



## ENROLLMENT PACKET

Welcome to Independent Educational Programs (IEP School). This packet contains enrollment information, accompanied with our Student Handbook. The Student Handbook is your copy of our student expectations, policies, and procedures. We provide this to you to assist in developing an understanding of how our school works and what is offered. Please complete all attached forms and return to the school.

**Students may not begin school without the attached Enrollment Packet which includes:**

1. [PUPIL EMERGENCY CARD](#)
2. [PERMISSION FOR EMERGENCY CARE](#)
3. [CHANGE OF RESIDENCE/ABSENCE](#)
4. [PROCEDURE FOR DISPENSING OVER THE COUNTER AND PRESCRIPTION MEDICATIONS \(IF APPLICABLE\)](#)
5. [AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL \(IF APPLICABLE\)](#)
6. [OVER THE COUNTER MEDICATIONS APPROVED BY PARENT/GUARDIAN \(IF APPLICABLE\)](#)
7. [SEXUAL HARASSMENT POLICY](#)
8. [FIELD TRIP PERMISSION AUTHORIZATION](#)
9. [AUTHORIZATION FOR PHOTOGRAPHING, USE OF PHOTOGRAPHY AND/OR VIDEO RECORDING OF A STUDENT](#)
10. [COMMUNICATION CONTRACT](#)
11. [PARENT AUTHORIZATION FOR THE USE OF BEHAVIOR INTERVENTION PROCEDURES](#)
12. [TECHNOLOGY - ACCEPTABLE USE AGREEMENT AND RELEASE OF LIABILITY](#)

In addition, please provide copies of your student's updated **immunization record** and return to the school at your earliest convenience. These are necessary documents for your students file and the completion of enrollment, however your student may start attending IEP School prior to our office obtaining them.

## Pupil Emergency Card

Legal name:

\_\_\_\_\_

(Last)

(First)

(Middle)

Birthdate: \_\_-\_\_-\_\_\_\_ Sex: M\_\_ F\_\_ Grade at time of enrollment: \_\_\_\_\_

Residence

Address: \_\_\_\_\_

(Street Address)

(City)

(State & Zip)

Mailing Address (if different from above address):

\_\_\_\_\_

(Street Address)

(City)

(State & Zip)

Directions to  
home: \_\_\_\_\_

\_\_\_\_\_

If student is riding district provided school bus, an adult must be present for drop off

Home phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_ Work phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_

Cell phone \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_ (please indicate which number should be called 1st)

Student resides with: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Parent/guardian email address: \_\_\_\_\_

Father's name: \_\_\_\_\_

Mother's name: \_\_\_\_\_

## Permission for Emergency Care

In case of an emergency, and in the event that we cannot reach you at home or work, please provide the contact information for those individuals you would like us to contact in your stead:

1. \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

In the event of an emergency and we are unable to contact you, please provide the name of the doctor and/or hospital you want us to obtain treatment for your student, and sign below indicating we have your permission to do so:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Medical Insurance \_\_\_\_\_

Medical Insurance Policy # \_\_\_\_\_

### Health Information:

Allergies:

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Health alerts:

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Physical conditions that may require caution, in the event of crisis interventions, such as stopping AWOL/Eloping, restraint, or escort. Examples: recently broken bones, joint problems, respiratory problems, etc.

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Restrictions on physical activity:

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Medications/Drugs:

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Date of last Tetanus shot: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Change of Residence/Absence

It is very important that you notify us of any change of residence of your child. Your local school district is responsible for the education and services for your child and has entered into a contract with Independent Educational Programs, Inc (IEP School) to provide their services. This contract for education services does not obligate any other school district or public agency to continue providing services with us, as they are identified in your child's Individualized Education Program. If your child changes residence or if you move and don't notify IEP School AND the district you are moving from AND to, an IEP Education meeting is required to be scheduled in order for the new district to provide a new and/or continuing the offer of Free and Appropriate Education (FAPE) and services currently allowed within the IEP. A new school district you move to is **NOT** obligated to continue the same services already specified. Please initial the statements below, sign and date, indicating that you understand and agree to the following:

\_\_\_\_\_ I understand that in the event my child is absent from school I will supply IEP School with a written note/phone call, explaining the reason for each day of the absence. In the event that my child is absent for a prolonged period I agree to obtain a written diagnosis from a physician if requested.

\_\_\_\_\_ Parent will immediately notify IEP School if student is unenrolled from the school by the parent.

\_\_\_\_\_ Parent will immediately notify IEP School if student is placed in a hospital, juvenile hall, or another placement.

