



New Prague Alternative Learning Center

405 1st Ave. NW

New Prague, MN 56071

Phone: (952) 758 -1745

Fax: (952)758 -1749

STUDENT APPLICATION

Extended Day/Summer School

(Please print legibly)

Last Name

First Name

Middle

Birthdate

Address

City, State and Zip

Name of parent/legal guardian

Address

City, State, and Zip

Home Phone

Cell Phone

Other number(s)

Current or last school attended

Grade

Graduation Year

School Counselor

Diploma Granting School

Address

Indicators of Need: (Check all that apply)

___ performs substantially below the performance level for pupils of the same age in a locally determined achievement test;

___ is a victim of physical or sexual abuse;

___ has experienced mental health problems;

___ is at least one year behind in satisfactorily coursework or obtaining credits for graduation; program;

___ has experienced homelessness some time completing within six months before requesting a transfer to an eligible

___ is pregnant or is a parent;

___ speaks English as a second language or has limited English proficiency (LEP), or;

___ has been assessed as chemically dependent;

___ has withdrawn from school or has been chronically truant.

___ has been excluded or expelled according to sections 121A.40 to 121A.56;

___ has been referred by a school district for enrollment in an eligible program or a program pursuant to section 124D.69;

___ Other _____
please fill in

In case of an emergency and the school staff is unable to reach the parents/guardians listed above, please call:

Name:	Relationship to student:	Home Phone	Alternate Phone:



Number of credit hours to be completed and course names:

____ Extended Day

____ Summer School

Seat Time		Independent Study	
30 hours – quarter		42 hours – quarter	
40 hours – trimester		56 hours – trimester	
60 hours – semester		85 hours – semester	
120 – year		170 hours - semester	

Days attending: Monday Tuesday Wednesday Thursday Friday

Specific credits the student will complete: _____

Will the student graduate after completing the classes listed? _____



Start Date: _____

End Date: _____



Student Signature _____

Date: _____

Parent Signature: _____

Date: _____

NPALC Staff Signature: _____

Date: _____