

**FRESHWATER AREA LEARNING CENTER ADMISSIONS FORM 2022-2023**

**OFFICE ONLY USE:** Student Start Date: \_\_\_\_\_ Student MARSS# \_\_\_\_\_

Confirmed Completion/Permissions/Agreements with: \_\_\_\_\_ Date: \_\_\_\_\_

Initials of staff member who made contact: \_\_\_\_\_

Long Prairie  Menahga Ind. Study  Pillager  Staples  Wadena Ind. Study  Wadena Middle **Today's Date:** \_\_\_\_\_

Legal Name: \_\_\_\_\_ ( \_\_\_\_\_ )

First Middle Last (Maiden)

Age \_\_\_\_ Birth date \_\_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_ Grade Level \_\_\_\_\_

School District in which you live \_\_\_\_\_ Student Phone \_\_\_\_\_

Student Residential Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Parent / Guardian's Name \_\_\_\_\_ School District in which parent lives \_\_\_\_\_

Parent/Guardian's Address (if different from above) \_\_\_\_\_

Parent EMAIL Address \_\_\_\_\_ Place of Work \_\_\_\_\_

Parent/Guardian's Phone:(home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian's Name \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Address \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian's Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Name of Person(s) with whom you live \_\_\_\_\_

Relationship to you: Mother \_\_\_\_ Father \_\_\_\_ Guardian \_\_\_\_ Foster Parent \_\_\_\_ Other \_\_\_\_

Name of High School I last attended \_\_\_\_\_ Date of withdrawal \_\_\_\_\_ mm/dd/yyyy

Reason(s) for withdrawal \_\_\_\_\_

High School I am attending now \_\_\_\_\_ Graduation Year \_\_\_\_\_

Other High Schools I have attended \_\_\_\_\_

I am working toward a diploma from the following high school \_\_\_\_\_

Open enrolled: Yes \_\_\_\_ No \_\_\_\_ If yes, to what district \_\_\_\_\_

Do you now, or have you received special education services? Yes \_\_\_\_ No \_\_\_\_ Where? \_\_\_\_\_

Post-Secondary Enrollment Option: Yes \_\_\_\_ College Attending \_\_\_\_\_ Enrolling District \_\_\_\_\_

I am enrolled in an online learning course: Yes \_\_\_\_ No \_\_\_\_

Are you or have you been enrolled in any credit recovery classes? Yes \_\_\_\_ No \_\_\_\_ Where? \_\_\_\_\_ What year? \_\_\_\_\_

Do you have access to internet? Yes \_\_\_\_ No \_\_\_\_ If no: \_\_\_\_ Not available \_\_\_\_ Not Affordable \_\_\_\_ Other

If yes, my initials here \_\_\_\_\_ confirm that I was asked to complete a DE Survey.

**Entrance Qualifier** (Please check appropriate number)

1. \_\_\_\_ performs substantially below performance level for pupils of the same age in a locally determined achievement test: or
2. \_\_\_\_ is at least one year behind in satisfactorily completing coursework or obtaining credits for graduation; or
3. \_\_\_\_ is pregnant or is a parent; or
4. \_\_\_\_ has been assessed as chemically dependent; or
5. \_\_\_\_ has been excluded or expelled; or
6. \_\_\_\_ has been referred by a school district for enrollment in an eligible program or a program pursuant to section 126.23; or
7. \_\_\_\_ is a victim of physical or sexual abuse; or
8. \_\_\_\_ has experienced mental health problems; or
9. \_\_\_\_ has experienced homelessness sometime within the last months before requesting transfer to an eligible program; or
10. \_\_\_\_ speaks English as a second language or has limited English proficiency; or
11. \_\_\_\_ has withdrawn from school or has been chronically truant.
12. \_\_\_\_ Is being treated in a hospital in the seven-county metro area for cancer or other life threatening illness or is the sibling of an eligible pupil who is being currently treated, and resides with the pupil's family at least 60 miles beyond the outside boundary of the seven-county metro area.  
 B. A pupil otherwise qualifying under paragraph (a) who is at least 21 years of age and not yet 22 years of age, and is an English learner with an interrupted formal education according to section 124D.59, subd. 2a, is eligible to participate in the graduation incentives program under 124D.68 and concurrent enrollment courses offered under section 124D.09, sub. 10.

