

Hendricks Public School

Independent School District #402

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

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HPS ALC Registration Form

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

Parent/Guardian Information:		
Mother Name: _____	Cell Phone: _____	
Email: _____	Home Phone: _____	
Address: _____	City, State, Zip Code: _____	
Father Name: _____	Cell Phone: _____	
Email: _____	Home Phone: _____	
Address: _____	City, State, Zip Code: _____	

<u>Indicate which type(s) of internet connection you will be using</u>	<u>Indicate special circumstances</u>
<input type="checkbox"/> Dial-up Modem	<input type="checkbox"/> Active IEP on file
<input type="checkbox"/> Cable/DSL	<input type="checkbox"/> Active 504 Plan
<input type="checkbox"/> High Speed Home Connection	<input type="checkbox"/> No Computer
<input type="checkbox"/> High Speed School Connection	<input type="checkbox"/> Other (explain): _____
<input type="checkbox"/> No internet access - student will access internet at: _____	_____
_____	_____

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