

**2018-2019 High School Summer School Program - Denfeld**  
**Denfeld High School – 401 N. 44<sup>th</sup> 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: <b>(please choose number)</b> _____ (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: <b>(please choose number)</b> _____ (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) **First Day** – Tuesday, June 12<sup>th</sup> (**Students will attend class Tuesday – Friday during the first week only**) after that, Monday-Thursday, June 18 – June 28<sup>th</sup>.
- 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 9<sup>th</sup> – July 26<sup>th</sup>.
- 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, as well as the Duluth Public Schools Registration Form signed by a parent/guardian or the adult student.**

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 2018-2019 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** \_\_\_\_\_