Intake and Enrollment Information

Please Print

Student Information:

Student Name: _____ Date of Birth: _____

Address:_____ City: _____ Zip code: _____

Student Start Date: _____ Student Grade: _____

Parent/Guardian Information:

Parent/Guardian Name: _____ Relationship: _____

Contact #: _____ Email Address: _____

Emergency Contact:

Emergency Contact (EC) Name: _____ EC Phone #: _____

Relationship to student: _____

School District Contact:

Home School District: _____

District Contact Person: _____

Office Number: _____ Cell Phone: _____

Email: _____

Does the student have internet access at home? Yes – No

Does the student have access to a computer at home? Yes – No

Are the student's medical records current? Yes – No

Does the student take medication? _____. If so, what? _____

Does the student have a medical condition that the school needs to be aware of? _____

If so, what? _____

AMA Class Placement: _____

Academic Mastery Academy – Therapeutic Day School

14418 S. McKinley Ave, Posen, IL 60469

Phone: 708-897-9332; Fax: 708-897-9335

Facility Tour Form

Reason for Visit? _____

Today's Date: _____

Student's Name:	Date of Birth:	M/F
Parent/Guardian Name:	# of Tardies:	# of Absences:
Address:	City/State/Zip:	Grade
Home Telephone:	Work Phone:	Teacher
Home School:	School Contact:	

1. **Academic History:** Does the student have an IEP? If so, please list the disability of the student. Has the student been suspended this year? If so, what is the reason for suspension? Is the student currently suspended?

2. **Description of Academic Performance:** Describe the academic strengths and weaknesses of the student. Include class grades and work samples in all subjects. Attach report cards and progress reports.

3. What are your concerns regarding your child's academic achievements? What kind of behavioral concerns do you have?

Academic Mastery Academy

Emergency Medical Treatment and Parent/Guardian Waiver

This form must be completed and signed by a parent or guardian for each child enrolling at Academic Mastery Academy. A completed form for each child registered must include an intake form.

Please type/print clearly and neatly.

Child's Full Name: _____ Age: _____

Parent/Guardian Name: _____ Relationship to child: _____

Street Address: _____ City: _____ Zip: _____

Parent Cell Phone: _____ Alternate: _____

Guardian Cell Phone: _____ Alternate: _____

Emergency Contact(s)

Name: _____ Phone: _____

Name: _____ Phone: _____

The law requires that parental permission be obtained for medical or surgical procedures for unmarried minors under 18 years of age. The following consent form must be signed by parents/guardians so that procedures may be promptly carried out and so that no unnecessary delays will occur with treatment. Should emergency care be needed on-site, the Academic Mastery Academy will contact the nearest emergency medical support available.

The authorization for release of medical information is needed by AMA so that care may be provided to your child for emergency medical care.

I understand any medical expenses are my financial responsibility.

_____ _____

Parent or Guardian Signature Required **Date**

Academic Mastery Academy
14418 S. McKinley Avenue
Posen, IL 60469
P: 708-897-9332 F: 708-897-9335

ACADEMIC MASTERY ACADEMY

ACADEMIC MASTERY ACADEMY

LEARN IT YOUR WAY... UNIQUENESS IS HERE

Annual Registration Authorization

Student: _____ School Year: _____

Student ID: _____ Grade: _____

1. **ACCEPTABLE USE OF TECHNOLOGY AGREEMENT:** Access and use of technology, including the internet, is a conditional right. Failure to follow the guidelines outlined in the AMA Acceptable use of Technologies will result in a loss of access to technology, disciplinary action consistent with AMA policy and/or criminal prosecution. All students enrolled at AMA will be assigned a laptop and/or desktop for classroom use. Any damage or destruction of a laptop and/or desktop will result in a replacement fee. Parent/Guardian will be responsible for this fee.
2. **DIRECTORY INFORMATION:** Under the Family Education Right and Privacy Act, school authorities are required to divulge information as noted in this act, if such information is requested. If you do wish for your telephone or any other directory information to be released, please check below:

   __ I do NOT wish for my telephone number to be released.

   __ I do NOT wish any of my directory information to be released.

3. **COMMUNICATIONS RELEASE:** Please indicate your authorization to give AMA, its employees, and agents the discretion and right, for non-profit purposes, to use, reproduce, or publicize any photograph or images of the student, the student's artwork, or written material, to be used in AMA Communications (Press Releases, Newsletters, etc.).
   __ Parent/Guardian Initials
4. **STUDENT CODE OF CONDUCT AND DISCIPLINE PROCESS:** The Illinois Board of Education has established a student code of conduct and discipline processes for all levels of instruction across the state. I understand that if I need access to these guidelines and processes, I can find them in the Student Handbook.

