



20____ - 20____

EMERGENCY CONTACT FORM

Child's Full Name	Child's Date of Birth	M _____ F _____ Sex
Parent's/Guardian's Name	School District	Grade _____
Cell Phone	Child's Cell Phone	
Address, City, ST ZIP Code	Child's Social Security Number	

Alternative Emergency Contacts

Secondary Emergency Contact	Relationship	Third Emergency Contact	Relationship
() _____ Home Phone	() _____ Work Phone	() _____ Home Phone	() _____ Work Phone
() _____ Cell Phone	() _____ Other Phone	() _____ Cell Phone	() _____ Other Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference _____

Physician's Name _____ Phone Number _____

Insurance Company _____ Policy Number _____

Allergies/Special Health Considerations _____

Current Medications _____

Treatment Authorization

I hereby authorize a representative of CLASS Academy to act as my agent to secure medical treatment for my son/daughter, a minor for whom I am responsible, at the Medical Center and/or any other medical facility when in the opinion of CLASS Academy representative such emergency treatment is deemed necessary. The authorization is given only for the time my son/daughter is in attendance or coming to or from CLASS Academy and only under the circumstance I (we) cannot be contacted. I also fully understand a vehicle owned by a member of CLASS Academy may be used to transport my child to a medical facility as indicated above. In case of extreme emergency an ambulance may be required, and I (we) agree to be responsible for the cost of the ambulance. I hereby agree to hold CLASS Academy harmless in exercising their judgment in authorizing such emergency medical treatment. Said CLASS Academy representatives are specifically authorized to sign any required emergency hospital forms in my behalf.

CLASS Academy is permitted to administer Acetaminophen/Ibuprofen/Cough Drops/Antacid to my child.

Parent's/Guardian's Signature	Date
CLASS Academy Signature	Date

PLEASE REVIEW, INITIAL AND SIGN:**VEHICLE PASSENGER CONSENT, WAIVER & RELEASE | Please Initial: _____**

I do hereby on this date release and waive any and all claims against CLASS Academy and The Prevention Network for any injuries and/or damages that may occur while entering, exiting and/or riding in any vehicle operated by staff of CLASS Academy & The Prevention Network. As a note, students also may be transported in personal vehicles as needed and with permission from the student. As a reminder, all school rules apply.

*Please note that transportation to and from school is the responsibility of the student's home school district and CLASS Academy and The Prevention Network is not responsible for injuries/damage that may occur in those vehicles.

VANDALISM and/or DESTRUCTION OF PROPERTY | Please Initial: _____

CLASS Academy and The Prevention Network recognizes that acts of vandalism and/or destruction of property committed against public and private property are costly and require positive action.

Any student, who steals, destroys or defaces CLASS Academy and The Prevention Network's property and/or the property of another individual located at the school site will receive prompt and decisive disciplinary action, which may include, but is not limited to, suspension or expulsion and referral to the Baden Police Department.

The student and his/her parent/guardian will be held responsible for restitution to the full extent of the laws for any damage to CLASS Academy and The Prevention Network's property.

*ANY SIZE HOLE: **\$300.00** (any hole, any size. If it's a hole caused by a student, it's \$300.00).

Any and all other damages will be 'at cost' and based upon a written estimate provided by The Prevention Network to the parent/guardian. Parent/Guardians will have two (2) weeks from the date of notice to make payment. Failure to pay within the allotted time will result in legal fines from the district magistrate.

FIELD TRIP & VEHICLE PERMISSION FORM | Please Initial: _____

As a continued effort to teach and reward positive behaviors CLASS Academy provides weekly field trip opportunities to the top students. These field trips give us the opportunity to reward positive behaviors and encourage students to learn and utilize positive and appropriate behaviors in multiple settings. Students earning these field trips will be traveling outside of the building with CLASS Academy staff in company vehicles.

I do hereby on this date release and waive any and all claims against CLASS Academy and The Prevention Network for any injuries and/or damages that may occur while entering, exiting and/or riding in any vehicle operated by staff of CLASS Academy & The Prevention Network. As a note, students also may be transported

in personal vehicles as needed and with permission from the student. As a reminder, all school rules apply.

*Please note that transportation to and from school is the responsibility of the student's home school district and CLASS Academy and The Prevention Network is not responsible for injuries/damage that may occur in those vehicles.

