



**Faribault Public Schools Student Intake & CLP  
Information Form  
2022-2023 FALC-HS Registration- Summer School**

CREDIT RECOVERY

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 \_\_\_\_\_

**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

**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

**EMERGENCY CONTACT INFORMATION:**

(Please list at least 2 family members or friends who could assume temporary care of your child if you cannot 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)

## Summer COURSES REQUESTED-

Please mark the course(s) you are registering for and which semester you need to take.  
Please see your counselor if you need help signing up for your courses! **BE SURE TO NOTE CLASS TIMES.** You can only register for **ONE 8:30-11:30 AM** course and **ONE 12-3 PM** course.

### Session I- June 13-30

Chemistry 8:30-11:30 AM  Semester I  Semester II  
 Physical Science 12-3 PM  Semester I  Semester II  
 English 9 8:30-11:30 AM  Semester I  Semester II  
 English 10 8:30-11:30 AM  Semester I  Semester II  
 Social Studies World History 12-3 PM  Semester I  Semester II  
 Social Studies US History 12-3 PM  Semester I  Semester II

Independent Study- **MUST BE 16 or OLDER to Enroll-** Credit Recovery Courses (all subjects) 8:30-11:30 AM  
Courses I need to take for Independent Study- You may enroll in TWO COURSES. Students completing the two courses before the end of the session may enroll in more classes with instructor approval.

Independent Study Course 1:		
_____		
Please indicate which semester of the class is needed (if applicable):	1 <sup>st</sup> Semester	2 <sup>nd</sup> Semester
Please circle how many credits are needed:	.25 .5 .75 1.0	
Independent Study Course 2:		
_____		
Please indicate which semester of the class is needed (if applicable):	1 <sup>st</sup> Semester	2 <sup>nd</sup> Semester
Please circle how many credits are needed:	.25 .5 .75 1.0	

### Session II- July 11-28

Independent Study- **MUST BE 16 or OLDER to Enroll-** Credit Recovery Courses (all subjects) 9-12 PM  
Courses I need to take for Independent Study- You may enroll in TWO COURSES. Students completing the two courses before the end of the session may enroll in more classes with instructor approval.

Independent Study Course 1:		
_____		
Please indicate which semester of the class is needed (if applicable):	1 <sup>st</sup> Semester	2 <sup>nd</sup> Semester
Please circle how many credits are needed:	.25 .5 .75 1.0	
Independent Study Course 2:		
_____		
Please indicate which semester of the class is needed (if applicable):	1 <sup>st</sup> Semester	2 <sup>nd</sup> Semester
Please circle how many credits are needed:	.25 .5 .75 1.0	

## ALC Summer School Continual Learning Plan & Student Agreement

I, \_\_\_\_\_, agree to the following terms of Faribault ALC Summer Program.

- This program is optional.
  - Goal: To obtain high school credit for graduation.
  - Currently I need \_\_\_\_\_ credits for graduation and want to complete \_\_\_\_\_ credits while in Summer School 2022.
  
- Attendance and effort are key factors in earning credit for class.
  - Classes are **Monday - Thursday, 3 hours per class each day are REQUIRED.**
  - **Attendance is REQUIRED EVERY DAY!**
    - **Students missing more than 2 days (or 6 hours) of the course, WILL BE DROPPED from the course. Credit cannot be given to students who do not complete the attendance requirements.**
  
- **Any form of cheating** will result in immediate removal from summer school and the student will no longer be able to take summer school for the remainder of the summer. All completed work is to be original and no one else can complete classwork other than student nor copy material from outside sources (*for example:* using google or any other search engine to answer a question).
  
- Inappropriate use of electronic devices may result in removal from class as well as any behavior that is disruptive to the education of others.
  
- **Additional Requirements for Students enrolling in Independent Study.**  
**Students MUST**
  - BE at LEAST 16 YEARS OLD
  - show continued progress and maintain an "On Target" progress status.
    - Failure to make satisfactory progress in summer school may result in removal of opportunity.
  - Re-take options are limited on quizzes and exams. Students are strongly encouraged to take notes (notes can be used on tests).

I understand this is an application to attend classes through the Faribault Area Learning Center. I understand this program is not a special education nor an EL program. I further understand that I will be responsible to learn and follow the school policies and rules in the Faribault ALC student handbook. I have read the FALC student handbook (available on the Faribault Area Learning Center District Website) and understand the expectations to participate in summer school at the Faribault ALC.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Summer School is an independent option and successful completion of a credit is primarily dependent upon your child. I understand that my child is responsible for abiding by the expectations stated above.***

I give my permission for my son/daughter/student to enroll in the Faribault Area Learning Center High School Summer School and to allow academic testing as needed for placement. I understand this program is not a Special Education nor EL program.

I have reviewed the STUDENT AGREEMENT and agree to support this student in completing work on time, attending all classes, and expectations as outlined above.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_