

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

STAR PROGRAM

I have been informed of, accept, and agree that the following Intervention Procedures may be used as a part of my child's **STAR (Short Term Alternate Response)** Program:

- A. **Search of person and effects:** When there is a suspicion of a student possessing dangerous objects, inappropriate or illegal articles including weapons, drugs, incendiaries and cigarettes , as well as any cellular communication devices such as beepers, scanners or telephones, or disruptive recording/transmission devices, the student will be searched. These items will **not** be released to the student and will be disposed of unless a parent claims them within 10 days. Illegal articles such as weapons or drugs may be handed over to the police at the discretion of administration.
- B. **Police involvement:** I understand that if my child's behavior endangers the safety of others, this endangerment may result in **police intervention and possible arrest.** I further understand that if my child is found in the possession of illegal substances this too may result in **police intervention and possible arrest.**
- C. **Students kept after school:** I understand that my child shall remain after school if he/she does not complete a satisfactory amount of work and/or his/her behavior is not appropriate for transportation and agree to arrange to have my child picked up from school promptly at the prearranged time or to allow my child to take public transportation home, in which case car fare will be reimbursed the following school day to Joseph Academy.
- D. **Lost/stolen articles:** In understand that Joseph Academy is not responsible for reimbursement for lost or stolen articles such as electronic devices, clothing, or other personal items, and that my child is not to trade or sell any articles with other students.
- E. **Therapeutic Physical Intervention:** I have been informed that if my child behaves in such a way as to endanger him/herself or others, he/she may need therapeutic physical intervention by staff. The physical intervention will be employed in a humane manner and will be used only as a therapeutic measure to prevent the recipient from causing physical harm to him/herself or others.

I hereby accept placement of my child, _____ in the Joseph Academy **STAR** program

beginning ____/____/____.

Date

Parent/Guardian