

BCAS DAEP Enrollment Form

Student Application

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 over Tylenol or Ibuprofen 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 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 and Dismissal

Admission and dismissal from the Bell County Alternative School (BCAS) DAEP is based upon the student's performance. Placement considerations are made based on the offense. There are discretionary and mandatory placements. The length of time given is decided upon by the home campus administrator.

Students are assigned and dismissed from the BCAS DAEP by an administrator at their home campus. One of the acknowledgements made by students assigned to the BCAS DAEP is a willingness to make a serious effort to modify their own behavior to coincide with acceptable standards.

The time of return to the home campus will be determined by an official hearing. The committee will examine attendance, behavior, and academics before returning a student to his/her home campus.

In accepting the opportunity to continue my education at Bell County Alternative School, I agree to abide by the guidelines set forth in the **BCAS 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 BCAS parent/student handbook and agree to support the Bell County Alternative School in an effort to give my child an opportunity to continue his/her educational program at their home campus. I realize that the failure of my child to abide by the guidelines of the Bell County Alternative School may result in expulsion of my child from their home campus/district.

Parent/Guardian signature: _____ Date: _____

BCAS Director: _____ Date: _____

School Calendar and Truancy

Students that are assigned to the Bell County Alternative School (BCAS) will no longer follow their home school district's calendar. BCAS students will follow the BCAS (Academy ISD) calendar for the entirety of their assignment at the BCAS. Each home district will provide bus transportation in accordance with the BCAS academic calendar, **IF** transportation is offered.

If bus transportation to and from the BCAS is disrupted due to weather conditions, then it will not be considered a truancy issue.

I, the undersigned parent/guardian and student, do understand that I will now follow the academic calendar at BCAS, and I understand that all attendance and truancy laws apply. 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 BCAS.**

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 _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
COMPLETE ALL BOXES THAT APPLY TO YOUR CHILD			
<p>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.</p> <p>Please provide doctor's orders & plans for seizures, asthma, allergies, diabetes, heart issues, and any other chronic health conditions or those requiring daily management.</p> <p>You may use the comment section to describe reactions, treatments, signs, symptoms, severity, medications, what should be done at school, special instructions, etc.</p>			
My child has medical, vision and/or hearing conditions that may affect his/her school day:		THIS COLUMN: FOR NURSE USE ONLY	
<input type="checkbox"/> No <input type="checkbox"/> Yes If YES, please complete below.			
<input type="checkbox"/> Vision Conditions <input type="checkbox"/> Hearing Conditions <input type="checkbox"/> Contacts <input type="checkbox"/> Hearing aid(s) <input type="checkbox"/> Glasses <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____		<input type="checkbox"/> Data Entered	
<input type="checkbox"/> ADD/ADHD/Other Behavioral Issue (be specific): _____ Medication: <input type="checkbox"/> At home _____ <input type="checkbox"/> At school _____ Comments: _____		<input type="checkbox"/> Data Entered <input type="checkbox"/> Standard Med Procedure <input type="checkbox"/> No Ongoing Nursing Mgmt. Currently	
<input type="checkbox"/> Asthma* <input type="checkbox"/> Triggers <input type="checkbox"/> Exercise <input type="checkbox"/> Environmental <input type="checkbox"/> Other: _____ <input type="checkbox"/> Mild <input type="checkbox"/> Moderate* <input type="checkbox"/> Severe* Physical Education Restrictions: <input type="checkbox"/> None <input type="checkbox"/> Self limits <input type="checkbox"/> Other: _____ Will student self-administer inhaler medication? <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> In School* <input type="checkbox"/> At Home Medications: <input type="checkbox"/> Inhaler <input type="checkbox"/> Oral <input type="checkbox"/> Nebulizer List: _____ Comments: _____		<input type="checkbox"/> Data Entered <input type="checkbox"/> Standard Med Procedure <input type="checkbox"/> Emergency Care Plan <input type="checkbox"/> RN _____ <input type="checkbox"/> No Ongoing Nursing Mgmt. Currently	
<input type="checkbox"/> Food Allergy*: _____ <input type="checkbox"/> Mild <input type="checkbox"/> Moderate* <input type="checkbox"/> Severe* <input type="checkbox"/> Anaphylaxis* <input type="checkbox"/> Coughing <input type="checkbox"/> Hives <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheezing <input type="checkbox"/> Allover Swelling <input type="checkbox"/> Other Describe Reaction: _____ Medications: <input type="checkbox"/> Oral Antihistamine (Benadryl, etc.) <input type="checkbox"/> Epi-Pen <input type="checkbox"/> In School* <input type="checkbox"/> At Home Comments: _____		<input type="checkbox"/> Data Entered <input type="checkbox"/> Standard Med Procedure <input type="checkbox"/> Emergency Care Plan <input type="checkbox"/> RN _____ <input type="checkbox"/> No Ongoing Nursing Mgmt. Currently	
<input type="checkbox"/> Medication Allergy: _____ <input type="checkbox"/> Mild <input type="checkbox"/> Mod <input type="checkbox"/> Severe <input type="checkbox"/> Anaphylaxis Describe Reaction: _____		<input type="checkbox"/> Data Entered <input type="checkbox"/> No Ongoing Nursing Mgmt. Currently	
<input type="checkbox"/> Insect/Other Allergy: _____ <input type="checkbox"/> Mild <input type="checkbox"/> Moderate* <input type="checkbox"/> Severe* <input type="checkbox"/> Anaphylaxis* <input type="checkbox"/> Coughing <input type="checkbox"/> Hives <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheezing <input type="checkbox"/> Allover Swelling <input type="checkbox"/> Other Describe Reaction: _____ Medications: <input type="checkbox"/> Oral Antihistamine (Benadryl, etc.) <input type="checkbox"/> Epi-Pen <input type="checkbox"/> In School* <input type="checkbox"/> At Home Comments: _____		<input type="checkbox"/> Data Entered <input type="checkbox"/> Standard Med Procedure <input type="checkbox"/> Emergency Care Plan <input type="checkbox"/> RN _____ <input type="checkbox"/> No Ongoing Nursing Mgmt. Currently	
<input type="checkbox"/> Diabetes Type 1* <input type="checkbox"/> Diabetes Type 2* Currently prescribed treatments to be used: <input type="checkbox"/> In School <input type="checkbox"/> At Home Medications: <input type="checkbox"/> Injectable _____ <input type="checkbox"/> Oral _____ Comments: _____		<input type="checkbox"/> Data Entered <input type="checkbox"/> Standard Med Procedure <input type="checkbox"/> Emergency Care Plan <input type="checkbox"/> RN _____ <input type="checkbox"/> No Ongoing Nursing Mgmt. Currently	
<input type="checkbox"/> Seizures* (Type of Seizure): <input type="checkbox"/> Absence (staring/unresponsive) <input type="checkbox"/> Complex partial <input type="checkbox"/> Generalized tonic-clonic (grand mal, convulsive) <input type="checkbox"/> Other (explain) _____ Date of Last Seizure: _____ Length of Seizure: _____ Currently meds to treat seizures: _____ <input type="checkbox"/> In School* <input type="checkbox"/> At Home Comments: _____		<input type="checkbox"/> Data Entered <input type="checkbox"/> Standard Med Procedure <input type="checkbox"/> Emergency Care Plan <input type="checkbox"/> RN _____ <input type="checkbox"/> No Ongoing Nursing Mgmt. Currently	