\_\_\_\_\_ Parent will notify IEP School of new address before the move, or immediately after the move.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Procedure For Dispensing Medications

1. No medication (including vitamins, aspirin, antacids, cough drops, or any other form of tablet, liquid, or ointment) will be given or applied to any student without a completed and signed "Request for Medication" form turned into the school, accompanied with the medication in the original package. **This form must be updated yearly.**
2. Designated school personnel will give the student the medication prescribed on the "Request for Medication" form and the prescription bottle. If the prescription on the form and medication bottle is different, the medication will not be given until the discrepancy is resolved.
3. If any discrepancy, question, or concern arises regarding the medication and/or it's affect upon the student's health, the medication will be withheld. The parents of the student will be contacted and they may come and give the medication on a one-time basis or have the student sent home.
4. When the bottle is getting low on medication, the parents will be notified. The Medication **must be in the bottle which has a full description of the prescription and the pharmacy typed on the bottle.** If there are any changes in the medication (i.e. dosage, time administration, generic name, form, etc.) a new completed and signed "Request for Medication" form will be necessary. No medication will be given or topically applied until a completed form, with the current information, is on file with the school. Parents may deliver medication to the office or school staff if needed.
5. If for any reason the medication in the bottle appears different from the medication given in the past, and no change in prescription has been made, school personnel will not give the medication. The parent will be called for information, or may come and give the medication on a one-time basis. The child may be sent home until the medication issue is resolved.
6. No medication will be dispensed and/or administered from an envelope, bag , or container other than the correct container provided by the pharmacist and documented appropriately.
7. All medication is locked in a medication box. A photocopy of the current, completed "Request for Medication" form is kept with the medication in the medication log, and with the emergency release forms at all times. These forms are updated every time a new dosage or new medication is ordered, or at least annually.

I have read and understand the procedures concerning the administration of medication.

**Parent Signature** \_\_\_\_\_

**Student's name(Printed)** \_\_\_\_\_

**AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL**

\_\_\_\_\_  
Student's Last Name      First Name      Middle Initial      Date of Birth: MM/DD/YYYY

IEP School      530-365-2380      \_\_\_\_\_      \_\_\_\_\_  
Name of School      School's Fax Number      Teacher's Name      Grade

In accordance with California Education Code section 49423, all students receiving medication at school require medication authorization which must be completed by a California licensed physician or other healthcare provider who has the authority to prescribe medication in the state of California. The information requested on this form is necessary to comply with the law and to ensure adequate protection for students. If any of the conditions on this authorization change, a new form must be completed and signed by the parent and health care provider. **This form valid for school year \_\_\_\_\_ to \_\_\_\_\_.**

**Parents:**

I, the undersigned as legal parent/guardian of \_\_\_\_\_ (student's name)  
\_\_\_\_\_ (birth date) authorize the school nurse, or other school staff designated by the school site principal, to administer the following listed medication(s) to my child as prescribed on this authorization and in accordance with California law as referenced below. I also authorize, as needed, the sharing of information related to my child's health on matters related to this medication, between the school nurse (or designee) and the health care provider listed below. I will comply with the procedures listed on the back of this form related to administering medication at school.

\_\_\_\_\_  
Date: month/day/year      Parent/Guardian Signature      Daytime Phone Number

**PROVIDER SECTION: To be completed by an authorized health care provider**

Diagnosis/Condition

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I hereby instruct a designated school staff member to assist the above student:

Medication Dose/Method of Administration/Time to be given/Frequency

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Discontinue Medication (date) \_\_\_\_\_

Health Care Provider's Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

MD/DO/DDS/PA/NP CA License #

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## **Over The Counter Medications Approved By Parent/Guardian**

Student's name: \_\_\_\_\_

I \_\_\_\_\_ authorize Independent Educational Programs, Inc. staff to administer the following over the counter medications to my student as needed according to the instructions on the medication label.

Please list known allergies to medications:

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Please circle yes or no:

YES NO First aid antiseptic

YES NO Cough drops

YES NO Neosporin\*

YES NO Tylenol\*, Advil\*

YES NO Tums\*, Roloids\*

\*or any appropriate, generic over-the-counter medication brand

**Parent/Guardian signature**

\_\_\_\_\_ Date \_\_\_\_\_

## **Sexual Harassment Policy**

Independent Educational Programs, Inc. will work to ensure a safe environment for all students and staff. Sexual harassment at Independent Educational Programs, Inc. is strictly prohibited. Students or staff who witness an incident of possible harassment must immediately report it to the Administrator.

