



Student Services Department
Alternative Learning Center School Referral Form

Parent/guardian must bring their student to the Alternative Learning Center at 8:00 a.m. on the first day of attendance and stay with them through the check-in process with the Alternative learning Center teacher.

Student Name: _____
First Middle Last

Student Number: _____

Parent Name: _____
First Middle Last

A home, work, and emergency phone number are required

Home Phone: _____ Work Phone: _____ Emergency Phone: _____

Person(s) on Emergency Contact Card Who May Drop Off or Pick the Student Up:

Table with 3 columns: Name, Relationship to Student, Phone Number. Includes three rows for contact information.

Student username /password for MyPortal, Edgenuity (Crop Only) Khan Academy or any supplemental computer program that they are currently using.

Table with 3 columns: Computer Program, Student Username, Password. Includes four rows for program details.

School Assignments (Check each item below):

- Copy of the student's class assignments attached or emailed to ALC@gm.sbac.edu
The student and parent have been informed that the student must come to the center with the necessary materials to complete assignments.
Parent/guardian is aware the ALC program begins at 8 a.m. and that there is no adult supervision prior to 8 a.m.

Number of days the student is assigned to the center (3 to 15 days): _____

Date student will start attending the center: _____

School Representative's Signature

Date