CONTINUED ON BACK → → →

<input type="checkbox"/> Heart Condition* (be specific): _____ PE Restrictions: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Comments: _____		<input type="checkbox"/> Data Entered <input type="checkbox"/> Standard Med Procedure <input type="checkbox"/> Emergency Care Plan <input type="checkbox"/> RN _____ <input type="checkbox"/> No Ongoing Nursing Mgmt. Currently	
<input type="checkbox"/> Kidney/bladder disorder (be specific)		<input type="checkbox"/> Data Entered <input type="checkbox"/> Standard Med Procedure <input type="checkbox"/> Emergency Care Plan <input type="checkbox"/> RN _____ <input type="checkbox"/> No Ongoing Nursing Mgmt. Currently	
<input type="checkbox"/> Cancer (be specific)	<input type="checkbox"/> Blood Disorder (be specific)		
<input type="checkbox"/> Surgery (be specific)			
<input type="checkbox"/> Other (be specific)			
<input type="checkbox"/> Special procedures (e.g. catheterization, cardiac monitor, etc.) Required IN SCHOOL <input type="checkbox"/> Yes <input type="checkbox"/> No			
My child plans to ride the bus <input type="checkbox"/> Yes <input type="checkbox"/> No Bus Number: _____		<input type="checkbox"/> Transportation Plan <input type="checkbox"/> 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: <input type="checkbox"/> Private <input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> None			
Parent Signature:				Date:	
Campus Nurse: (print & sign)				<input type="checkbox"/> RN <input type="checkbox"/> LVN	Initial: _____ Date: _____

Date Filed in Nurse Office: _____

Revised 4/15/20 KMC

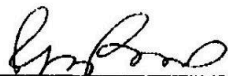
Academy Independent School District

Health Services

First Aid supplies for Treatment

Academy ISD has approved a list of first aid supplies to be used in the treatment of students enrolled in Academy schools. Please notify the school nurse if your child should not be treated with any of these items:

1. Isopropyl Alcohol-antiseptic
2. Aloe Vera Gel-sunburn
3. Neosporin-topical antibiotic ointment
4. Calamine lotion-itching and rashes
5. Carmex-lip balm
6. Hydrocortisone-topical steroid cream
7. Hydrogen peroxide-to clean abrasions, cuts
8. Ice packs-anti-inflammatory, pain management
9. Sterile Saline Solution-rewetting solution for contacts
10. Meat tenderizer-insect bites
11. Sting relief-antiseptic and pain reliever for insect bites
12. Salt-sore throat
13. Tinactin-topical antifungal
14. Vaseline-chapped lips, skin
15. Aveeno lotion-dry skin
16. Jergens lotion-dry skin
17. Purified Water Ophthalmic Solution-eye wash
18. Saline Wound flush- cleaning wounds



Signature of Medical Advisor

6/1/20

Date

Rebecca M. Rye MS

Printed Name

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 District in order to enable the District 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:

The District will maintain the confidentiality of the information provided above and may dis-close 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

District-owned technology resources may be issued to individual students for instructional purposes.

