

## SWWC Alternative Learning Center Windom and Pipestone Intake Form

Date:	St	udent referred by:			
Referred to:	Mid-level (7-8)	High School	(9-12+)	Gender:	<del> </del>
Home District:		Resident D	istrict:		· · · · · · · · · · · · · · · · · · ·
Student name:		Grade:	MARS	5#:	<del> </del>
Parent/Guardian:		Phone:			<del></del>
	have an IEP? Yes stion, home district must				No
that apply).  performs achievem is behind is pregna has been has been to section is a victin has expen has expen program; speaks Er	in satisfactorily complent or is a parent; assessed as chemically excluded or expelled a referred by a school din 124D.69; Reason: of physical or sexual a rienced mental health prienced homelessness serienced homelessness serienced mental health prienced homelessness serienced mental health prienced homelessness serienced homelessness	e performance level for ting coursework or obte dependent; ccording to sections 12 strict for enrollment in abuse; roblems; ometime within six modage or is an English lear	pupils of the caining credit LA.40 to 12 an eligible punths before rener;	same age in a loss for graduations  IA.56; rogram or a program	cally determined; gram pursuant
I have re	viewed the information	with the student and p	arent/guardia	ın	
Signature of Sch	ool District Representa	tive	– <u> </u>	hone	

Email/fax this form to Nicole Larson at <a href="mailto:nicole.larson@swwc.org">nicole.larson@swwc.org</a> or 507-831-6939. Please include the following: (DO NOT SEND CUMULATIVE FILE)

- General Student Data
- Updated transcript with district graduation requirements the student has yet to meet
- Attendance records
- Immunizations
- Completed Lunch Form
- Current IEP and Evaluation Report