

A-H Regional Night School 2015 - 2016



Wednesday Evening (5:30-7 & 7-8:30pm) 763-506-7407 (Phone) 763-506-7403 (Fax)

Student ID: _____

Student Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Address: _____ Home Phone #: _____
(Street) (City) (Zip code)

Parent/Guardian: _____ Cell/Alternate Phone Number: _____

Parent/Guardian contact email address: _____ Original Grad Year: _____

Name of Current/Last School Attended (Circle): Andover Anoka Blaine Champlin Park Coon Rapids Other: _____
(Specify name of School)

Please indicate ½ credit or 1 credit in Credit Column
CREDIT

Subject	CREDIT			Subject	CREDIT		
	Apx	A	B		Apx	A	B
English 9				Physical Science 9			
English 10				Biology			
English 11				Chemistry			
English 12				Geometry			
Civics 9				Intermediate Algebra			
Human Geog. 9				Stats & Prob			
US History 10				Adv. Algebra			
Global Studies 11				Phy Ed I			
Gov't & Politics 12				Phy Ed II			
Econ 12				Health			
Art(Apex)				Elective			

Any Partial Units earned for passing at mid-term:

Partial Units _____ Subject _____ Previous School/Program _____

Partial Units _____ Subject _____ Previous School/Program _____

Student has previously attended AHRHS Night/Summer School
 _____ YES _____ NO

CLP: (required for All Learner Year Referrals):

_____ Student is required to attend and complete required credit during
 MakeUp/Night School Program in the current school year.
 Other: _____

***ELIGIBILITY CRITERIA -**

* Please circle criteria that applies to student

1. Student is performing substantially below performance on local achievement tests.
2. Student is at least one year behind in satisfactorily completing coursework.
3. Student is or has been homeless sometime in the last 6 months.
4. Student has a limited English proficiency or speaks English as a second language.
5. Student has been chronically truant or has withdrawn from school.
6. Student has been referred by a school district for enrollment in an eligible non-traditional program
7. Student is pregnant or a parent.
8. Student has been sexually or physically abused.
9. Student has been excluded or expelled.
10. Student has experienced mental health problems.
11. Other: _____

Counselor Signature: _____

Parent Signature: _____

Student Signature: _____

Case Manager Signature: _____

(No Special Ed Services are provided during the Night School Program)

Date: _____