

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
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 for Melrose Park or 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 \$180 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.) _____

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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

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Parent / Guardian Agreement

I have been informed of my rights and the rights of my child as required by the Illinois State Board of Education.

In order for my child to receive sufficient therapeutic benefits from the Joseph Academy program, I agree to the following conditions:

- A. My child will attend Joseph Academy on a regular basis. I understand that excessive absences may result in his/her termination from the program.
- B. I will read and sign the point cards my child brings home on a daily basis.
- C. I will attend the monthly family therapy sessions scheduled throughout the school year.
- D. I will cooperate with the staff by attending disciplinary and/or administrative meetings called to discuss problems that may arise.
- E. I understand and agree to pay for any damage to property and/or person, either student or staff, caused by my child.
- F. I agree that if Joseph Academy Administration requests an evaluation of my child for drug or alcohol abuse that I will obtain the tests within 48 hours of the time requested of me, and have the test results forwarded to the Joseph Academy Director. I further agree that if the results of those exams are positive, I must enroll my child in a substance abuse/alcohol treatment program if so required by Joseph Academy.

I understand that failure to comply with the above conditions **may** result in the termination of my child's placement at Joseph Academy.

Date

Parent/Guardian

Date

Parent/Guardian

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RELEASE FORMS

Student Name: _____

EMERGENCY RELEASE

In the event of a serious illness or accidental injury, Joseph Academy may obtain emergency medical care for my child.

ATHLETICS

I DO / DO NOT (please circle) give my consent for the above named student to participate in the Chicago Area Alternative Educational League. In order to participate in CAEL programs, the parent/guardian must sign a hold harmless agreement. Participating in the CAEL program includes eating lunch outside the school, paid for by the students.

FIELD TRIP INFORMATION

I give my consent for my child to be involved in Joseph Academy Program fieldtrips. I understand that transportation will be provided either by a school vehicle or a staff member's car.

PUBLICITY INFORMATION

The Joseph Academy Program may include your child in a film about the program and other promotional educational projects that may include pictures or films. I understand that although my child may be photographed, personal information will remain totally confidential. **I DO / DO NOT** (please circle) consent to have my child participate in the above.

EMERGENCY TRANSPORTATION

I DO / DO NOT (please circle) give permission for Joseph Academy to send my child home on transportation in the event of an emergency situation(loss of electricity, excessive snow) where an early dismissal is necessary, and my contacts cannot be reached.

THERAPY DOG PROGRAM

The use of the Therapy Dog will be available to a small group of students who have the desire to so and have met criteria. Every precaution will be taken for the safety and supervision of each pupil. However, the school does not assume responsibility in the event of an accident or unavoidable mishap.

I give my permission for my child to participate in the above stated Therapy Dog Program.

I DO / DO NOT (please circle)

Release Joseph Academy and all of its official representatives from all liability in case of accident or injury involving my child during this program.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

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AUTHORIZATION FOR THE RELEASE OF INFORMATION

Student Name: _____

Date of Birth: _____ Home School: _____

I hereby authorize _____
(Name of person or District)

to send copies of my case study evaluation and educational records to Joseph Academy on order to plan a program for my educational needs.

The following information can be sent to Joseph Academy:

EDUCATIONAL TESTS	_____	PSYCHOLOGICAL TESTING	_____
PHYSICAL EXAM	_____	PSYCHIATRIC EXAM	_____
SOCIAL HISTORY	_____	DISCHARGE SUMMARY	_____
IEP REPORT	_____	SCHOOL TRANSCRIPTS	_____
MDC	_____	CONTRACT	_____

I give my consent freely and voluntarily. I realize that services cannot be provided without sufficient information.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Witness Signature: _____ Date: _____

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UPDATED @ ANNUAL REVIEW

AUTHORIZATION FOR THE RELEASE OF INFORMATION Rev. 1/14/2014

Student Name: _____ Date of Birth: _____

I hereby authorize the exchange of information with Joseph Academy in order to plan a program for my educational and therapeutic needs. The following is a list of agencies that may be contacted.

_____ DCFS Caseworker _____
(name, address and phone number, Email)

_____ Probation/Parole Officer _____
(name, address and phone number, Email)

_____ Community Agency _____
(name, address and phone number, Email)

_____ Outside Therapist _____
(name, address and phone number, Email)

_____ Other _____
(name, address and phone number, Email)

I give my consent freely and voluntarily. I realize that services cannot be provided without sufficient information.

The information provided must be updated at each Annual Review while enrolled at Joseph Academy.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

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Technology Acceptable Use

Revised 1/2014

The following information outlines the acceptable use agreement for student access to and use of networked Joseph Academy information resources.

Equipment and Network

With Internet access come responsibilities. Joseph Academy students have access to technology and software. Students are expected to respect and take care of the hardware and software that is provided. Intentional damage to equipment, software, or the network may result in disciplinary action for the student, and charges to the student's family for repair or replacement.

The Internet

Families and students should be aware that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive to some people. Joseph Academy's intent is to make Internet access secure while furthering educational goals and objectives. If a student accesses objectionable or inappropriate material, they should immediately report it to their staff. Deliberate access to inappropriate sites is grounds for disciplinary actions and/or termination of Internet access.

Privacy and Security

Joseph Academy reserves the right to monitor users' online activities, at any time, with or without notice, and to access review, copy, store, or delete any electronic communications or files and disclose them to others as it deems necessary.

Restrictions

In compliance with the Illinois Harassing and Obscene Communications Act, (720 ILCS 135/0.01), the federal Children's Internet Protection Act (CIPA), the Federal Family Educational Rights and Privacy Act (FERPA), the Illinois Internet Safety Education Act (105 ILCS 5/27-13.3) and all other applicable local, state and federal statutes and guidelines, the following activities are not permitted on Joseph Academy's electronic resources:

- Accessing, uploading, downloading, transmitting, displaying or distributing obscene, abusive, threatening, or sexually explicit material or language or otherwise harassing students or staff.
- Using another person's passwords; trespassing in another person's folders, work or file.
- Damaging computers, computer systems or computer networks; vandalizing, damaging or disabling school property.

Sanctions

Violations of Joseph Academy and school networked information resources policies could result in the loss of access to the resources. Additional disciplinary action may be determined at the building or classroom level according to existing policies. Appropriate law enforcement agencies may become involved.

I agree to follow the Joseph Academy guidelines regarding technology use.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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Procedures for Electronic Devices

*** PLEASE REMEMBER THAT CELL PHONES AND OTHER DEVICES WHICH CAN TAKE PHOTOS AND/OR MOVIES ARE NOT PERMITTED AT SCHOOL. Our policy requires that if cell phones or other devices which can take photos and/or movies are brought to school, they are confiscated and held until a parent retrieves them.**

However, we understand that some parents may be experiencing urgent family circumstances, and wish for their children to bring their cell phones to school. Parents must call the school and ask to speak to the principal or their child's social worker to discuss the possibility of having their child bring their cell phone to school. The students' phones must be given to staff members as soon as students enter the building (must be turned off), and will be held in the office during the day. Phones will be given back to the students at the end of the day as they exit the building for their transportation. Students who do not turn in cell phones as soon as they enter the building will have their phones confiscated, and the parents will need to come to the school to retrieve the phones. Repeated offenses may lead to suspension of privileges.

I have read and understood these terms and conditions.

Parent/Guardian

Student Signature

Thank you,

Diane Schorr
Principal