

Alternative Learning Center

Austin ISD Disciplinary Alternative Education Program

4900 Gonzales Street | Austin, TX 78702

512-414-2554

Registration Packet 2023-2024

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

- Mary Elizabeth

Registration:

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



AUSTIN
Independent School District

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**

Do you intend to physically send your child to school? Yes No

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 Gift 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 512-414-3692 or 512-414-3658 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 I do not hold the ALC responsible for misplaced 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).
- **If I am not able to be reached; I give permission for my child to ride the city bus home in the event their assigned a home suspension.**

Parent / Guardian Signature: _____ Date: _____

**Confidential Medical Form
Student Health History**

THIS FORM MUST BE COMPLETED ANNUALLY

Student Name: _____ (Last, First, Middle) Date of Birth: _____ (MM-DD-YYYY) ID Number: _____

Home Phone Number: _____ Work Phone Number: _____ Cell Phone Number: _____

Please check all current, physician-diagnosed, health conditions:

ADD/ADHD	<input type="checkbox"/>	Allergy (e.g. food, medicine)	<input type="checkbox"/>	Anaphylaxis/Epi-Pen	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Autism	<input type="checkbox"/>	Blood Disorder	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>
Cystic Fibrosis	<input type="checkbox"/>	Diabetes Type 1	<input type="checkbox"/>	Diabetes Type 2	<input type="checkbox"/>	Down Syndrome	<input type="checkbox"/>
Gastric/Intestinal Disorder (Stomach)	<input type="checkbox"/>	Hearing Loss	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	Obesity	<input type="checkbox"/>	Pervasive Developmental Delay	<input type="checkbox"/>	Pregnant/Parenting	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	Spina Bifida	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	Urinary Condition or Catheterization	<input type="checkbox"/>
Concussion	<input type="checkbox"/>	Other:					

If you checked any of the above boxes, please explain further: _____

Has your child been seriously ill, hospitalized and/or had a serious accident in the past year? YES NO

If YES, please explain: _____

Student Insurance Information

Skip this section if the student does not have insurance

My child has health insurance through: _____CHIP _____Medicaid - Medicaid Number: _____
 _____Private/Employer/Insurance _____None (No Insurance)

Insurance Company: _____ Policy Holder Name: _____

Policy Holder Phone #: _____ Relationship to Patient: _____ DOB: _____

Insurance ID #: _____ Group#: _____

Physician orders may be required on an annual basis depending upon your child's health care needs. Special Procedures require updated physician orders annually. Please contact the School Nurse.

Medications:

Parents of students who need medication at school should make an appointment with the School Nurse to complete the appropriate forms to manage their condition.

Please list medications taken at school : _____

Medications taken at home (please list): _____

Student's Doctor/Clinic _____ Doctor/Clinic Phone _____

Student Health Services Consent to Treat:

I understand that the Ascension Seton Student Health Services @AISD School Health Team ("Health Team") provides school health services in cooperation with AISD staff, as outlined in the attached **Summary of Student Health Services**, and I give permission for the Health Team, or any AISD employee or staff acting under the direction of the Health Team, to provide described services to the Student as the Student may require while present in school. I understand that services provided to the Student may incorporate the use of telehealth/telenursing or other HIPAA compliant video conferencing. I understand that, if the Student has a serious injury or illness, I will be contacted and the physician indicated above and/or Emergency Medical Services (EMS) may be contacted if necessary. I understand and agree that neither Dell Children's Medical Center nor AISD nor their staff will be responsible for any cost involved if the Student needs emergency medical care. I understand and agree that the Health Team may share the Student's health care information with AISD personnel, in accordance with AISD protocol, in order to provide appropriate attention to the Student's health care needs.

PARENT/GUARDIAN SIGNATURE

DATE

Consent to Release Health Information:

I understand and agree that, in order to provide a coordinated system of care, the Health Team may exchange health care information about the Student with the Student's physician or other healthcare providers in non-emergency situations with my approval as noted below

. _____ I GIVE / ___ I DO NOT GIVE permission to release information to/from student's physician or other healthcare provider in non-emergency situations. I understand that this information will be shared in emergencies as necessary.

PARENT/GUARDIAN SIGNATURE

DATE

IMMUNIZATIONS: *Students are required by Texas State Law to provide complete, up-to-date immunization records to the school.*
THIS COMPLETED FORM IS TO BE STORED IN HEALTH ROOM AFTER ENTERED INTO TEAMS BY SCHOOL STAFF.