My Signature below is verification that the residency information is accurate. I understand that falsification of residency information may subject me to criminal penalties for perjury.

Parent/Guardian Signature: _____

Date: _____

Academic Mastery Academy

Behavioral/Academic Contract

The Academic Mastery Academy (AMA) believes and supports the concept of a firm foundation for students and having parent and teachers' involvement to build an effective school and classroom behavior management program.

It is our responsibility as AMA administration and staff to organize and maintain a safe, structured, and well-regulated environment for learning. The following Behavior/Academic Contract personalizes the Management Plan for each student. This plan is meant to inspire and teach students to choose behaviors that will enhance their lives.

Instructing, correcting, and re-directing AMA students shall be the *right and responsibility* of the principal and/or persons designated to act on behalf of the school in *compliance* with the established rules and regulations of the program.

1. Students must follow A.M. A's uniform policies.
2. Students will not be in an unauthorized area without permission.
3. Students will be responsible for learning and knowing the school creed.
4. Cell Phones will be turned in at the beginning of each school day.
5. Everyone will be searched upon arrival at school.
6. Inappropriate use of laptops is always prohibited.
    - Failure to follow correct usage will result in total supervised usage.
    - Damage/destruction of a laptop will result in a fee.
    - Until the assessment is paid, students will only be allowed direct, supervised usage of computer equipment.
7. There will be no student usage of the microwave.
8. There will be no earrings, head covering, or outer wear.
9. Proper school decorum is expected.
10. Contraband will not be allowed in the school and will be confiscated.
11. Bullying and harassment will not be tolerated.

Violations of the disciplinary rules and regulations contained in the contract will be handled in accordance to the Parent/Student Handbook.

Students that violate the contract or A.M.A. policies or rules will be subject to disciplinary measures.

I, _____, understand the conditions of this contract. I agree that making these changes will help me to improve my behavior.

I understand how making these changes will improve my self-esteem and help me to feel better about my future and myself.

I further understand that failure to honor this contract will result in a consequence that may include loss of privileges such asl; gym time, free computer time, movies, and possibly or other actions, pending administrative review.

If I am successful and reach level 4 and maintain the required behavior points, a meeting with my school district will be convened to discuss my transitioning back to my home school district.

It is my responsibility to bring home my Behavior Point Sheet and have it signed by my parent or guardian and return it on Monday of the following week.

I have read and understand all the provisions of this Contract.

_____

Student Name Date

_____

Parent Name Date

ACADEMIC MASTERY ACADEMY

Chromebook/Laptop Policy

Parents/Guardians, and Students,

Each student is issued a laptop for distance learning. All assignments will be E-Learning assignments. With the issuance of a student laptop, there are policies and procedures that must be followed:

- NO food or drink should be near laptops.
- DO NOT place heavy objects on laptops.
- Laptop should be clear of writing and/or stickers, with the exception of the identification tag placed on the device by technology personnel.
- Laptop is assigned to a specific A.M.A student; student should NEVER swap or share their laptop.
- Students are expected to keep the laptop in good condition. Any damage should be reported immediately to a staff member/office.
- Students are to utilize laptop camera in the manner which is directed by teachers and staff.
- Inappropriate use of laptop camera WILL result in disciplinary action.
- Removing any part of the device, attempting to repair damages oneself, or opening up the device to access internal components is NOT permitted.
- Downloads of any programs outside of assigned assignments is NOT permitted.

****Failure to comply with any policy and/or procedure outlined above or within this document WILL result in disciplinary action.**

Student name: _____

Date of Issuance: _____

Student Username/Email: _____

Student Password: _____

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