Sexual harassment is unwelcome conduct of a sexual nature. Sexual harassment of a student or staff creates an unsafe environment and can limit the student's and/staff's ability to participate in or to receive benefits, services, or opportunities in the school's program.

Sexual harassment can include:

- o Verbal harassment; such as epithets, derogatory comments or slurs
- o Physical harassment; such as assault, impeding or blocking movement, or any physical interference with normal work movement when directed at an individual
- o Visual harassment; such as displaying derogatory posters, cartoons, or drawings that are offensive
- o Request for sexual favors or unwanted sexual advances

The consequences for any student found to have sexually harassed or assaulted any individual will be:

1. Re-education on sexual harassment laws.
2. Offending student will be restricted from contact with other students. The scope and length of the restriction will depend on the severity and type of offense.
3. In the event of a serious sexual assault, the authorities will be informed and appropriate, formal, legal consequences will follow.
4. Possible suspension or expulsion.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Field Trip Permission Authorization

### Must be completed each year

Periodically we take field trips into the community as part of the curriculum to teach academic subjects, independent living skills, social skills, or to do community service activities. When we do these activities within 45 miles of the school and the duration of the trip does not interfere with normal transportation to or from school.

We are asking for permission in advance to plan and take these trips without having to send out field trip permission slips and require students to get them signed for each event. Please indicate below if you support this request.

I give permission for \_\_\_\_\_ to attend field trips within 45 miles of the school when the duration of the trip does not interfere with normal transportation to or from school without needing to authorize each individual field trip.

Parent/Guardian signature

\_\_\_\_\_ Date \_\_\_\_\_

If you do not want your student to have permission to take field trips without an authorization in advance for each trip please indicate that you want to authorize each trip in advance. If you want to give permission for each trip and the student does not remember to bring the signed permission slip to school prior to the trip he or she will not be permitted to attend the trip.

I do not give permission for \_\_\_\_\_ to attend field trips within 45 miles of the school when the duration of the trip does not interfere with normal transportation to or from school without needing to authorize each individual field trip. I would like to review each field trip plan in advance and decide if my student should be allowed to attend. I understand that if my student does not bring in a signed permission slip prior to each field trip he or she will not be permitted to attend the trip.

\_\_\_\_\_ Parent/Guardian signature

\_\_\_\_\_ Date

## **Authorization For Photographing, Use Of Photography And/Or Video Recording Of A Student**

### **Photo Release**

Throughout the school year we may take photos and/or videos within the classrooms, during school events, while on field trips and other photo opportunities for Independent Educational Programs, Inc. publications, website, in house displays, and/or memory items (yearbook, school projects, etc). \* **Under no circumstances, with the exception of school pictures and memory items, will photographs be published with your child's full name and/or personal information without further parental consent.**

Please indicate your allowances below:

- Yes, Independent Educational Programs, Inc. has my permission to Photograph/Video my child for the purposes of publications, website, in house displays, and/or school pictures and memory items (yearbook, school projects, etc).
- I DO NOT want my child photographed, videotaped or have their name published.

I consent to the following **(check all that apply)**:

- My child may participate in school photographs.
- My child's teacher may photograph them and use the photos for classroom based projects and displays.
- My child to be included in photographs/videos of classroom activities/field trips and performances.
- My child's photographs may be posted in the classroom, office and/or multipurpose room.
- My child's picture and name in the school yearbook or classroom publication.
- My child's name to appear in newsletters, awards and/or activity programs.
- My child's picture to appear in web based content or publications.

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Parent/Guardian Name- please print

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Signature

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Date

**Video Recording**

Independent Educational Programs, Inc. has my permission to Photograph my child. record my child on video for the purpose of observing events that lead up to, during, and following a behavior.

It is understood that the video record will be used only to help plan an effective strategy for helping my child to overcome behavioral problems. Video is not to be taken of children unless a release is signed. In addition, it is the credentialed staff's responsibility to be notified if video is being used. Lastly, video use should be documented, including particular device, specific electronic location on the IR as well as communication to parents, credentialed staff and district that video was used within 24 hours of the incident.

