

Alternative Academic Achievement Academy I & II



2019 - 2020

13801 South Chatham Avenue
Blue Island, IL 60406

1223 173rd Street
East Hazel Crest, IL 60429
Phone: 708.206.0000

EMERGENCY CONTACT INFORMATION

Student: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Mother's Name: _____

Home Number: _____ **Work:** _____ **Cell:** _____

Father's Name: _____

Home Number: _____ **Work:** _____ **Cell:** _____

With whom does the student live? _____

OTHER EMERGENCY CONTACT INFORMATION

PLEASE LIST ONE OTHER PERSON WE CAN CONTACT IN THE EVENT OF AN EMERGENCY

Name: _____

Relationship to student: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Number: _____ **Work:** _____ **Cell:** _____



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SEARCH POLICY

I, _____ (Parent or Guardian), have received notification from AAA Academy I & II that the staff will search the person and effects of my child,
_____.

I understand such searches will be conducted whenever there is suspicion that he or she may be in possession of any weapon, drugs, or other dangerous or unlawful items.

I understand that such suspicion may be based on circumstantial, third party, or hearsay information, as well as direct observation.

I understand that such a search is done to protect the safety and well-being of my child and others.

Also, I understand that any illegal items or controlled substances found in such a search will be turned over to the local police so that they make take the appropriate steps.

Signature: _____ Date: _____
(Parent/Legal Guardian)

I, _____ (student), have read and understand the above procedure signed by my parent/guardian and agree to comply with the procedure.

Signature: _____ Date: _____
(Student)

Signature: _____ Date: _____
(Witness)

Alternative Academic Achievement Academy I & II



13801 South Chatham Avenue
Blue Island, IL 60406

August 1, 2019

1223 173rd Street
East Hazel Crest, IL 60429
Phone: 708.206.0000

Dear Parent:

RE: Student Handbook

Enclosed is a copy of the ***Alternative Academic Achievement Academy I & II 2019-2020 Student Handbook***. In the next day or two please read the handbook with your child and make sure that he or she has a thorough understanding of the rules and regulations. If either you or your child has a question(s), please feel free to contact me by calling 708 206-0000.

This year the Academy has implemented a new software program (Praxis School) which will enable you to access student information including report cards and progress reports. Please review the updated section of the handbook (page 16).

Again, sign and return the bottom portion of this letter **after** you and your child have read and discussed the rules.

Thanks very much for your cooperation.

Yours truly,

Robin Guthrie/ David Millman
Principal

Student 2019-2020 Handbook Acknowledgment Please return by Monday August 12, 2019

Parent's Signature

Date

Student's Name

Student's Signature

Date

"All Children Are Worth Saving"

Alternative Academic Achievement Academy I & II



To: Parents/Guardians

From: David Millman/ Robin Guthrie
Principals

13801 South Chatham Avenue
Blue Island, IL 60406

1223 173rd Street
East Hazel Crest, IL 60429
Phone: 708.206.0000

Students enrolled at the Alternative Academic Achievement Academy I & II are of compulsory school age. Whoever has custody of a child is responsible for their daily school attendance.

Students are considered "truant" when absent without a valid cause. The Illinois School Code defines "valid cause" for absence as follows – observance of a religious holiday, death in the immediate family, family emergency, and shall include such other situations beyond the control of the student as determined by the board of education in each district, or such other circumstances which cause reasonable concern to the parent for the safety or health of the student. If your child frequently does not feel well enough to attend school, please arrange for them to have a physical immediately. A doctor's statement is needed to support any physical condition resulting in non-attendance.

Please adhere to the procedures for reporting absences as stated in the 2019-2020 Student Handbook.

1. Call AAA Academy Attendance line at (708) 206-0000 before 7:00 a.m. each day your child is absent.
 2. Parents must send a *written note* to school on the same day that your child returns to school.

In the event that the student misses the bus/van, it is the responsibility of the parent/guardian to arrange for their transportation to the Academy. **The student is to be escorted to the main office by the parent/guardian or the person who transported them to school.** A completed tardy slip will be the student's admittance to class.

Thanks so very much for your cooperation.

