

2017-2018 High School Summer School Program - Denfeld
Denfeld High School – 401 N. 44th Ave. West, Duluth, MN 55807
Phone: 218-336-8756 Fax: 218-336-8770

This program is open to youth that have completed **grade 9 or above** who meet one or more of the state eligibility guidelines.

Student Name: Last:	First:	Middle:	Grad Year (GSY):
Student Date of Birth:	Male/Female (circle one)	Federal Ethnicity Codes: (please choose number) _____ (1) Hispanic/Latino (2) Am Indian (3) Asian (4) Black/African American (5) Native Hawaiian/Pacific Islander (6) White;	
Parent/Guardian Name:	State Ethnicity Codes: (please choose number) _____ (1) Am Indian (2) Asian (3) Hispanic (4) Black/African American (5) White		
Street Address:	Home phone:	Cell phone:	
City:	State:	Zip code:	
Parent Email:			

- Students are given the opportunity to successfully complete/recover up to 1.0 credit required towards graduation.
- If your child failed a **FIRST** semester class, the session runs from 8:00-12:15 (with a 15 minute break) Monday-Thursday from June 26th – July 13th (**NO SCHOOL JULY 4, 2017**)
- If your child failed a **SECOND** semester class, the session runs from 8:00-12:15 (with a 15 minute break) Monday-Thursday from July 17th - August 3rd
- These sessions may be subject to change based on student enrollment numbers
- Attendance is mandatory in order to receive full credit
- Your son/daughter’s teacher or counselor will be contacting you to let you know if he/she failed their class

Note: if applicant is an out of district student please attach a “referring district” student data sheet with MARSS Number.

Class	Credit	Class	Credit
<input type="checkbox"/> English 9	I or II (circle) <input type="checkbox"/> 0.5 or <input type="checkbox"/> 1.0	<input type="checkbox"/> Physical Science	I or II (circle) <input type="checkbox"/> 0.5 or <input type="checkbox"/> 1.0
<input type="checkbox"/> English 10	I or II (circle) <input type="checkbox"/> 0.5 or <input type="checkbox"/> 1.0	<input type="checkbox"/> Biology	I or II (circle) <input type="checkbox"/> 0.5 or <input type="checkbox"/> 1.0
<input type="checkbox"/> English 11 (includes Am. Lit.)	I or II (circle) <input type="checkbox"/> 0.5 or <input type="checkbox"/> 1.0	<input type="checkbox"/> Intermediate Algebra I	I or II (circle) <input type="checkbox"/> 0.5 or <input type="checkbox"/> 1.0
<input type="checkbox"/> Civics & Geography	<input type="checkbox"/> 0.5	<input type="checkbox"/> Algebra II	I or II (circle) <input type="checkbox"/> 0.5 or <input type="checkbox"/> 1.0
<input type="checkbox"/> American History	I or II (circle) <input type="checkbox"/> 0.5 or <input type="checkbox"/> 1.0	<input type="checkbox"/> Geometry	I or II (circle) <input type="checkbox"/> 0.5 or <input type="checkbox"/> 1.0
<input type="checkbox"/> World History	I or II (circle) <input type="checkbox"/> 0.5 or <input type="checkbox"/> 1.0		

Note: Other classes may be arranged with special permission. Please contact the ALC office.

Counselor/Admin. Signature _____ **School** _____ **Date** _____
 (Necessary for any student who has attended ISD709 classes within the past 12 months)

Student Signature/Agreement _____ **Date** _____
 I understand the ALC program requirements. I will work cooperatively with my counselor to develop a Continual Learning Plan (CLP) and promise to put forth full effort to achieve my stated goals.

Parent or Guardian/Agreement _____ **Date** _____
 I understand the ALC program requirements. I support the decision of my son/daughter to enroll in the program and expect him/her to work cooperatively with his/her counselor to develop a Continual Learning Plan (CLP) and to put forth full effort to achieve the stated goals.

***Please Note: Counselors are required to complete and sign the CLP on the reverse side of this form.**

ALC 2017-2018 CONTINUAL LEARNING PLAN

NAME _____ BIRTHDATE _____ GRADE _____

PARENT NAME (PRINTED) _____

ADDRESS _____

STUDENT PHONE NUMBER (____) _____ PARENT/GUARDIAN PHONE (____) _____

Indicators of Need: (Check all that apply)

<input type="checkbox"/> Performs substantially below the performance level for pupils of the same age in locally determined achievement test	<input type="checkbox"/> Is a victim of physical or sexual abuse.
<input type="checkbox"/> Has experienced mental health problems.	<input type="checkbox"/> Is at least one year behind in satisfactorily completing coursework or obtaining credits for graduation
<input type="checkbox"/> Has experienced Homelessness sometime within six months before requesting a transfer to an eligible program.	<input type="checkbox"/> Is pregnant or Is a parent.
<input type="checkbox"/> Speaks English as a second language or has limited English proficiency (LEP).	<input type="checkbox"/> Has been assessed as chemically dependent.
<input type="checkbox"/> Has been excluded or expelled according to sections 121A.40 to 121A.56.	<input type="checkbox"/> Has withdrawn from school or has been chronically truant
<input type="checkbox"/> Has been referred by a school district for enrollment in an eligible program or program pursuant to section 124D.69.	<input type="checkbox"/> Student has met one or more of this criteria.

Current Services:

Special Education (IEP) _____

504 _____

Families in transition _____

Please attach supplemental information about required 504 Plan or IEP learning adaptations and/or modifications.

Goal for current school year: _____

PARENT SIGNATURE _____

STUDENT SIGNATURE _____

STAFF SIGNATURE _____