

BELL COUNTY ALTERNATIVE SCHOOL

AAEP Enrollment Forms

Student Application

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

Home Address: _____

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: _____

Student Employer: _____ Work Hrs: _____

Supervisor's Name: _____ Wk Ph: _____

Describe any health problems you may have: _____

List any medications that you take regularly: _____

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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: _____

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Admission/Dismissal and Handbook

Admission and dismissal from the Bell County Alternative School (BCAS) 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 BCAS by a committee of upper-level educators. The goal of the BCAS is to assist students in improving their present academic and/or behavioral circumstances. Therefore, one of the acknowledgements made by students assigned to the BCAS 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 **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 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 Coordinator: _____ Date: _____

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School Calendar and Truancy

Students that are assigned to the Bell County Alternative School (BCAS) will no longer follow their original 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 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: _____

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Academy ISD Health Services Student Information		Grade: _____
PRINT STUDENT'S NAME: _____		DOB: _____ <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
COMPLETE ALL BOXES THAT APPLY TO YOUR CHILD		
<p>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 and procedural forms. 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 child'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>		
My child has medical, vision and/or hearing conditions that may affect his/her school day: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please complete below.		FOR NURSE USE ONLY
<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
ADD/ADHD/Other Behavioral Issue Medication: <input type="checkbox"/> At home _____ <input type="checkbox"/> At school _____		<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 _____ Physical Education Restrictions: <input type="checkbox"/> None <input type="checkbox"/> Self Limits <input type="checkbox"/> Other _____ Will the student self-administer inhaler medication? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In School <input type="checkbox"/> At home <input type="checkbox"/> Inhalers _____ <input type="checkbox"/> Oral _____ <input type="checkbox"/> Nebulizer _____		<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 Management Currently
<input type="checkbox"/> Food Allergy: _____ Is the reaction severe: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: <input type="checkbox"/> Coughing <input type="checkbox"/> Hives <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheezing <input type="checkbox"/> Generalized swelling <input type="checkbox"/> Other _____ Medications: <input type="checkbox"/> Oral antihistamine (Benadryl, etc.) <input type="checkbox"/> Epi-Pen <input type="checkbox"/> In School <input type="checkbox"/> At home <input type="checkbox"/> Food Substitution required		<input type="checkbox"/> Data Entered <input type="checkbox"/> Diet Order <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: _____ Is the reaction severe: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: <input type="checkbox"/> Coughing <input type="checkbox"/> Hives <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheezing <input type="checkbox"/> Generalized swelling <input type="checkbox"/> Other _____		<input type="checkbox"/> Data Entered
<input type="checkbox"/> Insect or Other Allergy: _____ Is reaction severe: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: <input type="checkbox"/> Coughing <input type="checkbox"/> Hives <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheezing <input type="checkbox"/> Generalized swelling <input type="checkbox"/> Other _____ Medications <input type="checkbox"/> Oral antihistamine (Benadryl, etc.) <input type="checkbox"/> Epi-Pen <input type="checkbox"/> In School <input type="checkbox"/> At home		<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 1 <input type="checkbox"/> Diabetes 2 Currently prescribed treatments to be used <input type="checkbox"/> In School <input type="checkbox"/> At home Oral Medication(s): _____ <input type="checkbox"/> Injectable Medications: _____		<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 mall, conclusive) <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 <input type="checkbox"/> Heart Condition (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
PE Restrictions: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other restrictions: _____		<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"/> Cancer (be specific) <input type="checkbox"/> Blood Disorder (be specific)		<input type="checkbox"/> Standard Med Procedure <input type="checkbox"/> Emergency Care Plan <input type="checkbox"/> RN <input type="checkbox"/> No Ongoing Nursing Management Currently
<input type="checkbox"/> Surgery (please explain)		
<input type="checkbox"/> Other (please explain)		
<input type="checkbox"/> Special procedures (e.g. catheterization, cardiac monitor, etc.) Required IN SCHOOL <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> My child plans to ride the bus <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Transportation Plan <input type="checkbox"/> Notified
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 my behalf, and I will be responsible for all medical costs incurred.		
1. Parent/Guardian:		Phone: _____
2. Parent/Guardian:		Phone: _____
3. Emergency Contact Name:		Phone: _____
4. Emergency Contact Name:		Phone: _____
Physician Name:		Phone: _____
Hospital of Choice:		Insurance: <input type="checkbox"/> Private <input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> None
Parent Signature:		Date: _____
Nurse Signature:		Date: _____
PLEASE SEE MEDICAL INFORMATION ON THE BACK PAGE →		

