AAEP Enrollment Forms

Student Name: _____ _____ ____
Last *First* *M.I.*

Home Address: _____ City:_____ Zip:_____

Parent Phone: _____ Student Phone: _____

Name of Home District and Campus: _____

Contact Person (circle):
Father Stepfather Mother Stepmother Grandparent Relative Spouse

Race:
American Indian Asian Pacific Islander Black Hispanic White Other:_____

Father: _____ Employer: _____

Cell: _____ Wk Ph: _____ Email: _____

Mother: _____ Employer: _____

Cell: _____ Wk Ph: _____ Email: _____

Guardian/Spouse: _____ Employer: _____

Cell: _____ Wk Ph: _____ Email: _____

Emergency Contact (other than parent): _____

Cell: _____ Wk Ph: _____ Email: _____

Describe any health problems you may have: _____

_____

List any medications that you take regularly: _____

PARENT: May BCAS staff give your child **Ibuprofen or Tylenol** if requested by the student?
Yes: ___ No: ____

Parent signature: _____ Date: _____

Release Of Information

I give permission for the release of information for _____.
(student's name)

I understand that my permission is being given so that:

- Information can be obtained from the school and local agencies in order to provide services that will help my child.
- I understand that my release of information will be kept confidential for the extent permitted by law.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

Admission/Dismissal and Handbook

Admission and dismissal from the AAEP program is based upon the student's performance. Placement considerations are made based on BOTH academic performance and behavior.

Students are assigned and dismissed from the AAEP program by the home campus principal, assistant principal, and counselor. The goal of the AAEP program is to assist students in improving their present academic circumstances and earning a high school diploma.

In accepting the opportunity to continue my education in the AAEP program, I agree to abide by the guidelines set forth in the **parent/student handbook**. I have in my possession and have read the parent/student handbook, or have had it read to me, and understand the behavior expected of me. I agree to abide by the guidelines of this school or risk being expelled by the home campus.

Student signature: _____ Date: _____

As the parent and/or guardian of the student listed above, I have read the parent/student handbook and agree to support the AAEP program in accordance with the parent/student handbook. I realize that the failure of my child to abide by the guidelines of the AAEP program may result in expulsion of my child from the AAEP program.

Parent/Guardian signature: _____ Date: _____

BCAS Coordinator: _____ Date: _____

School Calendar

Students that are assigned to the AAEP program will no longer follow their home school district's calendar. AAEP students will follow the Academy ISD school calendar for the entirety of their assignment in the AAEP program.

Transportation

If bus transportation to and from the BCAS is offered by the home campus, transportation will be provided on all days in attendance according to the Academy ISD calendar. Each home district will decide if transportation will be provided or not. **Academy ISD does not provide transportation for any AAEP students**. For any transportation questions or issues, please contact your home district.

I, the undersigned parent/guardian and student, do understand that I will now follow the academic school calendar of Academy ISD. We understand that each home district has different school transportation arrangements. **It is my (parent/student) responsibility to contact my home district for instruction regarding bus transportation to and from the AAEP program.**

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

Student Name (print): _____

Student Signature: _____ Date: _____

BCAS Coordinator: _____ Date: _____

Campus: _____ School Year: _____

Academy ISD Health Services Student Health Form

Student	DOB	Grade	☐MALE ☐FEMALE

COMPLETE ALL BOXES THAT APPLY TO YOUR CHILD

The parent or guardian is responsible for providing the school with any medication, special diet, or equipment that the student will require during the school day. Check the school website or clinic to obtain correct medication, procedural, and emergency forms. The parent or guardian is responsible for providing the School Nurse with any necessary medical information, appropriate authorization forms, and written consent to exchange information with the student's physician. The information below will be secured in the health services clinic and the district's electronic systems. This information will be shared only on a "need to know" basis.

Please provide doctor's orders & plans for seizures, asthma, allergies, diabetes, heart issues, and any other chronic health conditions or those requiring daily management.

You may use the comment section to describe reactions, treatments, signs, symptoms, severity, medications, what should be done at school, special instructions, etc.

