

Osseo Area Learning Center

7300 Boone Ave North

Brooklyn Park, MN 55428

Phone (763) 391-8890 Fax (763) 391-8895

OUT OF DISTRICT SCHOOL COUNSELOR FORM

This form is to be completed by the student's current or most recent home school counselor.

To ensure that we transfer student credits accurately, we need information on how your school year and school day is divided, and the number and type of credits your system requires for graduation.

Please attach a copy of the student's transcript, 504, IEP, immunization records, attendance, and discipline history.

_____	_____	_____
Student Name	Current Grade	Date
_____	_____	_____
Counselor Name	School	Phone Number

Please Provide information on student's credit earning history in your school district:

Required Courses	Credits Required	Credits Earned	Credits Needed
English			
Social Studies			
Math			
Science			
Phys. Ed.			
Health			
Art			
Electives			
TOTAL			

If the student will be obtaining their diploma from your district, please list below any specific course needed to graduate:

Please share any other helpful information that you believe would be helpful in working with this student:

1. Senior High is: __Grades 9-12 __Grades 10-12
2. Credits are: __quarter __semester __trimester __full year __other _____
3. Student's Graduation Standard Year (GSY): _____

OSSEO AREA SCHOOLS

ISD  279