



Faribault Public Schools Student Intake Information Form 2020-2021 FALC-HS Updated Information

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		

EMERGENCY CONTACT INFORMATION:

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)



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

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: <input type="checkbox"/> 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: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2
<input type="checkbox"/> Ear Infections, frequent
<input type="checkbox"/> Headaches, frequent
<input type="checkbox"/> Migraines
<input type="checkbox"/> Anxiety
<input type="checkbox"/> Hearing Loss: <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Hearing Aids | <input type="checkbox"/> Heart Disease
<input type="checkbox"/> Kidney Disorder
<input type="checkbox"/> Muscular Dystrophy
<input type="checkbox"/> Nose bleeds (frequent)
<input type="checkbox"/> Kidney Disorder
<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Scoliosis/brace
<input type="checkbox"/> Sickle Cell Disease
<input type="checkbox"/> 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 FALC 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: _____