\_\_\_\_\_ Signature \_\_\_\_\_ Dat \_\_\_\_\_  
Parent/Guardian Name- please print

**Privacy and Confidential Communication**

I, \_\_\_\_\_, understand that I have the right to discuss my IEP with members of the IEP team, in private and in confidence.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

## **Communication Contract**

A school year is a long journey of learning and growth. With that comes a strong need for partnership, trust, and established communication. It is our expectation that solid and transparent lines of communication are established. This can be done through:

- Daily communication logs
- Daily point sheets
- Email
- Phone calls and conversations
- In-person meetings

Communication is also a two-way street, one of expression and one of active listening. Our goal is for communication to be respectful in nature, and one where individuals feel heard. Every day may not go as planned, and individuals may not always agree, but it is important for all of us to demonstrate respect to one another and to seek understanding in what is being communicated. Further, we operate from a stance of honest and transparent communication that puts the best interest of the student first.

The IEP School expects our team members to:

- Communicate clearly
- Communicate consistently
- Actively listen and to check for understanding
- To seek clarity if unsure
- To be professional and respectful
- To be welcoming to all of our community members

The IEP School expects our parents and the larger community to:

- Engage in classroom communications
- Communicate respectfully
- Seek clarity
- Be comfortable in asking questions
- To advocate for their student, and to partner with our educators working to help students meet goals

The learning journey is one of joy and frustration. We ask that you be our partners in building a community of respect through our communication and partnership in reaching our goals.

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Parent/Guardian Signature:

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Date:

## **Parent Authorization For The Use of Behavior Intervention Procedures**

It is important that parents/guardians and students are aware and understand Independent Educational Programs, Inc.'s school behavior system, crisis intervention procedures, and handbook prior to enrolling their student. In order for us to help students learn behaviors that will enable them to be successful in school and life, we need your support as students go through the often difficult process of change. Before you sign below, please read our behavior procedures or ask for an explanation from the Principal; please ask questions and gain any needed clarifications.

We offer many positive and reinforcing activities, opportunities, and structure for students at school. These are not enough by themselves to change learned, negative behaviors. We also need to respond immediately to inappropriate behaviors with clear, consistent, predictable, natural and logical consequences that will tend to remove the incentive for a student to continue the negative behavior. We are sure that you will support the positive reinforcements that we provide to students. The important procedures that we want to make sure you are aware of are the consequences and crisis intervention procedures that are designed to remove the incentives for inappropriate behaviors.

**Enrollment in Independent Educational Programs, Inc. is contingent on your support of the use of the following behavior intervention procedures. If you disagree, please do not immediately enroll your student, tell the Principal about your concerns and give us a chance to find solutions.**

Please **initial** after each description of consequences or crisis intervention procedure below indicating that you understand and support the use of the following principles and procedures:

- o **Freedom comes with responsibility:** Freedoms and rewards are contingent upon appropriate behavior. Activities like student store, use of technology, preferred seating, first to go to break or lunch, outings, activities, and other rewards are contingent upon appropriate behavior and the school level system. \_\_\_\_\_ (initials)
- o **Negative or expense points:** Students who break rules will lose points on the level system depending upon the severity of the rule infraction. Expense points are listed and posted in the class. Violation of rules potentially results in lower levels, fewer privileges, higher levels of supervision, loss of breaks, and time after school. \_\_\_\_\_ (initials)

- o **Focus time:** Students who disrupt the class, refuse to use their replacement behaviors or comply with staff and classroom rules will be given the opportunity to use replacement behaviors and make a better choice. If they refuse, they are required to go to an alternative work area to take a break, reset or refocus. This can include the refocus room which is where students are separated and supervised by a staff member. In order for the students to leave the refocus room, they will be required to go through the following process of ending focus time: think about what they did, what they wanted to accomplish, and develop a plan that will get their needs met without negative consequences, instead have positive reinforcers. \_\_\_\_\_ (initials)
- o **Restorative Time/Detention/ After school:** Parents will be contacted and included in plan development if our program needs to use after school time. In the event of a safety emergency, parents will be notified as soon as possible. Then a plan will be created with the parents to ensure the safe transport of their student. \_\_\_\_\_ (initials)
- o **Attendance interventions:** Students who have excessive absences may be placed on a special attendance intervention that can include regular phone calls to parents, visits to the home when the student is absent for reasons other than illness, calls to other agency representatives, and the possible creation of special behavior intervention plans aimed at helping improve attendance to the minimum standards of public school. IEP School will work with Local Education Agency (District) to follow a supportive SARB Process. \_\_\_\_\_
- o **Restrictions:** Some types of behaviors such as inappropriate touching, threats, minor kinds of assaultive behavior, sexualized behaviors, or acting out in public will result in restrictions such as touching restrictions, outing or activity restrictions, or access restrictions. \_\_\_\_\_ (initials)
- o **Restitution for damages:** Property damage will result in a restitution consequence. The dollar value of the damage done by a student will be assessed and the student will be required to work off the cost of repairing or replacing the damaged material at minimum wage rates. Parents will need to make arrangements to pick up the student after school, when the student has completed each day of restitution, until the restitution is completed. \_\_\_\_\_ (initials)
- o **Increased levels of supervision for students with the most intense needs.** Students are placed on higher levels of supervision when their safety and the safety of others indicate a need for closer supervision. Higher levels of supervision are removed when students demonstrate responsible, safe, appropriate behavior. We ARE a line of sight school, all students are expected to be within the line of sight of staff at all times. \_\_\_\_\_ (initials)