FRESHWATER AREA LEARNING CENTER ADMISSIONS FORM – Part II

Student Name \_\_\_\_\_

I am eligible for free or reduced lunches. Yes \_\_\_ No \_\_\_

My Initials here \_\_\_\_\_ confirm that I have been given a School Lunch form to Complete (Educational Benefits Application)

My family participates in migrant work. Yes \_\_\_ No \_\_\_ (Initials of parent/guardian signing Part II)

My family speaks a language other than English at home. Yes \_\_\_ No \_\_\_

My parent is on (or has been in the past year) Active Duty in the U.S. Military. Yes \_\_\_ No \_\_\_

Why do you want to enroll at the ALC? \_\_\_\_\_

What are your transportation arrangements? \_\_\_\_\_

Are you currently employed? Yes \_\_\_ No \_\_\_ Where? \_\_\_\_\_ Supervisor's name \_\_\_\_\_

Have you been enrolled in Work Experience classes? Yes \_\_\_ No \_\_\_ Where? \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION**

Person to notify in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ (cell) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ (cell) \_\_\_\_\_

Any known allergies to food or medication: \_\_\_\_\_

Does student have any health problems? Yes \_\_\_ No \_\_\_ Please explain: \_\_\_\_\_

Any restrictions to activities because of health concerns? Yes \_\_\_ No \_\_\_

Please explain: \_\_\_\_\_

Medication taken during school hours: \_\_\_\_\_ dose: \_\_\_\_\_

Please list any other medical information you would like us to know: \_\_\_\_\_

**In case of medical emergency and I cannot be notified I give permission to transport my child to a medical facility and I will be responsible for expenses incurred. In the event of a mental health emergency, I give consent for a Northern Pines or other mental health professional to meet with my child. Reasonable attempts will be made to contact a parent or guardian prior to the meeting.**

**PUBLICATIONS/PERMISSIONS:** Completion of this form and items marked below are my permission/consent to the Freshwater ALC to use, print, post and/or publish: Information regarding quarterly enrollment status and earned credits, student work products and photographs and videos.

\_\_\_ **Field Trip permission:** I give my permission for the student listed above to attend/participate in ALC field trips that are part of scheduled programs (i.e.; highway cleanup, birdhouse maintenance, etc.). Special extended field trips will require additional forms and signatures

\_\_\_ **Movie Permission:** I give my permission for the student listed above to watch all movies shown for this school year. (At times throughout the school year, we will use movies in class to supplement lessons. We will make every effort to show movies with a rating of G, PG or PG13. On occasion, a movie with a rating of R, may be used in order to reinforce concepts taught in the classroom.)

\_\_\_ **Permission** for the student listed above to drive to the ALC.

\_\_\_ **Internet Use:** I understand the student listed above will lose internet use privileges if they misuse the internet. (refer to policy # 524)

Yes \_\_\_ No \_\_\_ My child may be given acetaminophen or ibuprofen for mild headache symptoms.

Yes \_\_\_ No \_\_\_ I am 18 and give my permission for staff to contact my parents regarding my educational program.

*I wish to attend the ALC to earn credits to receive my high school diploma. I understand that continued enrollment depends on my acceptable behavior, continued academic progress and acceptable attendance. My signature below signifies my agreement to the above.*

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

Parent 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.<sup>1</sup>

[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/<br>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.

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

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

**Yes** [Go to Question 3.]

**No** [Go to Question 3.]

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**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.<sup>1</sup>

**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
- Asian Indian
- Burmese

- Chinese
- Filipino
- Hmong

- Karen
- Korean
- Vietnamese

- Other Asian
- Unknown

Go to Question 4.

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**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.<sup>1</sup>

**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
- African-American
- Ethiopian-Oromo

- Ethiopian-Other
- Liberian
- Nigerian

- Somali
- Other black
- Unknown

Go to Question 5.

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**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.<sup>1</sup>

**Yes** [Go to Question 6.]

**No** [Go to Question 6.]

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**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.<sup>1</sup>

**Yes**

**No**

Parent(s)/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_