

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 Instructions - Summer 2018

All 9-12 grade Minnesota students are eligible to enroll in up to 2 credits (4 semester classes) of Credit Recovery courses in the Hendricks Public School ALC Summer Program.

TO APPLY:

1. Complete and sign the HPS ALC Registration Form-Summer 2018.
2. Complete and sign the HPS ALC Continual Learning Plan, indicating Required Elements specific to you/your student and preferred courses.
3. Complete and sign the 2017-18 Application for Educational Benefits Packet.
**Have your enrolling school send us a current copy of this form if you do not want to complete again.*
4. Return all required documents to Meghan.Adams@isd402.org. Incomplete documents may delay student enrollment.
5. Upon acceptance of student registration, students/parents will receive login information via email.
Course information, including deadlines and teacher info, will be listed in student's user account.

SUMMER SEMESTER TIMELINES:

1st Semester runs June 18 to July 13

2nd Semester runs July 16 to August 10

Students may enroll in 2 1-semester courses each Summer Semester.

ENROLLMENT EXPECTATIONS/GUIDELINES

- *Students must make adequate progress weekly (Tuesday through Monday).
- *Students who do not submit work for 5 consecutive days will be dropped from the program.
Students going on vacation are expected to either work ahead of due dates or continue to make adequate progress while on vacation.
- *Dropped students must wait to re-enroll until the Fall ALC program.
- *Students are expected to follow or outpace their assignment due dates.
- *Students are expected to reach out to teachers for help when needed.
- *Transcripts will be sent to students/parents at the end of the summer program (after August 10).

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Student Information:

Name (Last, First, MI): _____	Date of Birth: _____	
Email: _____	Phone: _____	Gender: _____
Address: _____	City, State, Zip Code: _____	
Current Grade Level: _____	MARSS Number: _____	
Resident District: _____	Enrolling School: _____	
School Counselor Email (optional): _____		

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 and understand the expectations/guidelines of enrolling into the Hendricks Public School Alternative Learning Center program and verify the provided information is true to the best of my knowledge.

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

HPS ALC Continual Learning Plan (CLP)

Name: _____ Birth Date: _____ Gender: _____

Parent Name: _____ Phone (Main): _____

Address: _____ City, State, Zip Code: _____

***Required: Provide a response below to the following Required Element questions.**

Required Element

1. Targeted Area of Need (*Why is the student enrolled in this program?*)

2. Goal(s) (*What does the student hope to accomplish, short- or long-term?*)

3. Activities (*What steps will the student take to meet their goal(s)?*)

4. Measurements (*How will the student know they've met their goal(s)?*)

The above named student will complete the following district credit requirements and standards this year:
(*This CLP will be reviewed at least annually to determine progress.*)

Student Signature Date

Parent/Guardian Signature Date

Teacher/Advisor Signature Date