PERSONAL ITEMS BROUGHT TO SCHOOL WAIVER | Please Initial: _____

I have read and understand the CLASS Academy PERSONAL ITEMS BROUGHT TO SCHOOL section of the student handbook. I acknowledge that it is my responsibility to make sure my son/daughter follows the rules & regulations. I am aware my son/daughter will need to follow the check-in procedure outlined in the handbook including entering through a walk-through metal detector and completing a pat down process. *All contraband including but not limited to lighters as well as tobacco products will be confiscated daily and will **not** be returned.* I also release CLASS Academy & The Prevention Network, as well as its staff, of any responsibility resulting in lost, stolen or damaged items brought to school.

I hereby sign this document on behalf of both the parent and child. Also, note, I understand that if my child was to exit the school facility during the day without permission or an early dismissal, NO items will be given. All items will then need to be picked up by a parent and will remain locked in the Main School Office.

COUNSELING AWARENESS | Please Initial: _____

Your son/daughter will receive at minimum 2.5 hours of individual/group counseling per week by a counselor as per the guidelines for Alternative Education Programs in the Commonwealth of Pennsylvania. It is mandatory for all students to participate in counseling and prevention programming while enrolled at CLASS Academy.

Students will also receive additional SEL & Prevention Specialist programming throughout the day. As a reminder, this is not in substitute to outside student counseling services, however, is an additional support service. CLASS Academy does not prescribe or manage student medication.

COMPUTER & INTERNET USAGE | Please Initial: _____

1. ALL USE of the Internet and computer technology must be in support of the educational program in which I am enrolled at CLASS Academy.
2. The Internet and computer technology will not be used for illegal activity, profit purposes, non-school related activities, lobbying, advertising, to transmit offensive materials, hate mail, discriminating remarks, or to obtain obscene or pornographic material.
3. Users shall not intentionally seek information, obtain copies of, or modify files, other data or passwords belonging to other users, or misrepresent other users on the network.

4. Use of school technology or the Internet for fraudulent or illegal copying, communication, taking or modification of material in violation of the law is prohibited and will be referred to appropriate authorities.
5. Computers may not be used to play games. The loading or use of games, programs, unauthorized files, or other electronic media is prohibited on any computer. COMPUTERS ARE TO BE USED SOLELY FOR EDUCATIONAL ENDEAVORS.
6. The network shall not be used to disrupt the work of others.
7. Destruction of any computer equipment, including mouse pads, mouse, monitors, CPU's and printers, or the removal of affixed labels, will not be tolerated. Restitution will be sought for any damage to equipment, software, or the network.
8. Students are not to create a computer virus and/or spread computer viruses on the network.
9. No one is permitted to use a computer without adult supervision. You are not to use the computers in an empty classroom at any time.
10. Students MUST have the permission of the classroom teacher to use any and all computers in the classroom.
11. Students will only use their assigned computer or laptop and will be responsible for any and all content on the computer.

Fighting Violation | Please Initial: _____

CLASS Academy and the Prevention Network take the safety of all students and staff very seriously. If your son/daughter is involved in a fight the following intervention plan will be followed.

- If it is their first offense, a referral will be made for the student and family to participate in a family group, through the Prevention Network's Family Group Decision Making program. They will also be referred to the Student Assistant Program. Lastly, they will be required to participate in a 4-week intervention program hosted by The Prevention Network. The program will take place during the school day at a location determined by The Prevention Network. The student must complete the intervention program within 30 days of the incident. Failure to complete the program will result in filing charges with the magistrate.

*If the fight results in significant/relevant bodily hard to another person it will result in immediate police intervention and a crisis referral.

- Second offense will result in the above interventions with a 2-day suspension.
- Third Offense and on will result in all above interventions and anything deemed necessary by the Principal and CEO of Class Academy and the Prevention Network.

Substance Abuse Violation | Please Initial: _____

With the rise of prevalence in substance abuse disorders in teens, CLASS Academy and The Prevention Network want to provide the students with a positive behavior intervention. If your son/daughter are caught with any substance on them the following intervention plan will be followed.

- If it is their first offense, a referral will be made for the student and family to participate in a family group,

through the Prevention Network's Family Group Decision Making program. They will also be referred to the Student Assistant Program. Lastly, they will be required to participate in a 4-week intervention program that will be hosted by The Prevention Network. The program will take place during the school day at a location determined by The Prevention Network. The student must complete the intervention program within 30 days of the incident. Failure to complete the program will result in filing charges with the magistrate.

