



**2023-2024 HVED RIVER VALLEY ACADEMY REFERRAL**  
 Minnesota State College, SE Tech, 1250 Homer Road, Winona, MN.  
 Phone (507) 452-1200 ~ Fax (507) 452-3422

Enrollment: Session I (June) \_\_\_\_\_ Session II (July-August) \_\_\_\_\_ Session III (September-May) \_\_\_\_\_

Date of Referral: \_\_\_\_\_ (District Admin)      Date Registered: \_\_\_\_\_ (RVA Admin)

Please select one of the locations: RVA-Caledonia: \_\_\_\_\_ RVA-Spring Grove: \_\_\_\_\_ RVA-Winona: \_\_\_\_\_

Satellite Site: \_\_\_\_\_ Resident District: \_\_\_\_\_

Student's Name (First & Last): \_\_\_\_\_ Student's Phone #: \_\_\_\_\_

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

MARSS #: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Year Entered 9<sup>th</sup> Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Student Receives:     regular-price lunch     reduced-price lunch     free lunch

Gender:  M  F      Race: \_\_\_\_\_ Ethnicity Code: \_\_\_\_\_ Transportation Code: \_\_\_\_\_

The following applies to this student (check all that apply):

<input type="checkbox"/>	Poor attendance record (frequent absence, tardiness and/or truancy)
<input type="checkbox"/>	Is at least one grade level below the performance level for students of the same age as measured in a locally determined achievement test
<input type="checkbox"/>	Is recognized by school personnel to be experiencing academic or personal difficulties

*\*\*Districts referring a student with an IEP must hold a change of placement meeting prior to the student attending the alternative learning center. Students will be contacted once all information is received.*

	Is a pregnant or parenting teen
	Has formally dropped out and returned to school
	Is enrolled in a public alternative school
	Has been assessed as chemically dependent
	Is a juvenile offender/diversion program youth
	Is homeless or has experienced homelessness (as defined by Stewart B. McKinney Homeless Assistance Act)
	Is limited in English proficiency
	Is a youth with a disability? Specify disability:
	Has experienced mental health problems
	Is a victim of physical or sexual abuse

Graduation Standards Test Results: Math:\_\_\_\_\_ Reading:\_\_\_\_\_ Science:\_\_\_\_\_

ACT:                      Needs    Yes    No    Score:\_\_\_\_\_

Other:                      \_\_\_\_\_ Score:\_\_\_\_\_

Attach required documents:

- District specific graduation requirement form and/or credit check
- Transcript
- Standardized Test Results
- IEP/504 (if applicable)
- Health/Immunization (**After October 1, immunizations are expected to be up-to-date. Immunizations must be signed and dated to show verified at resident district**)

**STUDENT INFORMATION:**

Student lives with:     Mom     Dad     Both Mom & Dad     Other:\_\_\_\_\_

Address of non-custodial parent (if you wish to receive duplicate mailings of student information):

\_\_\_\_\_

How will student get to school:     Bus     Private Transportation     Walk

Emergency Contact Name & Phone Number: \_\_\_\_\_

Doctor/Medical Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Any allergies or chronic health problems?     Yes     No    If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Is the student receiving any outside services? Court\_\_\_ Mental Health\_\_\_ County\_\_\_ Other:\_\_\_\_\_

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Updated 5/2022

Is student currently taking any prescription medications at school?  Yes  No If yes, please explain:

*(Student CANNOT bring medication in. Parent MUST bring medication that is to be taken during school hours in the original prescription bottle - clearly marked with student's name, dose, duration, etc. School staff will store medications and administer medications according to prescription/order.)*

Is student presently working?  Yes  No If yes, Where? \_\_\_\_\_

How many hours per week? \_\_\_\_\_ Work phone number: \_\_\_\_\_

**Complete This Section Only If Student Is Returning to School After Dropping Out**

Last School Attended: \_\_\_\_\_ Date Last Attended: \_\_\_\_\_

What grade was student in when he/she last attended school? \_\_\_\_\_

Number of high school credits student has earned (if known): \_\_\_\_\_

Did student receive any of the following kinds of special help in school?

Basic Skills:  Yes  No

Reading:  Yes  No

504  Yes  No

IEP/Special Ed.  Yes  No

Why does student wish to return to school? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Referring Party: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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