



**Phoenix
Learning Center**

BHM SCHOOLS

Phoenix Learning Center
877 Bison Blvd, 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 and housed within Buffalo High School. All interested students must complete an application to be considered for enrollment.

Applications will be processed and possible 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 from student (details on page 2)
- Letter of Recommendation (**out of district applicants only**)
- Copy of all high school transcripts, including from other alternative programs, treatment programs, etc. (**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/ Buffalo High School 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. 09/2020

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? _____

- 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.
- Please provide a reference person. They may be contacted about the applicant's potential success in the program. The reference should be an adult, non-relative, who knows the applicant well. **Please list their name and phone number below.**

Name: _____

Phone Number: _____

Student Signature: _____

Parent Signature: _____