Use of the district's network systems and equipment is restricted to approved purposes only. Students and parents will sign a user agreement regarding the use of these district resources. Violations of the user 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 Code of Conduct, 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. We encourage parents to review with their child the "Before You Text" Sexting Prevention Course, a state-developed program that addresses the consequences of sexting.

Any student who engages in conduct that results in a breach of the district's computer security will be disciplined in accordance with the Student Code of Conduct. In some cases, the consequence may be expulsion.

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

Student Name (print): _____

Student Signature: _____ Date: _____

Parent Name (print): _____

Parent Signature: _____ Date: _____

Trespass Warning

Regarding Students Trespassing on ANY ISD Property:

Once you are assigned to the Bell County Alternative School's (BCAS) Disciplinary Alternative Educational Placement (DAEP) unit, you must not be on the campus of any other school. Your removal from your home school means that you are not to be on, or about that campus until the Placement Committee assigns you. You may be at the assigned location to board or exit the bus that transports you to and from the BCAS. Additionally, you are not to be on or about any other Independent School District property.

If you violate the above directive, you will jeopardize your chances of being successful at the Bell County Alternative School, and trespassing charges may be filed against you by your home school district through the local police department.

This document is considered your warning related to the consequences of trespassing on any ISD property.

I understand the statements above and acknowledge being warned about trespassing.

Student Name (print): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

DAEP DRESS AND GROOMING REQUIREMENTS

		Student and Parent, please read and initial each box as it relates to each individual requirement.
>>	>>	
Initials of Student	Initials of Parent	<p>All students will be met upon arrival to BCAS and any student not in compliance with the dress code may be given the opportunity to comply. Alternative clothing/uniform may be made available for the school day. If the student refuses to change clothing, or is unable to comply, he/she will be sent home. It is our expectation that the student gets into dress code compliance and return to school ASAP. It is impractical to list every possibility of dress and grooming. The principal and/or designee shall apply the dress code and make all final decisions regarding what is acceptable and appropriate considering the age and activities of the DAEP student.</p>
>>	>>	General Appearance:
		The student is required to wear the issued BCAS t-shirt with proper underclothes.
		• A plain white or light gray (only) under/t-shirt.
		• Shirts must be tucked in at all times, including times of physical activity.
		• BCAS shirts may not be altered or modified.
		Students shall wear the green uniform pants only.
		• They must fit properly at the waist (no sagging).
		The waistband will not be rolled over on green pants.
		The pant legs cannot be cuffed upon entry of building.
		• Proper undergarments must be worn at all times.
		• Underwear should not be seen at any time.
		• Shorts are NOT allowed to be worn under pants.
		Shoes must have a closed toe and a back or back strap. Laces must be tied (if present).
		Students are only allowed to wear the issued BCAS sweatshirt.
		• Personal jackets, sweatshirts, and/or sweaters are not allowed to be brought to school unless it is below 45° outside. The jacket will not be worn inside the school.
		• BCAS sweatshirt will be confiscated if used inappropriately (example: pillow, pulled over head, arms pulled inside, & etc.).

Initials of Student	Initials of Parent	Page 2 of the DAEP DRESS AND GROOMING REQUIREMENTS
>>	>>	Student and Parent, please read and initial each box as it relates to each individual requirement.
		Students' hair shall be clean, neat and well groomed. Extreme hair colors and sculptured or spiked hair are not acceptable. Hair should not cover the face at any time.
		• No extreme hairstyles are permitted.
		• Only natural hair colors are permitted.
		• No lines shall be cut into the eyebrows.
		• No facial hair (mustaches, beards, or sideburns below the earlobe).
		• No wigs.
		• Boys who require shaving at school will be given the option of paying \$1 for a razor or be sent home.
		Gang related clothing or articles are not permitted.
		No hats, caps, or other headwear.
		Inappropriate (for School) tattoos and/or other body art must be covered and/or removed and remain so.
		Sunshades or dark glasses are NOT allowed unless the student has a signed statement from a doctor stating that the wearing of sunglasses is necessary.
		Unusual or bizarre contacts are not permitted.
		No jewelry of any kind is permitted. You may not cover jewelry with adhesive bandage, or by any other means.
		Boys are not permitted to wear fingernail polish or wear face make-up.
		Black nail polish or lipstick is not permitted.
		Dress code violations MAY NOT be covered with sweatshirts, t-shirts, etc...
Student's Name: _____ Student's Signature: _____ Date: _____		
Parent's Name: _____ Parent's Signature: _____ Date: _____		