



## ALC Student Application Signature Sheet

In an effort to create the best environment for all students to learn and to support the communication and cooperation needed between program staff, parents/guardians and students, we ask that you read the following statements.

1. Enrollment at the NPALC is voluntary.
2. The staff of the NPALC is here to assist students and families in making the educational experience as successful as possible. If you have questions/concerns at any time, please contact the staff to set up a phone conference or meeting.
3. It is our expectation that students are free from chemicals while they attend school. Our staff and school nurse are great resources for any student or parent.
4. Due to the individualized nature of the program at the NPALC, electronic student grade books may not be used for all classes. Staff will make every attempt to keep you apprised of the status of your child in their classes.

**To be enrolled in an alternative learning program, students must meet certain criteria.**

**Indicators of Needs: (Check all that apply) Student:**

\_\_\_ 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 completing coursework or obtaining credits for graduation;

\_\_\_ has experienced homelessness some time within six months before requesting a transfer to an eligible program

\_\_\_ is pregnant or is a parent

\_\_\_ speaks English as a second language or has limited English proficiency (LEP)

\_\_\_ has been assessed as chemically dependent

\_\_\_ has been excluded or expelled according to sections 121A.40 to 121A.56

\_\_\_ has withdrawn from school or has been chronically truant

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

\_\_\_ Other \_\_\_\_\_

The signatures below acknowledge our commitment to the NPALC and the success of our student. We agree to follow the rules and policies of the NPALC as stated in the school handbook.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Staff Signature

\_\_\_\_\_

Parent Signature

\_\_\_\_\_  
Date



New Prague Alternative Learning Center  
405 1st Ave. N.W. - New Prague, MN 56071  
phone: 952-758-1745; fax: 952-758-1749  
[www.npaschools.org](http://www.npaschools.org)

## NEW PRAGUE AREA SCHOOLS

### Continual Learning Plan –Signature Sheet

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (Home) (\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

#### Current services the student is receiving (check all that apply):

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Special Education   | <input type="checkbox"/> 504 Plan                  | <input type="checkbox"/> Free or reduced lunch |
| <input type="checkbox"/> LEP services        | <input type="checkbox"/> Social worker Name: _____ |  |
| <input type="checkbox"/> School psychologist | Name: _____  |  |
| <input type="checkbox"/> Therapists          | Name: _____  |  |

#### Student accommodations/needs (please check all that apply):

|   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Time                | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Work schedule  | <input type="checkbox"/> Motivation          | <input type="checkbox"/> Language |
| <input type="checkbox"/> Housing        | <input type="checkbox"/> Chemical Dependency | _____                             |
| _____                                   | _____  | _____                             |

#### Student support areas (please check all that apply to your needs):

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Support groups     | <input type="checkbox"/> Personal counseling        | <input type="checkbox"/> Home base advising  |
| <input type="checkbox"/> Outreach provider  | <input type="checkbox"/> Community resources        | <input type="checkbox"/> Peer mediation      |
| <input type="checkbox"/> Diversity advocate | <input type="checkbox"/> Friendship groups          | <input type="checkbox"/> Restitution program |
| <input type="checkbox"/> AA/NA/ALANON       | <input type="checkbox"/> Academic counseling groups | _____  |
| _____                                       | _____   | _____  |

I have read and completed the attached Continual Learning Plan. All information is true and complete to the best of my knowledge.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Staff Signature

\_\_\_\_\_

Date



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## NEW PRAGUE AREA SCHOOLS

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

Permission Form 2016 – 2017

### Field Trip/Service Learning/Activities

Your student will be participating in service learning activities, educational field trips or another activities off grounds. Your signature on this form is necessary for your student to accompany his/her class on such trips. You will receive notification for each trip regarding all details, but a separate permission form will not be required. In some instance, activities will be within the New Prague area and students will be asked to drive on their own. Students with signed permission will be allowed to transport other students and/or ride with a peer if necessary.

My student has my permission to go on school field trips/activities: YES NO

My student has permission to drive for school activities: YES NO

My student has permission to drive other students for school activities: YES NO

My student has permission to ride with another student for school activities: YES NO

### Computer & Internet Acceptable Use Policy\*\*

New Prague Alternative Learning Center strives to provide students access to the vast amount of information available via Computers/Internet. By signing below, you are agreeing to use the NPALC computers for educational purposes only. More specifically, there will be no e-mail, no game playing, no chat rooms, no pornographic sites, etc. Students who do not sign this sheet will not be allowed access at any NPALC computer. The complete policy is available on the school district website at [www.npaschools.org](http://www.npaschools.org)

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Parent Signature

\_\_\_\_\_ Date

### Video Taping & Picture Taking\*\*

I am aware that videotaping and taking of photographs may occur as part of the activities in my child's classroom and or activities. These videos or pictures may be used for educational purposes only and may be placed on the school website. **If you DO NOT want to have your child videotaped or pictures taken in the classroom, you must contact the ALC Office in writing of this choice.**

### Student Directory Information\*\*

The \*\*starred information contained on this form has been designated as directory information. If you **DO NOT** want any or all of the information regarding your child released, **you must contact the District Office in writing and inform them of the information that is to remain confidential.** Public information that may be released includes: student name, address, telephone numbers (excluding unlisted/confidential numbers), participation in activities and sports, height and weight for teams, if student is attending school, awards received, name and telephone numbers of parents/guardians.



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# NEW PRAGUE AREA SCHOOLS

## Attendance Policy

The NPALC offers seat-based credits that require daily participation. Homework assigned outside of the school day is minimal, and therefore the emphasis is on attendance and participation. Earning full credit in any given course requires both a passing grade and fulfillment of our attendance expectations.

Students are allowed to miss five days in a nine-week quarter. Students who exceed five absences in any period of the day, will have opportunities to earn their needed seat-time before or after school. If students have between five and ten absences in a single quarter and they do not make up the missing time, they will only be eligible for partial credit. If students exceed 10 absences and do not make up the time, they will not earn credit for that class.

I am aware of and agree to the attendance policy.

Student Signature

Parent Signature

Date