district’s website and social media applications for public display while the student is enrolled in Faribault Public Schools.

Parent/Guardian Signature

Date



FALC Continual Learning Plan

Student Name: _____

Birth Date: _____

Plan Start Date: _____

Date Revised: _____

Date Revised: _____

	CURRENT STATUS: <i>Where am I at today?</i>	GOAL: <i>Where do I want to go?</i>	ACTIVITIES: <i>How will I meet my goal?</i>	GOAL MET?
CREDITS	(Portal – Reports – Official Transcript) As of today, I have _____ credits <i>out of 22 possible</i> . I have completed: _____/4 Credits English _____/3 Credits Math _____/3 Credits Science _____/3 ½ Credits Social Studies _____/1 Credit Phy Ed _____/ ½ Credit Health _____/7 Credits Elective (____/1 Credit Art) Anticipated Year of Graduation: _____	I need to complete the following credits: _____/ Credits English _____/ Credits Math _____/ Credits Science _____/ Credits Social Studies _____/Credit Phy Ed _____/ Credit Health _____/Credits Elective (____/Credit Art)	Classes I need to take: I also need to: People I need to help me:	
ATTENDANCE	(Portal – Attendance – Term tab) My attendance for the ____/____ School Yr: Quarter 1: _____ days absent; _____ periods tardy Quarter 2: _____ days absent; _____ periods tardy Quarter 3: _____ days absent; _____ periods tardy Quarter 4: _____ days absent; _____ periods tardy The biggest factor(s) in my attendance was:	I have the following goals: ____ Increase my attendance by _____(number of days) each qrtr. ____ I have no attendance goals at this time. ____ Other:	I need to do the following to meet my goal: People I need to help me:	
TRANSPORTATION	Please check all that apply: ____ I have access to a car and can drive myself. ____ I have a reliable person that can bring me to school. ____ I live more than 2 miles away and can take the bus. ____ I will walk/bike to school. ____ Transportation is a concern for me due to: _____	I have the following goals: ____ Get my driver’s license. ____ Buy a car. ____ I have no transportation goals at this time. ____ Other:	I need to do the following to meet my goal: People I need to help me:	

VOCATIONAL/CAREER	<p>Please indicate your current job status:</p> <p><input type="checkbox"/> I have a job. I work at: _____</p> <p><input type="checkbox"/> I do not have a job but I want a job.</p> <p><input type="checkbox"/> I do not have a job and do not want a job.</p> <p>Please indicate your current plan for after high school:</p> <p><input type="checkbox"/> I plan on working right out of high school at: _____</p> <p><input type="checkbox"/> I plan on attending a 2 year school for: _____</p> <p><input type="checkbox"/> I plan on attending a 4 year school for: _____</p> <p><input type="checkbox"/> I plan on going into the military. Branch: _____</p> <p><input type="checkbox"/> I am currently undecided but I am interested in: _____</p>	<p>I have the following goals:</p> <p><input type="checkbox"/> I want to get a job.</p> <p><input type="checkbox"/> I want to get a different job _____ than the one I have.</p> <p><input type="checkbox"/> I have no job goals at this point.</p> <p><input type="checkbox"/> Other: _____</p> <p>I need to complete the following for after I graduate: _____</p>	<p>I need to do the following to meet my goal: _____</p> <p>People I need to help me: _____</p>	
	CURRENT STATUS: <i>Where am I at today?</i>	GOAL: <i>Where do I want to go?</i>	ACTIVITIES: <i>How will I meet my goal?</i>	GOAL MET?
PERSONAL	<p>MISC (Share any other important information about your current status that may impact your ability to be successful in school. For example, you may be without a place to live, family issues, mental health concern, need to work to help pay bills, doctor appointments, issues with other people – including other students – that may impact your ability to attend, etc.)</p>	<p>I have the following personal goal: _____</p>	<p>I need to do the following to meet my goal: _____</p> <p>People I need to help me: _____</p>	
	<p>TESTS (Portal – Assessment – most recent)</p> <p>I have taken the following tests:</p> <p><input type="checkbox"/> ACT (Overall Score ____/Reading ____/English ____/Math ____)</p> <p><input type="checkbox"/> ASVAB</p> <p><input type="checkbox"/> Accuplacer (Score Reading ____/Math ____)</p> <p><input type="checkbox"/> MCA III (Math ____/ Science ____/Reading ____)</p>	<p>I am interested in taking:</p> <p><input type="checkbox"/> ACT</p> <p><input type="checkbox"/> ASVAB</p> <p><input type="checkbox"/> Accuplacer</p>		

Review Date: _____ *Were any of the goals not met? YES / NO*

If yes, what goals were not met?