My child has medical, vision and/or hearing conditions that may affect his/her school day: ☐ No ☐ Yes If YES, please complete below.	**THIS COLUMN:** FOR NURSE USE ONLY
☐ Vision Conditions ☐ Contacts ☐ Glasses ☐ Other:_____ ☐ Hearing Conditions ☐ Hearing aid(s) ☐ Other: _____	☐ Data Entered
☐ **ADD/ADHD/**Other **Behavioral Issue** (be specific): _____ Medication: ☐ At home_____ ☐ At school _____ Comments:	☐ Data Entered ☐ Standard Med Procedure ☐ No Ongoing Nursing Mgmt. Currently
☐ **Asthma*** ☐ Triggers ☐ Exercise ☐ Environmental ☐ Other: _____ ☐ Mild ☐ Moderate* ☐ Severe* Physical Education Restrictions: ☐ None ☐ Self limits ☐ Other: _____ Will student self-administer inhaler medication? ☐ Yes* ☐ No ☐ In School* ☐ At Home Medications: ☐ Inhaler ☐ Oral ☐ Nebulizer List: _____ Comments:	☐ Data Entered ☐ Standard Med Procedure ☐ Emergency Care Plan ☐ RN_____ ☐ No Ongoing Nursing Mgmt. Currently
☐ **Food Allergy***: _____ ☐ Mild ☐ Moderate* ☐ Severe* ☐ Anaphylaxis* ☐ Coughing ☐ Hives ☐ Difficulty Breathing ☐ Wheezing ☐ Allover Swelling ☐ Other Describe Reaction: Medications: ☐ Oral Antihistamine (Benadryl, etc.) ☐ Epi-Pen ☐ In School* ☐ At Home Comments:	☐ Data Entered ☐ Standard Med Procedure ☐ Emergency Care Plan ☐ RN_____ ☐ No Ongoing Nursing Mgmt. Currently
☐ **Medication Allergy**: _____ ☐ Mild ☐ Mod ☐ Severe ☐ Anaphylaxis Describe Reaction:	☐ Data Entered ☐ No Ongoing Nursing Mgmt. Currently
☐ **Insect/Other Allergy**: _____ ☐ Mild ☐ Moderate* ☐ Severe* ☐ Anaphylaxis* ☐ Coughing ☐ Hives ☐ Difficulty Breathing ☐ Wheezing ☐ Allover Swelling ☐ Other Describe Reaction: Medications: ☐ Oral Antihistamine (Benadryl, etc.) ☐ Epi-Pen ☐ In School* ☐ At Home Comments:	☐ Data Entered ☐ Standard Med Procedure ☐ Emergency Care Plan ☐ RN_____ ☐ No Ongoing Nursing Mgmt. Currently
☐ **Diabetes** Type 1* ☐ **Diabetes** Type 2* Currently prescribed treatments to be used: ☐ In School ☐ At Home Medications: ☐ Injectable_____ ☐ Oral_____ Comments:	☐ Data Entered ☐ Standard Med Procedure ☐ Emergency Care Plan ☐ RN_____ ☐ No Ongoing Nursing Mgmt. Currently
☐ **Seizures*** (Type of Seizure): ☐ Absence (staring/unresponsive) ☐ Complex partial ☐ Generalized tonic-clonic (grand mal, conclusive) ☐ Other (explain)_____ Date of Last Seizure: _____ Length of Seizure: _____ Currently meds to treat seizures: _____ ☐ In School* ☐ At Home Comments:	☐ Data Entered ☐ Standard Med Procedure ☐ Emergency Care Plan ☐ RN_____ ☐ No Ongoing Nursing Mgmt. Currently

