

Alternative Learning Center

Austin ISD Disciplinary Alternative Education
Program

4900 Gonzales Street | Austin, TX 78702

512-414-2554

Registration Packet

"See a child differently, you see a different child."

- Mary Elizabeth

Registration:

Monday through Thursday from 8:00 am to 8:30 am



New student orientation occurs Monday through Thursday from 8:00am to 8:30 am. Please make sure to arrive on time.

Late arrivals after 8:30 am will need to return the following day in order to complete the entire session.

Please try to complete all registration materials before arriving at the Alternative Learning Center.

Students must be enrolled by a parent or legal guardian.

If you need orientation in Spanish please arrive at 8am for translation

**Alternative Learning Center
Student Information Form**



Today's Date:

Home Campus:

Legal LAST Name:

First Name:

Date of Birth:

AISD Student ID:

Grade Level:

Ethnicity: Hispanic Non-Hispanic Race: American Indian/Alaskan Native Black/African

American Native Hawaiian/Other Pacific Islander White

Gender: Male Female

Enrolling Parent/Guardian Information

Relationship: Date of Birth (*required per State Law*):

Last Name:

First Name:

Address:

Does the student reside at this address? Yes No

Phone Numbers(s):

Relationship: Date of Birth (*required per State Law*):

Last Name:

First Name:

Address:

Does the student reside at this address? Yes No

Phone Numbers(s):

Emergency Contact Information

Contact Name:

Phone Number:

Call in Case of Emergency? Yes No Can Pick-up? Yes No

Contact Name:

Phone Number:

Call in Case of Emergency? Yes No Can Pick-up? Yes No

Other Information

Special Services (check all that applies): 504 Special Education Gifted and Talented

ESL/Bilingual Method of Transportation (check one): AISD Bus Parent Pick-up Walk

City Bus

(By signing, I understand that all the information above that I provided is accurate.)

Parent/Guardian Signature: _____

Date:

Alternative Learning Center
Parental Contract



- Our goal is for every student to return to their home school in the minimum amount of time necessary. When students engage in academics and follow expectations they inevitably will be successful every day and return to their home school in the least amount of time necessary.
- We utilize restorative practices to assist students with problem solving and healthy decision making. We utilize all options to assist students with having a successful day at ALC.
- At times students may make poor choices that result in suspension from school. Consequently, staff members need to be able to contact you at any time during the school day. ALC staff will contact you at the numbers you provide during the intake process. Please contact the Registrar's Office at **512-414-2554 ext:7-2424 or ext: 7-2448** if your contact phone numbers change.
- You may be asked to come pick up your son/daughter, or you may authorize them to ride home on the city bus, or to have some other person (named on the registration form) pick them up if necessary.
- A parent-administrator conference may be required before suspended students are allowed to re-enter the ALC program.
- I understand that some items are not allowed at the ALC and may be confiscated. While items are placed in a secure location, I understand that some items may be misplaced, and the ALC will not hold prohibited items. Furthermore, I understand that some items may not be returned to students.
- I understand that students assigned to the ALC may NOT be on the campus of any other school or attend any school related or school sponsored functions at any time during their ALC placement. I also understand that if an ALC student goes on any other campus, they are subjecting themselves to disciplinary actions and criminal trespass citation.
- Students who engage in persistent misbehavior with multiple suspensions while at the ALC may incur more serious consequences up to and including expulsion from AISD to the Travis County Juvenile Justice Alternative Education Program (JJAEP).
- My student will be picked up at 4:15 no later than 4:30

If I am not able to be reached; I give permission for my child to ride the city bus home in the event they are assigned a home suspension.

Parent / Guardian Signature: _____

Date: _____

STUDENT RESIDENCY QUESTIONNAIRE

This form will help determine the services the student may be able to receive under the McKinney-Vento Act (42 U.S.C 11435). Answers to this residency form are private, and will be shared with District staff only to the extent necessary to provide services. Because this information is not maintained in the student's permanent school record, it must be collected each school year. Please return the form to the Main Office at your student's school.

