

Return completed application to:

Tower View Alternative School  
154 Tower View Drive  
Red Wing, MN 55066

Date: \_\_\_\_\_

### TOWER VIEW ALTERNATIVE SCHOOL APPLICATION

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Cell Phone Numbers: \_\_\_\_\_

Name of person(s) with whom you live

Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### School History:

Name of school last attended: \_\_\_\_\_

Graduation Class year: \_\_\_\_\_ Targeted graduation date: \_\_\_\_\_

Have you officially dropped out? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Drop: \_\_\_\_\_

How many credits does your school require for graduation? \_\_\_\_\_

How many credits do you now have? \_\_\_\_\_

Minnesota Basics Standards/MCA Tests passed (check tests passed to date)

\_\_\_\_\_ Math \_\_\_\_\_ Reading \_\_\_\_\_ Writing

Are you or have you ever been: In special education \_\_\_\_\_ Case Manager: \_\_\_\_\_

**The Case Manager MUST call for an IEP meeting to decide if this is an appropriate setting.  
Student MUST contact Case Manager and let them know they are wanting to come to Tower View.**

Are you or have you ever been in: Social Services \_\_\_\_\_ In treatment \_\_\_\_\_

In counseling \_\_\_\_\_ On medication (for school related issues) \_\_\_\_\_

On probation \_\_\_\_\_

Name of probation officer/social worker/counselor: \_\_\_\_\_

Give a good reference from school, work, or a community organization.

Name \_\_\_\_\_ Organization \_\_\_\_\_ Phone \_\_\_\_\_

#### Work Experience:

Do you have a job? \_\_\_\_\_ If yes, where? \_\_\_\_\_ Phone \_\_\_\_\_

#### Alternative Program:

How did you hear about this program? \_\_\_\_\_

Do you know any students presently enrolled (or applied)? \_\_\_\_\_

When do you hope to start? \_\_\_\_\_

Why do you want to attend this program? \_\_\_\_\_

**Graduation Incentives Criteria  
Verification of Eligibility**

This form should be used whenever a parent, teacher, school administrator, or outside agency refers a student to Tower View, which is a program operating under the Red Wing Area Learning Center umbrella.

Please check qualifying criteria for the student referred for enrollment.

- \_\_\_\_\_ performs substantially below the performance level for pupils of the same age in a locally determined achievement test
- \_\_\_\_\_ is at least one year behind in satisfactorily completing coursework or obtaining credits for graduation
- \_\_\_\_\_ is pregnant or a parent
- \_\_\_\_\_ has been assessed as chemically dependent
- \_\_\_\_\_ has been excluded or expelled according to sections 127.26 or 127.39
- \_\_\_\_\_ has been referred by a school district for enrollment in an eligible program or a program pursuant to section 126.23
- \_\_\_\_\_ is a victim of physical or sexual abuse
- \_\_\_\_\_ has experienced mental health problems
- \_\_\_\_\_ has experienced homelessness sometime within 6 months before requesting transfer to an eligible program
- \_\_\_\_\_ speaks English as a second language or has limited English proficiency
- \_\_\_\_\_ has withdrawn from school or is chronically truant

Reason for referral: Please include comments on the student's unique academic and learner needs or qualifying characteristics.

If this is a school district referral, please provide rationale for verification.

\_\_\_\_\_  
Signature of individual verifying eligibility

\_\_\_\_\_  
Relationship to the student

Please attach a copy of latest student transcript available.

If from outside of Red Wing School District #256, please provide name and address of former school so that we may obtain transcript and immunization records.

School: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_