CONTINUED ON BACK →→→

☐ **Heart Condition*** (be specific): _____ PE Restrictions: ☐ Yes ☐ No _____ Comments:	☐ Data Entered ☐ Standard Med Procedure ☐ Emergency Care Plan ☐ RN_____ ☐ No Ongoing Nursing Mgmt. Currently
☐ **Kidney/bladder** disorder (be specific)	☐ Data Entered ☐ Standard Med Procedure ☐ Emergency Care Plan ☐ RN_____ ☐ No Ongoing Nursing Mgmt. Currently
☐ **Cancer** (be specific) ☐ **Blood Disorder** (be specific)	
☐ **Surgery** (be specific)	
☐ Other (be specific)	
☐ **Special procedures** (e.g. catheterization, cardiac monitor, etc.) Required IN SCHOOL ☐ Yes ☐ No	
My child plans to ride the bus ☐ Yes ☐ No Bus Number: _____	☐ Transportation Plan ☐ Notified

*** Asthma, seizures, severe allergies, diabetes, cardiac issues, or other chronic illnesses**: please provide doctor's orders, emergency plans, and medications as needed with proper forms filled out from the school's website to nurse office. ***Seizures**: students with seizures are to have a seizure management and treatment plan signed by parent and physician upon enrollment or the beginning of the school year [Texas Education Code (TEC) 38.032]. *** Medication administration at school**: prescription medication to be given at school must be in the original bottle with the student's name and instructions for administration on the label. A permission form [Medication Administration Form] must be signed by the parent/guardian for each medication. Please read the school's website for further instructions and forms. [TEC 22.052]. ***Self-carry of medication at school**: students who will self-carry/self-administer asthma or anaphylaxis medications MUST turn in a written authorization from physician AND authorization signed by parent to receive while at school/attending school events [TEC 38.015 & 22.052].

The following first aid supplies are approved by a physician for use on Academy ISD students: isopropyl alcohol-antiseptic; aloe vera gel-sunburn; Neosporin- topical antibiotic ointment; calamine lotion – itching and rashes; Carmex – lip balm; hydrocortisone- topical steroid cream; hydrogen peroxide- to clean abrasions, cuts; ice packs- anti-inflammatory, pain management; sterile saline solution- rewetting solution for contacts; meat tenderizer- insect bites; sting relief- antiseptic and pain reliever for insect bites; salt- sore throat; Tinactin- topical antifungal; Vaseline- chapped lips, skin; Aveeno lotion- dry skin; Jergens- dry skin; purified water ophthalmic solution- eye wash; and saline wound flush-cleaning wounds. Please indicate if any of these products should not be used: _____.

By signing below, you agree to allow these products to be used on your student by Academy ISD staff, unless otherwise indicated above.

By signing below, the parent/guardian takes responsibility for providing doctor's orders, emergency plans, medications, and supporting documents needed to care for your child's disclosed conditions while in school. If the school nurse deems it necessary, I grant permission to notify my child's teacher(s) of his/her health condition(s).

List phone numbers of those who should be called first when your child is sick or injured. In case of serious accident or illness and no one designated in my emergency contacts can be reached, I authorize the school to arrange for all necessary medical services for said child on my behalf, and I will be responsible for all necessary medical services for said child on behalf, and I will be responsible for all medical costs incurred.

1. Parent/Guardian:	Relationship to Student:	Phone:		
Email:	Other phone:	Work phone:		
2. Parent/Guardian:	Relationship to Student:	Phone:		
Email:	Other phone:	Work phone:		
3. Emergency contact & relationship to student:	Phone:	Other phone:		
4. Emergency contact & relationship to student:	Phone:	Other Phone:		
Physician Name	Facility:	Phone:		
Hospital of Choice	Insurance: ☐ Private ☐ CHIP ☐ Medicaid ☐ None			
Parent Signature:		Date:		
Campus Nurse: (print & sign)	☐ RN ☐ LVN	Initial	Date:	

Date Filed in Nurse Office: _____

Revised 4/15/20 KMC

Request for Food Allergy Information

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the BCAS staff in order to enable the BCAS to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food.