Student Signature

Parent/Guardian Signature

Staff Signature

Date

Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name _____
 Date of Birth: _____ District: _____ School: _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations.

Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as "Optional" and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.¹

[You must select "yes" or "no" to this question.]

Yes [If yes, go to Question A.]

No [If no, go to Question 1.]

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard/Spanish/
Spanish-American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | | |

Go to Question 1.

[Select "yes" to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

Yes [If yes, go to Question 1a.]

No [If no, go to Question 2.]

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown |

Go to Question 2.

¹Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

Question 2. Is the student American Indian from South or Central America?

Yes [Go to Question 3.]

No [Go to Question 3.]

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.¹

Yes [If yes, go to Question 3a.]

No [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.¹

Yes [If yes, go to Question 4a.]

No [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.¹

Yes [Go to Question 6.]

No [Go to Question 6.]

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.¹

Yes

No

Parent(s)/Guardian Name

Date

Parent(s)/Guardian Signature

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate AND Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

INDEPENDENT SCHOOL DISTRICT 656
Faribault Public Schools

TITLE: Release of Liability for Students Transporting Themselves Between School Sites* during the School Day

If a High School Student plans to:

1. Drive himself/herself between school sites* during the school day **OR**
2. Ride with another student who is driving between school sites during the school day,

The parent/guardian or adult student (age 18 and older) must complete and sign this form and return it to the school. School sites include school-related activities such as off-site field trips.

(Student's name) _____ has my permission to drive between school sites during the school day AND/OR ride with another student who is driving between school sites during the school day for the duration of the school year This includes trips to /from school related activities such as off-site field trips.

I understand that allowing the student to drive himself/herself between school sites during the school day or to ride along with another student who is driving between school sites during the school day involves the risk of personal injury or death and property damage. By choosing to allow the student to drive himself/herself or ride with another student who is deriving, I hereby voluntarily waive, release, and forever discharge and hold harmless the District, its Board members, employees, agents, and representatives from any and all liability, actions, and claims for personal injury, death, or any other damages arising out of the student driving or being driven between school sites in a vehicle other than that provided by Independent School District No. 656.

In addition I agree not to assert against the district, all current, former and future members of the School Board of the district, the current, former and future employees of the district, and their heirs, executors, administrators, successors and assigns, in any court of law, any claim or claims that the student and / or the parent or legal guardian had, now have, or may have in the future, whether known or unknown, based on any injuries, death, or property damage sustained by the student while being so transported. I also agree to indemnify and hold the District, its Board members, employees, agents, and representatives harmless from any and all liability, actions, claims or demands for personal injury, death, property damages or any other damages or fines incurred or arising out of the student driving or being transported in a vehicle other than that provided by Independent School District No. 656.

I have read this document carefully, and voluntarily sign this release and waiver of liability, and further agree that I have not relied on any oral representations, statements or promises that are not set forth in this document.

Signature of parent, guardian or adult student _____

Printed name of parent, guardian, or adult student _____

Relationship to student _____

Date Signed _____

WAIVER OF CONFIDENTIALITY
Sharing Information with Other Programs

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced-price meals.

Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with **Faribault Area Learning Center**

Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with:

Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with :

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Jana Payne** at **507.333.6187** or email at jpayne@faribault.k12.mn.us .

Return this form to:

*Faribault Area Learning Center
PO Box 618
Faribault, MN 55021*

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
2. Fax: (202) 690-7442; or
3. Email: program.intake@usda.gov.

This institution is an equal opportunity provider.



Faribault Area Learning Center ANNUAL STUDENT HEALTH HISTORY

Name (First, Middle Initial, Last)	Date of Birth	Grade
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MEDICAL CONDITIONS

Please check any medical conditions that your child has below. Medical Conditions that you check for your child may require health plans and follow-up information from parent/guardians and medical provider.

- | | | |
|--|---|---|
| <input type="checkbox"/> Allergies -
<input type="checkbox"/> Insects:
<input type="checkbox"/> Food:
<input type="checkbox"/> Seasonal, hay fever
<input type="checkbox"/> Medication: | <input type="checkbox"/> Asthma - Inhaler needed:
At School <input type="checkbox"/> Yes <input type="checkbox"/> No
At Home <input type="checkbox"/> Yes <input type="checkbox"/> No
At Sports <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> ADD ADHD
<input type="checkbox"/> Arthritis
<input type="checkbox"/> Autism
<input type="checkbox"/> Birth Defect/Chromosome Disorder
<input type="checkbox"/> Blood Disorder
<input type="checkbox"/> Bowel Disorder
<input type="checkbox"/> Cancer or Leukemia
<input type="checkbox"/> Down Syndrome
<input type="checkbox"/> Tourette Syndrome
<input type="checkbox"/> Vision Impairment: ·Glasses / Contacts
<input type="checkbox"/> Epilepsy/Seizures
<input type="checkbox"/> OTHER: | <input type="checkbox"/> Celiac Disease
<input type="checkbox"/> Cerebral Palsy
<input type="checkbox"/> Cystic Fibrosis
<input type="checkbox"/> Depression
<input type="checkbox"/> Diabetes: ·Type 1 ·Type 2
<input type="checkbox"/> Ear Infections, frequent
· Headaches, frequent
· Migraines
· Anxiety
· Hearing Loss: ·Right Ear ·Left Ear ·Hearing Aids | <input type="checkbox"/> Heart Disease
<input type="checkbox"/> Kidney Disorder
<input type="checkbox"/> Muscular Dystrophy
<input type="checkbox"/> Nose bleeds (frequent)
· Kidney Disorder
· Pregnancy
· Scoliosis/brace
· Sickle Cell Disease
· Tuberculosis |

