

**ALTERNATIVE CENTER FOR EDUCATION
REGISTRATION PACKET
2017 - 2018**

The ACE Uniform Policy will be strictly enforced. Students will NOT be allowed to attend Orientation if they are not in compliance.

My child is in compliance today with the ACE Dress Code Policy. I understand and agree that my child must report daily in compliance with this policy during his/her assigned period at ACE.

Parent/Legal Guardian Signature

Today's Date: _____

Re-entry Date: _____ ***OFFICE USE ONLY
(use only if returning during the 2017 - 2018 school year)

LAST

FIRST

MIDDLE

Home Base School: _____

Has the student previously attended an alternative school?

Yes _____ No _____ If yes, when: _____

School Name: _____ City/State: _____

_____ Regular Education

_____ Special Education

_____ 504

High School ONLY

___ TOPS Diploma ___ JumpStart / Career Diploma ___ LA HiSet (GED)

*Upon a student's return to ACE during the same school year -- the parent/legal guardian and student **MUST** participate in the Orientation process and pay a \$15.00 re-admission fee.*

CHANGE OF: ADDRESS/ PHONE NUMBERS

It is imperative that we have current addresses and working numbers. When address and/or phone number changes, you must come in to make any changes to the **Emergency Contact List**. Changes will not be made over the phone.

THIS IS IMPORTANT!

CHECK-OUT LIST 2017 - 2018

STUDENT NAME: _____

*****TO BE PLACED ON THE EMERGENCY CONTACT LIST BY THE PARENT AND/OR LEGAL GUARDIAN:** The person checking out your child **Must** be 21 years or older and **must** present a pictured ID.

1. Name		2. Name
Relationship		Relationship
Home #		Home #
Cell #		Cell #
Work #		Work #
3. Name		4. Name
Relationship		Relationship
Home #		Home #
Cell #		Cell #
Work #		Work #
5. Name		6. Name
Relationship		Relationship
Home #		Home #
Cell #		Cell #
Work #		Work #
7. Name		8. Name
Relationship		Relationship
Home #		Home #
Cell #		Cell #
Work #		Work #
9. Name		10. Name
Relationship		Relationship
Home #		Home #
Cell #		Cell #
Work #		Work #

To Be Signed During Orientation and Witnessed by Office Staff:

Parent Signature: _____ Date: _____

Office Staff Signature: _____ Date: _____

MEDICAL CONDITION(S)

1. ___ At this time, I am **UNAWARE** of any medical condition(s) which will prohibit my child from participating in the Drill and Platoon activities.

OR

2. ___ My child **DOES HAVE** a medical condition which does prohibit my child from participating in the Drill and Platoon activities
(MEDICAL EXCUSE REQUIRED)

List **all** medical conditions below: **(MUST BE COMPLETED IF #2 IS CHECKED OFF)**



I _____ (parent/legal guardian) of _____
(child) agree to bring or have faxed (337/364-2693) in the excuse relating to my child's medical condition within **3 days from today's date** _____.



*****Note:** Students who have a medical excuse excluding them from participating in P.E./drill exercises will be required to walk unless otherwise specified by a medical physician in writing.

Our signatures acknowledge that both my child and I understand and agree to adhere to the above stated **Medical Policy**.

PARENT / LEGAL GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE

DATE

**CORPORAL PUNISHMENT
CONSENT FORM**

Corporal punishment is in lieu of a suspension.

I, _____parent/legal guardian, **GIVE PERMISSION**
for the
administration at the Alternative Center for Education to perform corporal
punishment on my child _____.

I, _____parent/legal guardian, **DO NOT GIVE
PERMISSION** for the administration at the Alternative Center for Education to
perform corporal punishment on my child
_____.

PARENT / LEGAL GUARDIAN SIGNATURE

DATE

BEHAVIOR INTERVENTION PLAN

Name: _____ Grade: _____ Date: _____

I. BEHAVIOR(S) OF CONCERN (reason for placement at the Alternative School)

Briefly Describe Behavior(s) of Concern _____

Note: All problematic behaviors will be addressed through this Behavior Plan.

II. PREVENTIVE STRATEGIES - techniques that will be used to decrease/eliminate the problem behavior(s)

- Verbal praise for desired behavior
- Verbally redirect
- Address student in non-confrontational/non-argumentative manner
- Visually redirect
- Preferential seating
- Cool off area
- Speak to student in calm voice
- Stand in close proximity to the student

III. INTERVENTIONS - possible strategies that will be used to reduce the occurrence of problem behavior(s)

1. Follow school-wide PBIS procedures
2. Classroom Interventions
3. Designated staff (teacher, administration, etc.) will counsel student regarding the specific behavior exhibited
4. Drill & Platoon
5. Level System
6. Teacher/Parent phone conference
7. Teacher/Parent/Student conference
8. Administration phone conference
9. Administration/Teacher/Parent/Student conference
10. Corporal Punishment (**Corporal Punishment Form must be signed by parent and/or legal guardian**)
11. Suspension
12. Parent/legal guardian required to shadow student
13. Extended stay at the Alternative Center for Education
12. Review of Placement/P.M. School
13. Other intervention(s) deemed necessary

IV. TRACKING METHOD

JCAMPUS data

V. REWARDS

Level System PBIS Transition to home-based school

VI. PARENTAL RESPONSIBILITY (rewards/consequences/ interventions at home while student attends ACE)

I have read and understand the above plan and agree to its implementation at ACE as well as in the home.