Food:	**Nature of allergic reaction:**

BCAS will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Student Name: _____ Date of Birth: _____

Grade Level: ____

Parent/Guardian Name: _____

Cell/Home Phone: _____ Work Phone: _____

Parent/Guardian Signature: _____ Date: _____

Acceptable Use of Technology

Use of the district's network systems and equipment is restricted to approved purposes only. Students and parents will sign this agreement below regarding the use of these district resources. Violations of this agreement may result in withdrawal of privileges and other disciplinary action.

Unacceptable and Inappropriate Use of Technology Resources

Students are prohibited from possessing, sending, forwarding, posting, accessing, or displaying electronic messages that are abusive, obscene, sexually-oriented, threatening, harassing, damaging to another's reputation, or illegal. **This prohibition also applies to conduct off school property, whether on district-owned or personally owned equipment, if it results in a substantial disruption to the educational environment.**

Any person taking, disseminating, transferring, possessing, or sharing obscene, sexually-oriented, lewd, or otherwise illegal images or other content—commonly referred to as "sexting"—will be disciplined in accordance with the student's home campus student code of conduct. Any student engaging in these activities may be required to complete an educational program related to the dangers of this type of behavior, and, in certain circumstances, may be reported to law enforcement.

This type of behavior may constitute bullying or harassment, as well as impede future endeavors of a student.

Any student who engages in conduct that results in a breach of the BCAS computer security will be disciplined in accordance with the home campus student code of conduct. In some cases, the consequence may be expulsion.

I, the undersigned, do understand and agree to adhere to the BCAS Acceptable Use of Technology.

Student Name (print): _____

Student Signature: _____ Date: _____

Parent Name (print): _____

Parent Signature: _____ Date: _____

Bell County Alternative School

DRESS AND GROOMING REQUIREMENTS

For the AAEP Program

STUDENT	PARENT	The district's dress code is established to teach grooming and hygiene, prevent disruptions and minimize safety hazards. Students and parents may determine a student's personal dress and grooming standards, provided that they comply with the following: ***Please initial each box, parent and student***.
		General Appearance
		● BCAS shirt must be worn daily.
		● BCAS shirts may not be altered or modified.
		● BCAS shirts must be worn as the top shirt (not under any other shirt).
		● AEP students are allowed to wear an appropriate, legitimate college t-shirt on Fridays.
		● No leggings, shorts, or capri's.
		● Top of pants must be worn at the natural waistline (At TOP OF HIP BONE, NO SAGGING.)
		● Girls skirts & dresses should not be shorter than the 2 inches above the knee cap and must allow students to walk, stoop, kneel, and sit with modesty.
		● Proper undergarments will be worn.
		● Underwear should not be seen at any time.
		● No shorts are to be worn under pants.
		● Students' clothing must fit properly.
		● Tight and/or revealing clothing or accessories that may draw undue attention to the student is prohibited. (*1 size under*)
		● Students shall not wear extremely loose fitting clothes to school. (*1 size over*)
		● Sunshades or dark glasses may not be worn in the building unless the student has a signed statement from a doctor stating that the wearing of sunglasses is necessary.

		● Earrings are the only facial piercing allowed. Lip, eye, nose, and tongue jewelry will not be permitted. Band aids or plugs will not be permitted as a cover.
		● Hair must be neat, clean, and well-groomed.
		● Hair must be kept out/away from face and eyes. Must see eyes at all times.
		● Facial hair, if worn, must be neat and well-trimmed.
		● No lines shall be cut into the eye brows.
		● Sleepwear is not appropriate at school.
		● Close toed shoes are to be worn (no house slippers or flip flops).
		● Body art that is inappropriate for school must be covered and remain so.
		● Students in possible violation of the dress code will be referred to the BCAS director.
		● The BCAS director will be the final authority concerning propriety of clothes, hairstyles, tattoos, hair colors, etc.
		● A student who is in dress code violation will be given an opportunity to correct the problem or may be given complaint clothing from the office. If the student refuses to be in compliance, the student will be sent home. Students who persistently violate dress code may be subject to removal from the AAEP program.

Student name (PRINT): _____

Signature: _____ Date: _____

Parent name (PRINT): _____

Signature: _____ Date: _____