Please call the nurse at 507-333-6824 if you would like to talk further about any of the above health conditions.

Does your child take any **medications** at home on a regular basis? If so, please list:

Will your child be taking any **medications** during the school day on a regular basis? If so, please list:

****If your child will be taking medications at school (this also includes emergency medications such as inhaler, EpiPen, Diastat, and Glucagon), a Medication Authorization Form will need to be completed by your child's Medical provider.**

**** Items in bold will need further information and/or a health plan. Please contact the school nurse @ 507-333-6824 for the forms needed.**

AUTHORIZATIONS

- Yes No School personnel have my permission to administer Acetaminophen (Tylenol) or Ibuprofen to my child, not to exceed 5 doses per month without a physician's order. **I understand that it is parents/guardians responsibility to supply this medication to the nurse's office.**
- Yes No I authorize my child to carry and self-administer Tylenol/ibuprofen throughout the school year. I understand that school personnel have the final decision in this authorization and can revoke this privilege at any time.
- Yes No I authorize school personnel to send home any non-controlled medication with my child at the end of the school year.

My child's Medical Providers Name _____ Clinic Name _____

Clinic Phone Number _____ Clinic Fax Number: _____

Parent/Guardian Signature: X _____ Date: _____

Student Expectations for: _____

(Student Name)

- I understand that the ALC is a young adult program. My participation in this program is a PRIVILEGE not a right. I will carry myself in accordance with all program expectations.
 - If I am not able to behave like a young adult, I will be asked to leave the ALC. If I am under 18, a parent will be called and I must wait for them in the school office until communication has been made and/or I am able to be transported home.
 - I will be respectful of my words and actions while at the ALC or on sponsored ALC activities to be reflective of a young adult. ****Including my use of cell phones, social media, chemical substances and coming to school in an appropriate state of mind for learning.**
- I will be on time and participate in my scheduled classes.
 - If I am going to be late or absent, I will call the office to notify them at 333-6187.
 - I understand that I need to complete 34 hours in each of my classes to receive credit for that quarter. No hours = No credit!
 - I realize that the FALC has increased my opportunity to obtain credit and I am responsible for taking advantage of those opportunities to work towards my diploma.
- Absences:
 - After 5 absences, a parent and/or student meeting will be held with ALC Staff; students may be put on restrictions or a needs improvement plan at this time. If you are unable to meet the goals outlined in this plan, you may be removed from programming.
 - We encourage students to live a healthy lifestyle and take care of themselves. If you are ill it is your responsibility to seek medical attention and do your best to address health concerns to allow you to be at school.
- Communication:
 - I understand that the school will communicate with me via Portal (messenger), Schoology, text and email. It is my responsibility to check these on a regular basis. I will notify the office of any changes to my email or phone number throughout the year.
 -
 - Report Cards are solely available on Portal.**
- ALC Activities:
 - I understand that as a full-time student I will be present and/or participating in all activities at the ALC—graduation, early release dates, field day, student/parent teacher conferences, etc.
- Graduation:
 - My goal is graduate with a high school diploma. I understand that the FALC requires 22.0 credits to graduate in the necessary course areas to graduate. I am currently at _____ credits completed.
 - I understand that I WILL / WILL NOT / MAY graduate this school year.
- Employment:
 - I will notify the school of any changes in my employment. If I have any questions about how to handle a situation or if I would like assistance in preparing for finding a job, I will seek out assistance from a staff member at the ALC.
- Important:
 - If I have a problem, I will seek out help from the staff members at the FALC. I understand that they are here to help.
 - I understand that it is my responsibility to know and abide by the guidelines outlined in the FALC-HS student handbook.

I have read, acknowledge and understand the above mentioned criteria. I realize my role here at the ALC and promise to uphold the expectations listed above.

Student Signature

Date

Staff Member Signature: _____ Date: _____