



## ROE26 Alternative Programs/Safe School Agreements 2018-2019

### Applicant Agreement

I agree to pursue a high school education by attending and completing the classes prescribed in my educational plan. I agree to attend no less than the minimum attendance requirements. I understand that I am responsible for my success. I have been informed that I may be immediately dismissed from the program if I engage in vandalism, physical assault or intimidation, fighting, possession of drugs or alcohol, and/or any other behavior which disrupts the educational process. I also understand that my enrollment is not permanent and that my "seat" may be reassigned if I do not attend.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent/Guardian Agreement

I understand that my son/daughter has enrolled in a Safe School and/or Academy Program operated by Regional Office of Education #26. He/she understands and will abide by attendance policy. I understand that enrollment is not permanent and that the "seat" may be reassigned if he/she does not attend as agreed. He/she will follow the student guidelines and behavior expectations outlined in the handbook and appendix. I further agree to working with staff to promote my child's academic success.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

### Handbook

I have received and read the handbook and appendix for ROE26 Academy/Safe School Program. I agree to abide by the guidelines set forth. I understand the disciplinary and/or legal consequences that may occur.

Parent Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

### Counseling/Social Work Acknowledgement

I acknowledge that my child will meet with the school counselor and/or school social worker a minimum of one time at the onset of his/her enrollment to an ROE26 alternative program. I understand that my child may voluntarily visit with the school counselor and/or social worker as part of the program goals.

Parent Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

### Emergency Hospital Consent

I authorize the responding paramedics to transport my child to the nearest medical facility which will in the opinion of the paramedics on the scene, provide the care needed by my child. I further authorize Ombudsmen or it representatives to call 911 and summon emergency medical help when, in the judgment of said personnel, it is in the best interest of my child. If medical care is necessary, I authorize treatment of my child. I also agree to pay any medical cost associated with transportation and/or treatment of my child.

Emergency Contact/Name and Phone Number: \_\_\_\_\_

Signature \_\_\_\_\_

**Consent to Release Information**

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

I give consent for ROE26 Alternative Education Programs and my child’s home school district to release information to each other regarding above named student. Shared information should thusly benefit the student’s education.

Parent/guardian signature \_\_\_\_\_

**Bullying**

Bullying on the basis of actual or perceived race, color, religion, sex, national origin, ancestry, age, marital status, physical or mental disability, military status, sexual orientation, gender-related identity or expression, unfavorable discharge from military service, association with a person or group with one or more of the aforementioned actual or perceived characteristics, or any other distinguishing characteristic is prohibited.

I have read the bullying policy provided in the handbook and will adhere to the “no bullying” policy.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**Media**

The Regional Office of Education #26 Academy Programs and Safe School Programs provide area newspapers/media with information regarding schools. ROE26 also hosts several internet websites and social media sites. At various times your son/daughter may be included in pictures or articles featuring the school and activities. I hereby give permission for my son/daughter (named above) to be photographed or interviewed by the newspaper/TV/media and to have his/her image used as part of the internet sites administered by the Regional Office of Education #26.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Field Trips**

I grant my permission to ROE26 Academies and Safe Schools for my son/daughter to attend school sponsored field trips during his/her enrollment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Internet/Acceptable Use Policy (AUP)**

I understand and will abide by the AUP presented in the handbook. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or legal action may be taken. In consideration for using the ROE26’s Internet connect and having access to public networks, I hereby release the ROE26 and its employees and agents from any claim and damages arising from my use.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

I have read the AUP. I understand that access is designed for educational purposes only and that ROE26 has taken precautions to eliminate controversial material. However, I also recognize that it is impossible for ROE26 to restrict access to all controversial and inappropriate materials. I will hold harmless the ROE26 and its employees and agents for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child’s use in not in the school setting. I have discussed the terms of the AUP with my child. I hereby request that my child be allowed to access the School’s Internet.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_