

Intermediate District 287
Authorization for ALC / Targeted Service Site

Effective what school year: _____

<p>Name, Address and Phone _____</p> <p>_____</p> <p>School Short Name _____</p> <p>Mailing Address _____</p> <p>_____</p> <p>City _____ St MN Zip _____</p> <p>County Code _____ Country _____</p> <p>Phone _____ - _____ x _____</p> <p>Fax _____ - _____</p> <p>E-Mail Address _____</p> <p>Former Long City Name _____</p> <p>Student System Contact _____</p> <p>Principal Name _____</p> <p>Principal E-Mail Address _____</p>		<p>Relationship to 287</p> <p><input type="checkbox"/> 287 Program</p> <p><input type="checkbox"/> Member Dist. Program</p>	<p>Grades Served</p> <p><input type="checkbox"/> EC</p> <p><input type="checkbox"/> K</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10</p> <p><input type="checkbox"/> 11</p> <p><input type="checkbox"/> 12</p>
<p>ALC Program Type</p> <p><input type="checkbox"/> 9 – 12 ALC</p> <p><input type="checkbox"/> 9 – 12 IS</p> <p><input type="checkbox"/> (Mid-Level) ALC</p> <p><input type="checkbox"/> (Mid-Level) Targeted Service</p> <p><input type="checkbox"/> Elem. Targeted Service</p>			

Calendar Data: **First Day** _____ **Last Day** _____
No School Days _____ **Teacher Days** _____

School Number Assigned (SIS to assign) _____
Print out form, complete it and return to: *Sandy Gaulke,*
Student Information Systems Mgr.
Please allow up to one week for processing.

Date _____
Signature _____