Student Name: DOB: _____ School: Grade: Student ID: _____ Parent/Guardian Name(s): _____

Phone: Alternative number to best reach you: Email: _____ Address of current residence: _____

Last school attended when permanently housed: School Year: _____

Is your current address a temporary living arrangement, due to loss of housing or economic hardship? Yes No Is the student in Foster Care? Yes No If yes, please attach a copy of the 2085-E form to the questionnaire

1 Student's current living situation (Check one)

Temporarily with another friend or family member due to family's loss of housing or economic hardship Other

_____ Location of where the student is living, due to loss of housing or economic hardship

Temporarily in a hotel/motel Name of hotel/motel

Temporarily in a shelter Name of shelter

3.

The student began residing at the current address:

The current residence has running water and Electricity :

2. Reason for current living situation (check all that apply)

Temporarily in a car, RV, or campsite

Temporarily in transitional housing

_____ Name of transitional housing

Eviction

Natural disaster:

Loss of job or income Divorce/Separation

Runaway

Name of disaster Other:

4. The student lives with: One or both parents

Legal guardian

A relative

Friend

An adult who is not the parent or legal guardian

Fire/flood

Alone with no adult

Domestic violence

5 I am:

The parent/legal guardian/foster parent of the above-named student

A student who does not live with parent(s) or guardian(s)

An adult who is not a legal guardian to the above-named student

List siblings who live with the student named above. Complete a separate SRQ for EACH child who is enrolled in an Austin ISD school.

Name	Age	Grade	School	Live with the student named above?
				Yes No
				Yes No
				Yes No
				Yes No

Presenting a false record or falsifying records is a criminal offense punishable by up to 10 years and \$5,000. Texas Penal Code § 37.10. A person who enrolls a child under false documents may be liable for the cost of tuition or other costs which may exceed \$5,000. Texas Education Code § 25.003(3)(d). I have read and understood the information provided above. I understand that if any of the responses given on this form are found to be false, I will be subject to criminal, civil, and administrative penalties. I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.

Signature Print Name Date Attention School Personnel: Please email form to your designated Project HELP liaison or fax to (512) 414-0761 Revised 08/2024

Parent Consent Form

I, _____ **(parent/guardian name)**, the parent/legal guardian of

_____**(child name)**, give permission for my child to receive
counseling services at the Alternative Learning Center.

Limits of Confidentiality

I understand that a critical part of the counseling relationship is the establishment and maintenance of a trusting and confidential relationship between the counselor and the student. I will honor the counselor/student privilege of confidentiality and know that the counselor will always encourage a strong line of communication between the student and his/her parent(s), guardian(s), caregiver(s), teacher(s), and other stakeholders in the student's life. I understand that the best interest of the student is the core focus of any interaction between the counselor and student.

I understand and have been told that all counseling sessions will remain confidential except when certain legal restrictions arise and confidentiality cannot be maintained. These cases include: (a) any form of child abuse [neglect, physical, and/or sexual], (b) danger to one's self [i.e., suicide, non-suicidal self injury], and (c) danger to others [homicide, threat to injure someone, etc.].

Counselors are required by law to share information with parents or others in certain circumstances:

- Presenting a serious danger to self or another person
- Physical or sexual abuse of a child (will be reported to Child Protective Services)

I understand that the counselor may call 911 or ask the parent/guardian to call 911. If the child is having suicidal thoughts, I understand that I can call the National Suicide Prevention Lifeline at 1.800. 273.TALK (8255) for free 24-hour hotline support.

The counselor will make the child aware of these limits of confidentiality and will inform the child when sharing information with others.

I understand that I am entitled to ask questions and receive information about methods or techniques used by the counselor and the length of counseling. I am free to seek a second opinion or end counseling at any time.

I have read, understand, and agree to the terms of this Austin ISD Counseling Individual Informed Consent, and I agree to have my child be counseled by the school counselor.

Please Sign Below:

Custodial Parent/Guardian #1 Signature _____ Date _____

Custodial Parent/Guardian #1 Printed Name _____ Date _____