



District 518
Learning Center
Dakota Lawrence, Alternative Learning Principal
Spencer Wieneke, Dean of Students
spencer.wieneke@isd518.net

825 N. Crailsheim Rd
Worthington, MN 56187

www.isd518.net/alc

Phone: 507-372-1322
Fax: 507-727-1125

REFERRAL FORM

The following student has requested to enroll at the Worthington Area Learning Center. Please provide us with any of the following information that is applicable to your agency/school. No student will be considered for enrollment until this form is completed. Upon receipt of this complete form, an enrollment interview or IEP Change of Placement Meeting will be scheduled.

_____ Name of Student
_____ Student Telephone Number
_____ Name of Parent/Guardian
_____ Telephone Number
_____ Address of Student and/or Parent or Guardian
_____ IEP/504/Minor Parent/LEP Status/Other Plan
_____ Reason for Referral
_____ Agency (agencies) currently working with child/family.
_____ i.e. Family Services, Probation, DRS, other)
_____ Contact person(s) from each agency working with the child/family.
_____ Anticipated length of stay at ALC.
_____ Basic Standard Test Scores Information/MCA Test scores.
_____ MARRS Reporting number (schools)

Submitted by: _____ **(Please include credit checker)**

Approval Signatures:

Parent Signature: _____ (Student Must sign if over 18 years of age)

HS Administrative Approval: _____ (Must be approved before attending)

LC Administrative Approval: _____ (Must be approved before attending)

Asst. Director Of Special Ed Approval: _____ (if on IEP Must be approved before attending)