

Hendricks Public School

Independent School District #402

P.O. Box 137, Hendricks, MN 56136 - Phone: (507)275-3115 - Fax: (507)275-3150

Email: Meghan.Adams@isd402.org

HPS ALC Registration Form

Student Information:

Name (Last, First, MI): _____	Date of Birth: _____	
Email: _____	Phone: _____	Gender: _____
Address: _____	City, State, Zip Code: _____	
Current Grade Level: _____	Last Grade Completed: _____	MARSS Number: _____
Resident District: _____	Enrolling School: _____	
Lunch Status (Circle one) Paid or Free/Reduced	Race/Ethnicity: _____	

Parent/Guardian Information:

Mother Name: _____	Main Phone: _____
Email: _____	Other Phone: _____
Address: _____	City, State, Zip Code: _____
Father Name: _____	Main Phone: _____
Email: _____	Other Phone: _____
Address: _____	City, State, Zip Code: _____

Indicate which type(s) of internet connection you will be using to access your course

<input type="checkbox"/> Dial-up Modem
<input type="checkbox"/> Cable/DSL
<input type="checkbox"/> High Speed Home Connection
<input type="checkbox"/> High Speed School Connection
<input type="checkbox"/> No internet access - I plan to participate in this course at: _____

I have reviewed the course outline(s) provided and understand the expectations of enrolling into the Hendricks Public Schools Alternative Learning Center program.

Student Signature: _____	Date: _____
<i>(required)</i>	
Parent Signature: _____	Date: _____
<i>(required for students under 18 years old)</i>	
Print Parent Name & Relation: _____	

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ALC Additional Information Form

Student Information:

Student Name: _____	Date of Birth: _____	
Email: _____	Phone: _____	Gender: _____
Address: _____	City, State, Zip Code: _____	

Parent/Guardian Information:

Mother Name: _____	Main Phone: _____
Email: _____	Other Phone: _____
Address: _____	City, State, Zip Code: _____
Father Name: _____	Main Phone: _____
Email: _____	Other Phone: _____
Address: _____	City, State, Zip Code: _____
Other Name: _____	Main Phone: _____
Email: _____	Other Phone: _____
Address: _____	City, State, Zip Code: _____

Check Only One:

- I chose to opt-out of or opt-out my student from this school year's MCA Testing (or equivalent). I sign below to verify my decision.*
- I chose not to opt-out of or opt-out my student from this school year's MCA Testing (or equivalent). I will attend all required testing in Hendricks, MN. I sign below to verify my decision.*

Student Signature: _____	Date: _____
(required)	
Parent Signature: _____	Date: _____
(required for students under 18 years old)	



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www.hendrickspublicschools.org
p| 507-275-3115 • f| 507-275-3150

HPS ALC RELEASE OF INFORMATION

Student Name: _____ Date of Birth: _____

Address: _____ Phone: _____ Gender: _____

Parent/Guardian Name(s): _____

Email: _____ Main Phone: _____

Address: _____ City, State, Zip Code: _____

Enrolling School

Name: _____

Address: _____

Phone: _____ Fax: _____

HPS Alternative Learning Center is requesting the following information or access to information for the student noted above:

_____ Current Transcript

_____ Current Lunch Status

_____ MARSS Number

_____ Race/Ethnicity

_____ Special Education Records

_____ Course Progress

_____ Other: _____

By signing below, I consent to the release of information as indicated above. Please share this information with the Hendricks Public Schools ALC program.

Signature of parent/guardian (student if 18yrs old)

Date

Return completed form and requested information to:

Meghan Adams, Program Coordinator

Meghan.Adams@isd402.org

Fax: 507-275-3150