- Any time a student is visibly intoxicated a parent or guardian must come to pick up the student. If the student drove to school that day, a parent, or guardian must come to pick up the child and the car. The student will not be permitted to drive home that day. Their driving privilege will also be reassessed as deemed necessary by the Principal and CEO of CLASS Academy and The Prevention Network.
- Second offense will result in the above interventions with a 2-day suspension.
- Third Offense and on will result in all above interventions and anything deemed necessary by the Principal and CEO of Class Academy and the Prevention Network.

Weapons Violation | Please Initial: _____

CLASS Academy and The Prevention Network take the safety of our students and staff very seriously. If your son/daughter have a weapon on school property, the following behavior intervention plan will be in place.

- Immediate police intervention will take place.
- A referral will be made for the student and family to participate in a family group through the Prevention Network's Family Group Decision Making program. They will also be referred to the Student Assistant Program. Lastly, they will be required to participate in a 4-week intervention program hosted by The Prevention Network. The program will take place during the school day at a location determined by The Prevention Network. The student must complete the intervention program within 30 days of the incident. Failure to complete the program will result in filing charges with the magistrate.
- The student will also be immediately referred to Crisis. The students can't return to school until they are seen by crisis.
- The student will also face suspensions and other disciplinary actions as deemed appropriate but the CEO and Principal of CLASS Academy and The Prevention Network.

Crisis Policy | Please Initial: _____

If a student is posing a threat to themselves or another person a referral will be made to Beaver County Crisis. If a student is referred to crisis because they are a threat to themselves, they cannot return to school until they are evaluated and released by crisis.

If your son/daughter are referred to crisis for threat of violence against staff, students, or the school, they must be taken to the ER or Crisis per their recommendation. The student will have a minimum of a one day required health and wellness day. During a required health and wellness day the student should remain at home. They can return to school on the next school day following the incident or their next appropriate return to school day.

Bullying Harassment Policy | Please Initial: _____

If a student is engaging in repeated unwanted behavior that results in emotional or physical harm to another student, they will refer to the appropriate school counselor for a behavior intervention plan. The student will also be referred to Beaver County Crisis, and a Child Line referral will be made as necessary by the CEO and Principal of CLASS Academy and The Prevention Network.

Truancy Policy | Please Initial: _____

At CLASS Academy and The Prevention Network, we want our students to succeed, and to do that, we need them to be in school. After 7 incidents of unexcused absences, a referral will be made for the student and family to participate in a family group, through the Prevention Network's Family Group Decision Making program. They will also be referred to the Student Assistant Program. Failure to participate will result in a referral to the magistrate and a referral to ChildLine will be made.

HANDBOOK RECIPET & REVIEW | Please Initial: _____

I recognize that I have received the school handbook for students. It is my responsibility as a parent/guardian of my child enrolling in CLASS Academy to review the handbook in order to fully understand all school policies, procedures and expectations.

DIGITAL NOTIFICATION SYSTEM

CLASS Academy utilizes a parent digital notification system called, *One Call Now*, all parents and guardians will be signed up on this system in order to receive important updates about his or her child's education and school updates. Please complete the form below to begin receiving important updates and notifications about your child and CLASS Academy.

About One Call Now Communication Service

One Call Now is an automated parent notification service that allows schools to contact thousands of parents within minutes. Your child's school has implemented One Call Now to substantially improve its ongoing communication with you. The partnership with One Call Now shows your school's commitment to you and to your child's education and safety.

How One Call Now Benefits You

One Call Now allows school administrators to keep you updated as quickly and efficiently with personalized messages and helps you, as a parent, stay actively involved in your child's education.

One Call Now has the ability to:

- Reach thousands of parents in moments
- Send notifications even when school phone lines are down.
- Inform parents on the morning of a child's absence from school.
- Rapidly deliver first-hand information during a crisis situation both by phone and email

STUDENT NAME: _____ GRADE: _____ ENROLL DATE: _____

PRIMARY PARENT/GUARDIAN NAME: _____

PRIMARY PHONE #: _____ PRIMARY EMAIL: _____

SECONDARY PARENT/GUARDIAN NAME: _____

SECONDARY PHONE#: _____ SECONDARY EMAIL: _____

All parents/guardians can add up to 3 additional emails and phone numbers to utilize for contacts in case of an emergency. We encourage parents/guardians to utilize this feature in order to ensure his or her child will always have an available caretaker or interested adult figure in case of a school wide emergency and/or a general notification.



20____ - 20____

INTAKE PACKET

Other Contacts (Add up to (3) three):

NAME: _____ PHONE #: _____ EMAIL: _____

NAME: _____ PHONE #: _____ EMAIL: _____

NAME: _____ PHONE #: _____ EMAIL: _____