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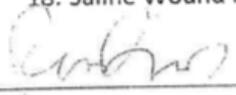
Academy Independent School District

Health Services

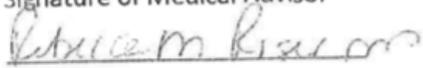
First Aid supplies for Treatment

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:

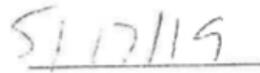
1. Isopropyl Alcohol-antiseptic
2. Aloe Vera Gel-sunburn
3. Neosporin-topical antibiotic ointment
4. Calamine lotion-itching and rashes
5. Carmex-lip balm
6. Hydrocortisone-topical steroid cream
7. Hydrogen peroxide-to clean abrasions, cuts
8. Ice packs-anti-inflammatory, pain management
9. Sterile Saline 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. Jerkens lotion-dry skin
17. Purified Water Ophthalmic Solution-eye wash
18. Saline Wound flush- cleaning wounds



Signature of Medical Advisor



Printed Name



Date

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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: _____

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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: _____

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AAEP 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	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:
>>	>>	General Appearance:
		Students may only attend if they purchase and wear a "Bell County Alternative School" Shirt
		• BCAS shirts may not be altered or modified.
		• BCAS shirts must be worn as the top shirt (not under any other shirt).
		• BCAS shirts must be long enough to be "tucked in," and long enough to cover the midriff (no skin exposed).
		• AEP students are allowed to wear an appropriate, legitimate college t-shirt on Fridays.
		Students shall wear long pants (or skirts & dresses for girls... see below)
		• No Leggings, Shorts, or Capri's. (No shorts under pants.)
		• Top of pants must be worn at the natural waistline (AT TOP OF HIP BONE, NO SAGGING.)
		• Pants will have belt loops so that a belt can be worn if directed.
		• 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.
		• Shorts are NOT allowed 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)
		Clothes that display emblems, pictures, or statements, etc., of an obscene or illegal nature will not be permitted. Any method of dress that could be interpreted to be indecent, including double meaning messages and alcohol or tobacco advertisements, will not be permitted. Clothing with words across the buttocks is not permitted.
		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.
		Shoes must be athletic style shoes (walking, running, hiking). Shoe laces must be securely tied.
		Students are only allowed to wear the issued BCAS sweatshirt.
		Unusual or bizarre contacts are not permitted.
		Continue to page 2 of DRESS AND GROOMING REQUIREMENTS

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Initials of Student		Initials of Parent		Page 2 of the AAEP DRESS AND GROOMING REQUIREMENTS
>>	>>	Student and Parent, please read and initial each box as it relates to each individual requirement.		
		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.		
		No hats are to be worn in the building. Students who have hats taken up will be required to pay a fine in order to get the hat back.		
		Students' hair shall be clean, neat and well groomed.		
		<ul style="list-style-type: none"> • Hair must be kept out/away from face and eyes. Must see eyes at all times. 		
		<ul style="list-style-type: none"> • Facial hair, if worn, must be neat and well-trimmed. 		
		<ul style="list-style-type: none"> • No lines shall be cut into the eyebrows. 		
		Trench coats, cloaks, or other similar fitting garments are not permitted		
		Jeans and clothing that are threadbare, or have tears and holes are not permitted.		
		Sleepwear is not appropriate at school.		
		Boots, shoes or sandals with a back must be worn at all times (no house slippers or flip flops).		
		No spikes on apparel of any sort is permitted.		
		Body art which is inappropriate for school must be covered and remain so.		
		Gang related clothing or articles are not permitted.		
		Sweatshirts, sweaters, and jackets without hoods (no hoods on clothing) may be worn.		
		Jackets may not be worn to cover up inappropriate clothing.		
		Students who disrupt the learning environment or asked to change clothing are subject to disciplinary action and may be sent home.		
		Students in possible violation of the dress code will be referred to the principal.		
		The principal 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 compliant clothing from the office. If the student cannot become compliant, the student will be sent home. The student may have to leave a deposit for the clothing. Students who persistently violate dress code may be subject to removal from the "Academic AEP" program.		
Student's Name: _____		Student's Signature: _____		Date: _____
Parent's Name: _____		Parent's Signature: _____		Date: _____