I have read and understand the attendance policy.

Parent/Guardian Signature: _____ Date: _____

“All Children Are Worth Saving”

ALTERNATIVE ACADEMIC ACHIEVEMENT ACADEMY I & II

13801 CHATHAM ST., BLUE ISLAND, IL. 60406 1223 173RD ST., EAST HAZEL CREST, IL. 60429
OFFICE: 708.206.0000 FAX AAA I: 708.957.5324/ FAX AAA II: 708.622.0584

ROBIN GUTHRIE DAVID MILLMAN FREDA McARTHUR SHELTON FLOWERS
PRINCIPAL PRINCIPAL EXECUTIVE DIRECTOR DIRECTOR

TRUANCY POLICY

Truancy is defined as an accumulation of unexcused absences that total more than 5% of the days in the current school year. The Compulsory Attendance Law requires that all children aged 7 – 17 must attend school and that it is the responsibility of the Parents/Guardians to see that they attend.

Please note that the Illinois School Code defines "valid cause" for absence as follows – *observance of a religious holiday, death in the immediate family, family emergency, and shall include such other situations beyond the control of the student as determined by the board of education in each district, or such other circumstances which cause reasonable concern to the parent of the safety or health of the student.*

When the student is absent for more than five (5) consecutive days without an excuse or notice, the AAA Academy will notify the parent that the absences will be referred to the School District for possible legal action.

Absences of student from school constitute a hindrance to the student's education. Therefore, parent (s) or guardian (s) is advised to follow the AAA Academy policy in the Student Handbook to assure their child's continual progress.

Student Signature

Parent Signature

Date



School Year 2019-2020

Dear Parents/Guardian:

RE: TRANSPORTATION PROCEDURES

AAA Academy provides a special service to our students. Your child is transported from your home to the school property as a convenience to you, but also to insure their safety. We take pride in helping our students arrive at school in a timely manner and ready to learn.

Our driving staff makes every effort to schedule a pick-up time for your child. To accommodate our growing number of students, throughout the school year, it will be necessary to make changes to the transportation routes. This may slightly alter the pick-up and drop off times.

The morning transportation routes will begin at **7:00 am**. Your child should be prepared for pick-up at this time. The horn will signal the driver's arrival. **The child must board the vehicle within 3 minutes.** Students must be in uniform when they board the vehicle (See "Student Dress Code" in 2019-2020 – Student Handbook). If your child has not boarded the vehicle within this time, the driver will assume that your child is not attending school on this day and will continue with the route. It then becomes your responsibility to provide transportation for your child this day. Drivers will not return to pick-up students. Drivers are required to give a report when they arrive at the school.

Keep in mind that AAA Academy drivers are picking up your child on an individual route. If your child will not be attending school, please call **708.206.0000 and communicate this information before 7:00 A. M. the day of the absence to give the driving staff time to adjust their routes.**

Thank you in advance for your cooperation.

Yours truly,

David Millman/ Robin Guthrie
Principal

I have read and understand the above information.

Parent/Guardian Signature: _____

"All Children Are Worth Saving"

Alternative Academic Achievement Academy I & II



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Phone: 708.206.0000

AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

Student: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

As the parent of legal guardian of the above-named student, I hereby grant permission to the Alternative Academic Achievement Academy staff to exchange confidential information concerning my child with:

(Agency, School District, Individual, etc.)

- I understand that the purpose of this Authorization is for case collaboration.
- I understand that my permission covers the release of permanent and temporary records, as well as the release of confidential records and reports.
- Also, I understand that I have the right to inspect any copy of school records to challenge the content of the records, and/or limit this consent to specific records or portions of the records which I have designated below:

This authorization terminates one calendar year from the date of permission.

Parent/Guardian Signature

Date

Student Signature - age 12 and older

Date

"All Children Are Worth Saving"

Alternative Academic Achievement Academy I & II



EMERGENCY MEDICAL RELEASE FOR

13801 South Chatham Avenue
Blue Island, IL 60406

ALTERNATIVE ACADEMIC ACHIEVEMENT ACADEMY I & II

1223 173rd Street
East Hazel Crest, IL 60429
Phone: 708.206.0000

I, (Parent or Guardian) _____, give my permission to the **Alternative Academic Achievement Academy I & II** staff to obtain medical care for my child in the event of a serious illness or accidental injury.