Student

Parent

I, (student) _____, **will** follow all policies/procedures at ACE.

Persons responsible for the implementation of the behavior plan:
Alternative Center for Education -- Faculty/Staff
Parent and/or Legal Guardian

PROBATION OFFICER FORM

In order for the Alternative Center for Education to best meet the needs of each student, we want to involve all personnel/agencies presently working with your child. At the Alternative Center for Education we strive to increase the success of all students while improving their behavior, social skills, and ability to adhere to the rules through making better choices.

Some of our students have already been assigned a probation officer through the judicial system. We want them to be actively involved in the educational process and discipline program implemented at the Alternative Center for Education.

_____ Yes, my child has a probation officer.

_____ Probation Officer Name

_____ Phone Number

_____ No, my child does not have a probation officer.

PARENT / LEGAL GUARDIAN SIGNATURE

DATE

SUPPORT SERVICES

In order for the Alternative Center for Education to best meet the needs of each student, we want to involve all personnel/agencies presently working with your child. At the Alternative Center for Education we strive to increase the success of all students while improving their behavior, social skills, and ability to adhere to the rules through making better choices.

Some of our students are being/have been serviced by mental health agencies, FINS, have pending court dates, or have other juvenile services. We want them to be actively involved in the educational process and discipline program implemented at the Alternative Center for Education.

Please list any prior/on-going services your child is/has received:

1. Name: _____

Date (s): _____

2. Name: _____

Date (s): _____

PARENT / LEGAL GUARDIAN SIGNATURE

DATE

CONTRABAND

*Any item that is brought to the
Alternative Center for Education
and is considered to be Contraband
will be confiscated and
NOT returned!*

Our signatures acknowledge that both my child and I understand and agree to adhere to the above stated Contraband Policy.

PARENT / LEGAL GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE

DATE

COMPUTER LAB RULES

The following rules pertain to the use of the Computer Labs at the Alternative Center for Education:

Rule #1 -- All students **MUST** remain in their assigned seats and remain seated.

Rule #2 -- Students are **NOT** allowed to sit near the Promethean Board.

Rule #3 – Students **MUST** remain on their assigned site the entire class period.

Rule #4 – Students are **NOT** allowed to download **ANYTHING** on any computer.

Rule #5 – Students are **NOT** allowed to change or alter the computer display in any way. (ie. changing screen savers or background display of the computer)

Rule #6 -- Students are **NOT** allowed to email / text each other while in the lab.

Rule #7 -- Students are **NOT** allowed to listen to music on the computer.

Rule #8 – Students are **NOT** allowed to put their heads down and/or sleep in the lab.

Rule # 9 – Students **MUST** use headphones at all times when in the computer lab.

Rule #10 – Students **ARE** responsible for their own headphones. They must be properly stored, and they must never be unattended.

Rule #11 – Students **ARE** responsible for any damages to the computer equipment in the lab.

ANY VIOLATION OF THE ABOVE RULES WILL RESULT IN DISCIPLINARY ACTION.

Our signatures acknowledge that both my child and I understand and agree to adhere to the above stated Computer Lab Policy.

PARENT / LEGAL GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE

DATE

Alternative Center for Education

Permission Form Pictures/Videos

Student Name _____

Grade _____

Parent/Legal Guardian:

Please initial beside the appropriate option:

_____ I give my permission for the Alternative Center for Education to make or use pictures, slides, digital images, make videos or other reproductions of my child, for the purposes of the monthly school newsletter, school website, newspaper, and other school related activities/functions.

_____ I do not give my permission for the Alternative Center for Education to make or use pictures, slides, digital images, make videos or other reproductions of my child, for the purpose of the monthly school newsletter, school website, newspaper, and other school related activities/functions.

Signature: _____
Parent/Legal Guardian **Date**



REGISTRATION / ORIENTATION

Our signatures acknowledgement that both my child and I have attended the Alternative Center for Education's Orientation and received the **STUDENT HANDBOOK**.

My child and I acknowledge, understand and agree to adhere to the policies, rules, and procedures stated in the **STUDENT HANDBOOK**.

Parent / Legal Guardian Signature

Date

Student Signature

Date

EYEWEAR POLICY

Non-prescription eyewear which include eye glasses, contacts, and sunglasses are NOT allowed.

My child presently wears prescription eyewear

_____ Yes

_____ No

PARENT / LEGAL GUARDIAN SIGNATURE

DATE

My child and I acknowledge, understand and agree to the stated Miscellaneous Policy in the Student Handbook.

PARENT / LEGAL GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE

DATE