



Austin Independent School District

Alternative Education Department

"See a child differently, you see a different child" - Mary Meredith

Last Name: _____

First Name: _____

Student ID: _____ Grade: _____ Sex: Male Female

Home / Cell Phone Number: _____

Home Address: _____ Apt: _____

Date of Birth: _____ Home School: _____

Ethnicity:

Race:

- Hispanic Non-Hispanic American Indian/Alaskan Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Method of Transportation:

- School Bus City Bus/Capital Metro Walk Parent Pickup

Parent Signature: _____ Date: _____

You and your son/daughter will meet with a counselor for an initial consultation.

Counseling Staff Initials: _____

- Yes No Student receives Special Education services
 Yes No Student receives 504 accommodations
 Yes No Student is enrolled in ESL/Bilingual classes
 Yes No Student is identified as Gifted and Talented (GT)

School Bus #: _____ Stop Location: _____

Pick-up Time: _____ AM Drop-off Time: _____ PM

Alternative Learning Center

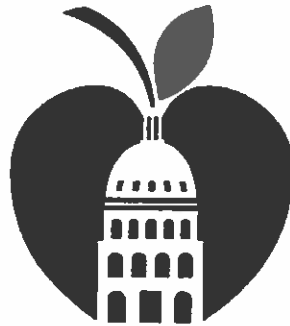
Austin ISD Disciplinary Alternative Education

Program 4900 Gonzales Street | Austin, TX

78702 alc.austinschools.org | 512-414-2554

Registration Packet

2021-2022



AUSTIN
Independent School District

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

– Mary Elizabeth

Registration:

Monday–Thursday

Please Note: Students and Parents arriving after 8:30am will be required to return the following day at 8:30am.

- First day orientation for parents/guardians of newcomers is approximately a 3-hour commitment.

**Alternative Learning
Student Information Form**

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
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 SY 2018-2019
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:

Table with 4 columns of health conditions: ADD/ADHD, Allergy, Anaphylaxis/Epi-Pen, Asthma, Autism, Blood Disorder, Cancer, Cerebral Palsy, Cystic Fibrosis, Diabetes Type 1, Diabetes Type 2, Down Syndrome, Gastric/Intestinal Disorder (Stomach), Hearing Loss, Heart Condition, High Blood Pressure, Mental Health, Obesity, Pervasive Developmental Delay, Pregnant/Parenting, Seizures, Spina Bifida, Tuberculosis, Urinary Condition or Catheterization, Vision Problems, 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 Dell Children's Medical Center/AISD School Health Team ("Health Team") provides school health services in cooperation with AISD staff, as outlined in the 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 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

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. M F Other: _____

Student Name: _____ DOB: _____

School: _____ Grade: _____ Student ID: _____

Parent/Guardian Name(s): _____

Phone: _____ Alternative number to best reach you: _____ Email: _____
(Address, Apt# City & Zip Code)

Last school attended when permanently housed: _____ School Year: _____

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 car, RV, or campsite
	<input type="checkbox"/> Temporarily in a hotel/motel _____ <small>Name of hotel/motel</small>	<input type="checkbox"/> Temporarily in transitional housing _____ <small>Name of transitional housing</small>
	<input type="checkbox"/> Temporarily in a shelter _____ <small>Name of shelter</small>	<input type="checkbox"/> Other _____ <small>Location of where the student is living, due to loss of housing or economic hardship</small>
	<input type="checkbox"/> None of the above apply to my student--If you checked this box, sign the bottom and submit. If the housing situation changes, please resubmit a new form at student's school.	
2	Reason for current living situation (check all that apply):	3
	<input type="checkbox"/> Eviction <input type="checkbox"/> Fire/flood	The student began residing at the current address: _____ <small>(Month/Day/Year)</small>
	<input type="checkbox"/> Loss of employment <input type="checkbox"/> Domestic violence	The current residence has running water and electricity: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Loss of income <input type="checkbox"/> Natural disaster: _____ <small>Name of disaster</small>	
	<input type="checkbox"/> Runaway <input type="checkbox"/> Other: _____	
4	The student lives with:	5
	<input type="checkbox"/> One or both parents <input type="checkbox"/> A relative	I am:
	<input type="checkbox"/> Legal guardian <input type="checkbox"/> An adult who is not the parent or legal guardian	<input type="checkbox"/> The parent/legal guardian/foster parent of the above-named student
	<input type="checkbox"/> Friend <input type="checkbox"/> Alone with no adult	<input type="checkbox"/> 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
				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

ALC School Bus Behavior Contract

Bus drivers, students, parents and the school share the responsibility for bus safety, following all bus rules, and for students to behave in a responsible manner while riding the bus. **Riding the school bus is a privilege.** If a child misbehaves this privilege may be revoked. This bus behavior contract is designed to ensure student safety. Please note that ALC buses are monitored by camera.

Please initial below agreeing that that you have read and agree with the information.

_____ **I agree to ride the bus safely.**

Stay seated (with your back to the back of the seat & facing forward).

No weapons, alcohol, or drugs including tobacco products are allowed on the bus.

Talking softly; especially at bus stops.

Give the bus driver my name when asked.

Do not litter on the bus.

Do not enter or depart the bus until it comes to a complete stop.

_____ **I agree to follow all bus rules.**

Keep hands and feet to myself.

Respect bus property.

Do not drop or throw objects inside or outside of the bus.

Respect personal property at bus stops and on bus.

Only exit and enter the bus at the stop designated by the parent/guardian during ALC registration.

_____ **I agree to treat the bus driver and all the passengers with respect.**

Obey all instructions and directives from my bus driver.

Talk kindly to others.

No verbal or physical aggression.

No profanity.

No inappropriate conversations.

No "gang" signs, signals, or conversations.

_____ **I have reviewed the ALC Parent/Student handbook and know the AISD bus rules and expectations.**

I understand the riding the school bus is a privilege and if I don't behave my bus privileges may be suspended.

Note: I understand that if my bus privileges are suspended, I am responsible for my own transportation to and from school. **NOTE:** Students are not allowed to drive their own vehicle to and from the ALC.

Student's Name: _____ Date: _____

Student's Signature: _____ Parent Signature: _____