Student's Name: _____

Signature: _____ Date: ___/___/___

Parent/Legal Guardian

EMERGENCIA DE LIBERACION MEDICA PARA

ALTERNATIVE ACADEMIC ACHIEVEMENT ACADEMY I & II

Yo, (Padre o Guardian) _____, le doy permiso a los empleados de **Alternative Academic Achievement Academy I & II** de obtener el cuidado médico para mi niño en caso de una enfermedad grave o herida accidental.

Nombre de Estudiante: _____

Firma: _____ Fecha: ___/___/___

Padre o Guardian

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ALTERNATIVE ACADEMIC ACHIEVEMENT ACADEMY I & II

13801 S. CHATHAM AVE, BLUE ISLAND, IL 60406 1223 173RD ST., EAST HAZEL CREST, IL. 60429
PHONE: 708.206.0000 / FAX AAA I: 708.957.5324 / FAX AAA II 708.622.0584

AUTHORIZATION AND PERMISSION FOR ADMINISTRATION OF MEDICATION

Date: _____ Student Home School: _____ District: _____

Student Name: _____ Date of Birth: _____

School mediations and health care services are administered following these guidelines:

- Physician/Prescriber signed dated authorization to administer the medication.
- Parent signed dated authorization to administer the medication.
- The medication is in the original container, label contains the student name, name of the medication, and direction for use and date.
- Annual renewal of authorization and immediate notification, in writing, of changes.

Physician Authorization:

Medication/Health Care Treatment	Dosage	Time to be administered
Intended affects of this medication		Expected side effects, if any
other medications student is taking		

May student self-administer medication under supervision of Health Service personnel or designate?
(A student self-administration form must be completed) (Please circle) YES or NO

Administrative instructions :

Discontinue/Re-evaluate/Follow-up Date (Circle one)

Prescriber's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Alternative Academic Achievement Academy I & II



ALTERNATIVE ACADEMIC ACHIEVEMENT ACADEMY I & II CONFIDENTIAL HEALTH QUESTIONNAIRE

13801 South Chatham Avenue
Blue Island, IL 60406

1223 173rd Street
East Hazel Crest, IL 60429
Phone: 708.206.0000

STUDENT'S NAME _____

ROOM NO. _____ AGE _____ GRADE _____

In order to better serve your child's educational and health needs, the following information is requested to keep your child's health records current. This information will only be shared with appropriate staff.

Does your child have a health history of the following:

	YES	NO	COMMENTS
ASTHMA			
ALLERGIES*			
EPI PENS			
SEIZURES			
HEART DISEASE			
EAR INFECTIONS			
HEARING			
DIABETES			
ADHD			
SURGICAL HISTORY			
MEDICATIONS **			
OTHER			

Does your child wear: GLASSES _____ CONTACT LENSES _____

(Please check) For: Constant Wear _____
 Distance _____
 Reading only _____
 Close work _____

*Doctor's note required.

** If your child needs to receive medication during the school day, a permission form must be signed by prescriber and parent/guardian.

Signature of Parent/Guardian

Date

Nurse Verified ____ / ____ / ____

"All Children Are Worth Saving"

AAA ACADEMY I & II

13801 CHATHAM ST., BLUE ISLAND, ILLINOIS 60406, 1223 173RD ST., EAST HAZEL CREST, IL. 60429
708.206.0000 / FAX AAA I: 708.957.5324 / FAX AAA II: 708.622.0584

COMPUTER LAB

STUDENT/PARENT AGREEMENT

Please read, sign and return this form to AAA Academy by August 12, 2019. If not returned by this due date, the student will not be permitted access to the Internet until this signed Agreement is received.*

Student Name: _____
Please Print

Date: _____

While using the Internet, I am responsible for everything I write and do. I agree to be considerate and civil. I will follow the school's rules and guidelines for proper use of all technology as outlined below:

-  *Using obscene language or graphics*
-  *Insulting, harassing, or threatening others*
-  *Sending, displaying, or downloading offensive messages or picture*
-  *Damaging any computer, computer systems, or computer parts*
-  *Changing any computer, printer, etc. configurations*
-  *Violating any laws*
-  *Using other user's passwords*
-  *Opening, changing, deleting, etc. others files, folders or work*
-  *Wasting school owned resources*

I understand that misconduct and/or misuse of any technology, including the Internet, will result in the following consequences in part or all:

1. *Warning;*
2. *Loss of computer use;*
3. *Additional disciplinary action to be determined by the Principal*
4. *Legal action, when applicable*

*Student Signature: _____ Date: _____

My child does have my permission to access the Internet under the supervision of his/her Computer Resource Teacher.

*Parent Name: _____
Please Print

*Parent Signature: _____

Date: _____

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Phone: 708.206.0000 / Fax AAA I: 708.957.5324 / Fax AAA II: 708.622.0584

Freda McArthur, Executive Director Shelton Flowers, Director David Millman, Principal Robin Guthrie, Principal

MUTUAL RELEASE AGREEMENT FORM

Mutual release execute on the _____ day of _____, _____,
Month Year
between the Alternative Academic Achievement Academy I & II (the first party) 13801 Chatham, Blue Island, Illinois 60406 & 1223 173rd St., East Hazel Crest, IL. 60429 and Parent/Guardian (the second party).

The parties have agreed to execute this mutual release agreement of photographs and/or information concerning _____
Child's Name

Parent/Guardian's Name

Address, City, State, Zip Code

Phone Number

Photographs and/or information concerning _____
Child's Name

will be solely used for the purpose of promotion and/or marketing of services provided by the Alternative Academic Achievement Academy I & II(the first party) at 13801 Chatham, Blue Island, Illinois 60406 & 1223 173rd St., East Hazel Crest, IL. 60429.

Freda McArthur

Freda McArthur, Director

Date

Parent/Guardian Signature

Date

Revised: 6/12/19 tc

Alternative Academic Achievement Academy I & II



PraxiSchool Parent Portal Access Request Form

Praxi School is an innovative tool that allows parents to access their student's academic information twenty-four hours a day, seven days a week, via a secure internet website. PraxiSchool provides comprehensive student data that includes the following:

- Coursework
- Attendance
- Behavior Information

1223 173rd Street
East Hazel Crest, IL 60429
Phone: 708.206.0000

Our new technology will allow parents the ability to monitor their student's academic progress on a daily basis. The Parent/Guardian is required to complete a "PraxiSchool Parent Portal Access Request Form prior to being granted.

AAA Academy I & II will provide the School ID and Parent ID information. The Parent/Guardian will create a unique password. **AAA Academy I & II does not have access to password information.**

To register for the Parent Portal, please provide the following information below and return this form

PraxiSchool Parent Portal Access Request Form:

Parent/Guardian Name: _____

Parent E-Mail address: _____

Student Name: _____

Contact Number: _____

Parent/Guardian Signature: _____ Date: _____

A Welcome to the Parent Portal e-mail will be sent to the e-mail provided when the request has been completed. The welcome e-mail will come from Office – AAA Academy I & II and will provide the login instructions. Please allow 5 business days to process. Please contact AAA Academy I & II at 708-206-0000, should you have any questions.

***Note: This system is intended to promote a better home/school connection and not intended to report absences, complaints and criticism. Phone calls should be made directly to the school for such matters.**

Office Use: Date Received _____ Staff Initials _____

*1. Completed form: Student file. 2. Copy sent to Directors Admin and Asst. Principal

"All Children Are Worth Saving"

Updated: 9/26/2016 (dj)



CONSENT FOR DENTAL SERVICE

The Heart That Smiles has arranged for dental services for eligible children. These services may include exam, cleaning, fluoride treatment, and sealants (a protective coating on the chewing surfaces of back teeth). Licensed dentists, hygienists, and assistants will come to your child's school with portable equipment at an announced time during the school year. If you would like your child to participate please complete the below information and return it to your child's school. This signed consent includes initial visit and 6-month follow-up if scheduled. This will also give permission for IDPH Quality Assurance Audits to be performed and providers to return to your school to recheck your child's sealants.