Summary of School Health Services

Seton Student Health Services personnel make up the Student Health Team (“Health Team”). Registered Nurses lead each campus Health Team, which may include Clinical Assistants. Care is provided to students on-site by members of the Health Team, with unlicensed personnel working under the direction of the Registered Nurses. Not all services listed are provided by all Health Team members; the Texas Nurse Practice Act designates which activities and services are RN-only. Services are provided for students ages 3 to 22 years of age and include:

Illness and Injury Care

- Illness and minor injury care, emergencies, and referrals
- Chronic health conditions
- Behavioral health conditions
- AISD staff consultation on a limited basis

Medication Administration

- Medication administration during the school day, documentation, and reconciliation
- Training of AISD staff to administer medication

Immunization Compliance

- Monthly identification of students needing immunizations
- Parent notification
- Referral to community services

State Mandated Screenings

- Hearing (limited)
- Vision (limited)
- Risk Assessment for Type 2 Diabetes
- Spinal

Case Management (IHCPs, Emergency Plans, individualized AISD staff trainings)

- Allergy/Anaphylaxis
- Diabetes
- Pregnancy
- Asthma
- Seizure
- ADHD
- Other chronic health conditions
- Section 504 Program
- Special Education Students eligible under Other Health Impairment, Orthopedic Impairment, Traumatic Brain Injury, etc.

Health Education

- Student/Individual or group (hand washing, growth and development, health, nutrition, etc)
- Parent
- AISD Staff (Bloodborne pathogens, AED, MRSA, Heat related illness, Medical procedures, Emergency medications and procedures, Allergy / Anaphylaxis)

Communicable Disease Outbreak

- Reportable Communicable Disease
- Influenza
- Collaborate with local health department
- Staphylococcal infections

Collaboration

- Parent/guardians
- School staff
- AISD District Support Services
- Medical providers
- Community agencies

Crisis Intervention

- Behavioral health
- Other threats to student or staff health on campus

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 form to the Main Office at your student's school.

 Student Name: _____ DOB: _____ M F Other: _____

School: _____ Grade: _____ Student ID: _____

Parent/Guardian Name(s): _____

Phone: _____ Alternative number to best reach you: _____ Email: _____

 Address of current residence: _____
(Address, Apt#, City & Zip Code)

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): <input type="checkbox"/> Temporarily with another friend or family member due to family's loss of housing or economic hardship <input type="checkbox"/> Temporarily in a hotel/motel _____ <small style="margin-left: 100px;">Name of hotel/motel</small> <input type="checkbox"/> Temporarily in a shelter _____ <small style="margin-left: 100px;">Name of shelter</small>		<input type="checkbox"/> Temporarily in a car, RV, or campsite <input type="checkbox"/> Temporarily in transitional housing _____ <small style="margin-left: 100px;">Name of transitional housing</small> <input type="checkbox"/> Other _____ <small style="margin-left: 100px;">Location of where the student is living, due to loss of housing or economic hardship</small>	
2	Reason for current living situation (check all that apply) <input type="checkbox"/> Eviction <input type="checkbox"/> Fire/flood <input type="checkbox"/> Loss of job or income <input type="checkbox"/> Domestic violence <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Natural disaster: _____ <small style="margin-left: 100px;">Name of disaster</small> <input type="checkbox"/> Runaway <input type="checkbox"/> Other: _____		3	The student began residing at the current address: _____ <small style="margin-left: 100px;">(Month/Day/Year)</small> The current residence has running water and electricity: <input type="checkbox"/> Yes <input type="checkbox"/> No
4	The student lives with: <input type="checkbox"/> One or both parents <input type="checkbox"/> A relative <input type="checkbox"/> Legal guardian <input type="checkbox"/> An adult who is not the parent or legal guardian <input type="checkbox"/> Friend <input type="checkbox"/> Alone with no adult		5	I am: <input type="checkbox"/> The parent/legal guardian/foster parent of the above-named <input type="checkbox"/> student A student who does not live with parent(s) or guardian(s) <input type="checkbox"/> An adult who is not a legal guardian to the above-named student

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

Name	Age	Grade	School	Live with 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



Austin Independent School District

Alternative Education Department

“See a child differently, you see a different child.” – Mary Meredith

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 _____

Custodial Parent/Guardian #2 Signature _____ Date _____

Custodial Parent/Guardian #2 Printed Name _____ Date _____