- o **Crisis intervention, including physical, hands-on interventions.** Physical interventions will only be used if there is a clear and present danger of serious harm to the student or others that cannot be immediately prevented by a response that is less restrictive. \_\_\_\_\_ (initials)
  
- o **AWOL.** Students who attempt to AWOL/Elope, or leave campus without permission, often place the community and themselves at risk. Our staff will make every attempt to keep your student safe. In the event that a student does leave the campus, staff will maintain line-of-sight, attempt to contact you, and notify police and other appropriate agencies. \_\_\_\_\_ (initials)

**As the parent/guardian, I approve of the use of the above procedures with my student**

Student's Name: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **Technology - Acceptable Use Agreement and Release of Liability**

The IEP School authorizes students to use technology owned or otherwise provided for instructional purposes. The use of technology is a privilege permitted at the school's discretion and is subject to the conditions and restrictions set forth in applicable policies, administrative regulations, and this Acceptable Use Agreement. The IEP School reserves the right to suspend access at any time, without notice, for any reason. The school expects all students to use technology responsibly in order to avoid potential problems and liability. The school may place reasonable restrictions on the sites, material, and/or information that students may access through the system.

### **Student Obligations and Responsibilities**

Students are expected to use technology safely, responsibly, and for educational purposes only. Students will be issued a Google account with email capabilities. Students shall not share their assigned account information, passwords, or other information used for identification and authorization purposes, and shall use the system only under the account to which they have been assigned.

### **Prohibitive Activities and Content**

1. Accessing, posting, displaying, or otherwise using material that is discriminatory, libelous, defamatory, obscene, sexually explicit, profane, or disruptive.
2. Bullying, harassing, intimidating, or threatening other students, staff, or other individuals ("cyberbullying").
3. Sending unwanted e-mail or other communications.
4. Disclosing, using, or disseminating personal identification information (such as name, address, telephone number, Social Security number, or other personal information) of another student, staff member, or other person.
5. Infringing on copyright, license, trademark, patent, or other intellectual property rights
6. Intentionally disrupting or harming school technology or other school operations (such as vandalism of school equipment, attempting to place a virus or any malicious code on school computers, adding or removing computer programs, changing settings on shared computers)
7. Installing software, browser plugins, or browser extension
7. "Hacking" into the system to manipulate data of the school or other users

8. Engaging in or promoting any practice that is unethical or violates any law or Board policy, administrative regulation, or school practice
9. Using the school technology for commercial, for-profit purposes, product advertisement, or political lobbying is prohibited.
10. Downloading, copying, or distributing copyrighted materials without the specific written permission of the copyright owner is prohibited, except that duplication and/or distribution of materials for educational purposes covered under the Fair Use Doctrine of the United States Copyright Law
11. Attempting to bypass the internet content filter by any means, including, but not limited, to proxy servers, proxy services, or Virtual Private Network connections (VPNs).

## **Privacy**

Since the use of school technology is intended for educational purposes, students shall not have any expectation of privacy in any use of school technology. The IEP School reserves the right to monitor and record all use of school technology, including, but not limited to, access to the Internet or social media, communications sent or received from school technology, or other uses. Such monitoring/recording may occur at any time without prior notice for any legal purposes including, but not limited to, record retention and distribution and/or investigation of improper, illegal, or prohibited activity. Students should be aware that, in most instances, their use of district technology (such as web searches and emails) cannot be erased or deleted. All passwords created for or used on any IEP School technology are the sole property of the IEP School. The creation or use of a password by a student on school technology does not create a reasonable expectation of privacy.

## **Acknowledgment**

By acknowledging receipt of this student enrollment packet students state that they have received, read, understand, and agree to abide by this Acceptable Use Agreement and other applicable laws and school policies and regulations governing the use of IEP School technology and they understand that there is no expectation of privacy when using school technology and they further understand that any violation may result in loss of user privileges, disciplinary action, and/or appropriate legal action.

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Student Signature

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Date

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Parent Signature

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Date