School Name _____ Classroom _____ Home Phone _____

Student Name _____ Date of Birth _____ Grade _____ Gender _____

Home Address _____ Apartment # _____ Zip Code _____

Has your child had any history of, or conditions related to, any of the following:

Anemia Chronic Sinusitis Growth problems Seizures Asthma Diabetes
 Hearing Thyroid Bleeding disorders Ear aches Heart Tobacco/ drug use
 Cancer Epilepsy Latex allergy Fainting Cerebral Palsy Pregnancy (teens)
Other _____

Is your child taking any prescription and/or over-the-counter medications at this time? Yes No
If yes, please list: _____

Does your child have any speech difficulties? Yes No

Has your child ever suffered injuries to the mouth, head, or teeth? Yes No.

Medicaid/ Illinois ALL KIDS: If your child is covered by ALL KIDS, please include ID number: _____

Name of private dental insurance: _____

Insurance Telephone Number _____ Group Number _____

Employer Name _____

Name of Insured _____ Date of Birth of Insured _____

Social Security Number of Insured Person _____

If No Dental Insurance Please Check Box Below

I have no dental insurance and I would like someone to contact me about how I can still receive these great services.

SIGNATURE: _____ Date: _____

By signing this form, you give permission to treat your child. Our privacy policy is available on our website. Copies available upon request. A report card will go home with your child following the dental visit. If you do not receive a form please call us at number listed below.

205BA Ridge Road North, Lower Level, Homewood Illinois 60430 | Phone: 708-808-4950 Fax: 708-794-0466 E-Mail: info@hearts smiles.org
Web: www.hearts smiles.org

Illinois Department of Public Health
Asthma Action Plan

Patient Name _____ Weight _____ Date of Birth _____ Peak Flow _____

Primary Care Provider Name _____ Phone _____

Primary Care Clinic Name _____

Symptom Triggers _____

Asthma Severity

Green Zone
“Go! All Clear!”



- Breathing is easy
- Can play, work and sleep without asthma symptoms

Peak Flow Range
(80% - 100% of personal best)

The **GREEN ZONE** means take the following medicine(s) every day.

Controller Medicine(s)

Dose

Spacer Used _____

Take the following medicine if needed 10-20 minutes before sports, exercise or any other strenuous activity.

Yellow Zone
“Caution...”



- Breathing is easy
- Cough or wheeze
- Chest is tight

Peak Flow Range
(50% - 80% of personal best)

The **YELLOW ZONE** means keep taking your GREEN ZONE controller medicine(s) every day and add the following medicine(s) to help keep the asthma symptoms from getting worse.

Reliever Medicine(s)

Dose

If beginning cold symptoms, call your doctor before starting oral steroids.

Use Quick Reliever (two - four puffs) every 20 minutes for up to one hour or use nebulizer once. If your symptoms are not better or you do not return to the GREEN ZONE after one hour, follow RED ZONE instructions. If you are in the YELLOW ZONE for more than 12-24 hours, call your provider. If your breathing symptoms get worse, call your provider.

Red Zone
“STOP! Medical Alert!”



- Medicine is not helping
- Nose opens wide to breathe
- Breathing is hard and fast
- Trouble Walking
- Trouble Talking
- Ribs show

Peak Flow Range
(Below 50% of personal best)

The **RED ZONE** means start taking your RED ZONE medicine(s) and call your doctor NOW! Take these medicines until you talk with your doctor. If your symptoms do not get better and you can't reach your doctor, go to a hospital emergency department or call 911 immediately.

Reliever Medicine(s)

Dose

For more information on asthma, please visit the National Heart, Lung and Blood Institute at www.nhlbi.nih.gov, the U.S. Centers for Disease Control and Prevention at www.cdc.gov or the U.S. Environmental Protection Agency at www.epa.gov.

If you would like more information on Illinois' asthma program, please contact the Illinois Department of Public Health at 217-782-3300.