



New Prague Alternative Learning Center

405 1<sup>st</sup> Ave. NW

New Prague, MN 56071

Phone: (952) 758 -1745

Fax: (952)758 -1749

# STUDENT APPLICATION

## Targeted Services

(Please print legibly)

Last Name	First Name	Middle	Birthdate
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Address	City, State and Zip
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Name of parent/legal guardian	Address	City, State, and Zip
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Home Phone	Cell Phone	Other number(s)
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Current or last school attended	Grade	Graduation Year	School Counselor
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Diploma Granting School	Address
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### 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\_\_\_ has withdrawn from school or has been chronically truant.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:

\_\_\_\_ Targeted Services – School Year

\_\_\_\_ Targeted Services - Summer School

Hours Available	Hours Registered

Days attending:    Monday            Tuesday            Wednesday            Thursday            Friday

Specific credits the student will complete: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Start Date: \_\_\_\_\_                      End Date: \_\_\_\_\_



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

Parent Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

NPALC Staff Signature: \_\_\_\_\_                      Date: \_\_\_\_\_