

**KEYSTONE EDUCATIONAL MANAGEMENT SERVICES**

**1101 E. Gregory St.**

**Des Plaines, Illinois, 60016-1231**

**Phone: 847/826-0584 Fax:847/803-8669**

**CEO: Michael E. Schack MA, MBA**

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**STAR PROGRAM**  
**ADMISSION CONTRACT**

School district personnel and parents / guardians have read, accept and agree with all the information presented as "District Information" or "Parent Information." It is extremely important that district personnel, parents/guardians and Joseph Academy personnel agree to the placement of the student into the STAR Program at Joseph Academy. **Signatures below constitute agreement and acceptance of all procedures, rules and regulations of the STAR Program. Students will not be accepted unless all information below is provided.** Please send the completed forms to [dschorr@josephacademy.org](mailto:dschorr@josephacademy.org) for Melrose Park or [lcapparelli@josephacademy.org](mailto:lcapparelli@josephacademy.org) for Hometown. STAR Program personnel will contact the district and parent/guardian with an entrance date and transportation details, if applicable.

SIGNATURE APPROVALS

Student Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Grade in School \_\_\_\_\_ District: \_\_\_\_\_

Elementary School: \_\_\_\_\_

Dates of Placement into STAR Program:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Signature of District Personnel and Title \_\_\_\_\_

Signature of STAR Personnel \_\_\_\_\_

**Student Information**

Student Name \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_

Parent Home# \_\_\_\_\_ / Parent Home# \_\_\_\_\_

Cell# \_\_\_\_\_ / Cell# \_\_\_\_\_

Parent Work# \_\_\_\_\_ / Parent Work# \_\_\_\_\_

Best time for parents to be contacted \_\_\_\_\_ / \_\_\_\_\_

Parent Email address: \_\_\_\_\_ Do you require translation? \_\_\_\_\_

**I authorize Joseph Academy to call my son's/daughter's doctor and to take my child to the nearest hospital emergency room and for them to treat my child in the event of any emergency.**

**I Grant / Do Not Grant permission for Joseph Academy to send my child home on transportation in the event of an emergency situation, where an early dismissal is necessary, and my contacts cannot be reached.**

Medication taken by student, dosage and times medication is taken. Please note that in order for medication to be administered by STAR or Joseph Academy personnel, the necessary forms (attached) must be completed by parents and physicians. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies (either food or environmental) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Asthma – Provide school with inhalers \_\_\_\_\_  
\_\_\_\_\_

**Academic Information**

Reading Level = \_\_\_\_\_ Math Level = \_\_\_\_\_

Other academic information, and include IEP \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subjects currently enrolled \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Behavioral Information**

Explain behavioral concerns and/or events, and include IEP \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Incident or event which led to student being placed into STAR program (attach reports) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**District Information**

District # \_\_\_\_\_

District Contact Person \_\_\_\_\_

District Contact Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Home School (where student will return after STAR placement has ended) \_\_\_\_\_

Home School Contact \_\_\_\_\_ Phone \_\_\_\_\_

Does this student require Keystone transportation: \_\_\_\_\_

**Billing Information**

**STAR students are billed at the rate of \$170 for tuition per diem at the number of days enrolled. STAR students do not qualify for 14-7.02 state reimbursement. If the student currently has an IEP with a primary disability of ED / LD / OHI, and you are considering a 14-7.02 contract for reimbursement, please contact the principal to enroll the student as a permanent placement and specify the anticipated number of enrollment days. Please initial to indicate you have read and understand this section.**

**EXIT CRITERIA**

Exit from the STAR Program is based on the criteria established during the admission process. Therefore, **any condition which is specified below must be completed before the student can return to their former placement.**

**Attendance** (number of school days required to stay in the STAR Program) \_\_\_\_\_

**Academic Performance** (completion of a defined amount of work, earning a "c" or better) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Social/Emotional/Behavioral Performance** (completing a certain amount of "successful" school days. "Successful" is defined as the student having completed 80% of assigned school work, earning a "C" or better and earning 75% of possible behavioral points.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_