



Phoenix Learning Center

BHM SCHOOLS

Phoenix Learning Center
800 8th St NE, Buffalo, MN 55313
763.682.8680 | f:763.682.8681
bhmschools.org

Thank you for expressing interest in Phoenix Learning Center. Phoenix is an alternative learning program/choice program offered through the Buffalo-Hanover-Montrose School District. All interested students must complete a full application to be considered for enrollment.

Applications will be processed and interviews conducted only after all materials listed below have been received. The order of the waiting list is first come, first served, based on the date the application is received.

Please complete the following to be considered:

- ☐ Application Form with signatures
- ☐ Written essay
- ☐ Letter of Recommendation
- ☐ Copy of all high school transcripts, including from other alternative programs, treatment programs, etc. (out of district applicants only)
- ☐ Graduation Test Scores (out of district applicants only)
- ☐ School Health Records (out of district applicants only)
- ☐ Copy of IEP & Assessment if in Special Education

(**Note:** Students receiving Special Education services will be required to have a full IEP team meeting prior to any changes in enrollment into Phoenix Learning Center.)

Please return completed application materials to the Main Office at Phoenix Learning Center between 8:00 a.m. and 4:00 p.m., or mail materials to the address above. Once a completed application is received, a team of staff members will review to determine acceptance into the program. Within ten business days of receipt, the applicant or parents/guardians will be contacted with further information.

Rev. 10/2018

STUDENT APPLICATION FORM

Date: _____

Student Name: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Student Phone: _____ Gender: _____ DOB: _____

Parent/Guardian Name(s): _____

Address (if different from above): _____

Primary Parent/Guardian Phone No.: _____ Alt. Phone: _____

Please check here if not living with parent/guardian _____

Name of School Last Attended (Name and City/State): _____

School Counselor Name: _____

Date of Withdrawal: _____ Reason for Withdrawal: _____

Does the applicant receive Special Education services? Y N If yes, in what area? _____

- Please provide a letter of recommendation from a non-relative who has been involved in the education of the applicant and knows the applicant well. (school counselor, social worker, teacher, county worker, etc.) The writer of the letter of rec may be contacted by Phoenix staff to ask specific questions regarding the applicant's potential commitment to the program.
- The written essay from the applicant should be ½ to one page in length, and offer information about the applicant, their interests, educational journey, and why they want to participate in the Phoenix program, etc.
- The applicant and their parent/guardian will be asked about commitment to the program, goals, any chemical usage, and why this program would be helpful.
- Please provide two references. They may be contacted about the applicant's potential success in the program. The references should be adults, non-relatives, who know the applicant well.
Please list their names and phone numbers below.

1. _____

2. _____

Student Signature: _____

Parent Signature: _____