

# Alternative Learning Program for the Humboldt Area Student and Parent/Guardian Application

**Section 1: *To be completed by student:***

Date Submitted to School Counselor: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone Number:    home: \_\_\_\_\_ Email: \_\_\_\_\_

cell: \_\_\_\_\_

other: \_\_\_\_\_

1. What are your goals for the future?

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2. How would acceptance into the alternative program help you achieve these goals?

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3. What are/have been your strengths, interests, and learning style preferences as a student?

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4. What areas would you like to improve as a student?

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5. What obstacles have stood in the way of your success in the past?

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6. How would attending the alternative program help you overcome these obstacles?

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7. If accepted as an alternative program student, how confident are you (on a scale of 1 – 10, with 1 not confident at all and 10 extremely confident) that you will be able to demonstrate each of the following?

A) Consistent school attendance necessary to earn credits: 1 2 3 4 5 6 7 8 9 10

B) Consistent effort on achieving academic goals: 1 2 3 4 5 6 7 8 9 10

C) Respect for all students and staff: 1 2 3 4 5 6 7 8 9 10

8. Is there anything else you would like us to know about your personal circumstances that you feel would make you a good candidate for the alternative program? If so, please explain.

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9. On a separate sheet of paper, within approximately 250 words, write a short autobiography detailing other information about yourself that has not already been included in this application.

**Employment Information:**

Place of employment: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Hours per week: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Phone contact: \_\_\_\_\_

Thank you for your interest in the ALPHA Program! You will be notified of a placement decision as soon as possible. If you have any questions please feel free to contact:

- Lori Westhoff, High School Principal 515-332-1430 ext. 6201 or email [lwesthoff@humboldt.k12.ia.us](mailto:lwesthoff@humboldt.k12.ia.us)
- Greg Thomas, High School Associate Principal 515-332-1430 ext. 6203 or [gthomas@humboldt.k12.ia.us](mailto:gthomas@humboldt.k12.ia.us)
- Shelley Powers, High School Counselor 515-332-1430 ext. 6202 or [spowers@humboldt.k12.ia.us](mailto:spowers@humboldt.k12.ia.us)
- Chad Beaman, District At-Risk Coordinator, 515-332-1430 ext. 6209 or [cbeaman@humboldt.k12.ia.us](mailto:cbeaman@humboldt.k12.ia.us)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(\*\*PLEASE NOTE: IT IS IMPORTANT YOU CONTINUE TO DO YOUR BEST IN YOUR CURRENT CLASSES WHILE YOUR APPLICATION IS REVIEWED, AS YOUR ATTENDANCE AND EFFORT IN SCHOOL IS ONE CRITERIA WHICH WILL INFLUENCE WHETHER OR NOT YOU ARE ALLOWED TO ATTEND THE ALTERNATIVE PROGRAM!)**

**"It is the policy of the Humboldt Community School District not to discriminate on the basis of race, creed, color, age, sex, sexual orientation, gender identity, national origin, disability, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.7. If you have questions or grievances related to compliance with this policy please contact the Humboldt Community School District, Assistant Finance Manager, 23 3<sup>rd</sup> St N PO Box 130 Dakota City, IA 50529; 515-332-1330 or the Iowa Civil Rights Commission, Grimes State Office Building, 400 E. 14th St., Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; web site: <http://www.state.ia.us/government/crc/index.html>."**

**SECTION 2: *To be completed by parent/guardian***

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone Number:    home: \_\_\_\_\_                      Email: \_\_\_\_\_

                         cell: \_\_\_\_\_

                         other: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Typical Work Schedule: \_\_\_\_\_

1. What are your goals for your child's education?

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2. What challenges has your child faced in the past regarding his/her education?

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3. How do you think your child would benefit from attending the ALPHA Program?

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4. What other information could you provide that we have not inquired about already?

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5. Are you willing to participate in an initial entrance interview? (Please circle) YES    NO

If yes, what time of day would be more convenient? Morning \_\_\_\_\_ Afternoon \_\_\_\_\_

Thank you for your interest in your child's education. You will be notified of your child's placement decision as soon as possible. If you have any questions please feel free to contact:

- Lori Westhoff, High School Principal 515-332-1430 ext. 6201 or email [lwesthoff@humboldt.k12.ia.us](mailto:lwesthoff@humboldt.k12.ia.us)
- Greg Thomas, High School Associate Principal 515-332-1430 ext. 6203 or [gthomas@humboldt.k12.ia.us](mailto:gthomas@humboldt.k12.ia.us)
- Shelley Powers, High School Counselor 515-332-1430 ext. 6202 or [spowers@humboldt.k12.ia.us](mailto:spowers@humboldt.k12.ia.us)

- Chad Beaman, District At-Risk Coordinator, 515-332-1430 ext. 6209 or [cbeaman@humboldt.k12.ia.us](mailto:cbeaman@humboldt.k12.ia.us)

Parent/Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_