



THE DAY PROGRAM

DEVELOPING ALABAMA YOUTH FOUNDATION, INC.

Dear Parent or Guardian:

Thank you for this opportunity to serve your son/daughter. We appreciate your partnership with The DAY Program!

Your son/daughter will be most successful if you are an active participant in his/her education. Please do not hesitate to contact us at any time should you have questions or concerns.

The counselor assigned to your son/daughter may be reached directly or you may call the office at 205-664-1600.

Please visit our website at <http://thedayprogram.com> to learn more about our program.

Our Executive Director, Ms. Lucy Mosley, will also be happy to meet and talk with you should you need her for any reason. She may be contacted at Lucy.mosley@thedayprogram.com.

We look forward to working with you and your son/daughter.

The DAY Program Counselors

Darren Popwell
205-624-3389
darren.popwell@thedayprogram.com

La'Toya Collier
205-624-4315
latoya.collier@thedayprogram.com

LeVelle Tyson
205-624-3326
lavelle.tyson@thedayprogram.com

Khalia Wilkinson
205-624-3295
Khalia.Wilkinson@thedayprogram.com

The DAY Program Enrollment Contract

Student Name: _____

Grade: _____

Home School: _____

Birth Date: _____

Sex: M _____ F _____

Congratulation on being accepted into The DAY Program. This accelerated program is not available in every public school system, so it is a privilege to have the opportunity to participate in this program. The goals of this program is to assist in recovering credits necessary to graduate and to provide therapeutic services to address individual and family needs.

As a student given this opportunity to be enrolled in The DAY Program, I understand and agree to the following guidelines:

1. In order to maintain my placement, I will attend ten (10) consecutive school days (two weeks), and be on time each day. My inability to fulfill this expectation will result in being placed on an attendance contract, which if not fulfilled could result in dismissal from the program.
2. My commitment to this program will be consistently demonstrated by my school attendance. In order to receive credit for attendance, I will be at school from 8:30 am – 2:00 pm. I understand that excessive absences, tardiness, and check outs, which warrant school disciplinary conferences and consequences, may result in being terminated from the program.
3. Because this is an accelerated program, I understand that academic achievement must be at a faster pace than at my home school. Failure to stay on the appropriate pace to meet my individual academic goals may result in being dismissed from the program.
4. I understand that my poor choices and individual decision that result in out of school as well as in school consequences may serve as the basis for being terminated from the program. Concerns that can be deemed as negative behavior by and public school system will not be tolerated and can be grounds for termination.
5. With participation in The DAY Program being a privilege, transportation to and from campus each day is ultimately a responsibility of the parent. Bus transportation is available at designated location within the county.

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____



A Non-profit Organization



Social History Questionnaire

Student's Name: _____ Birthdate: _____ Age: _____

Home Street Address: _____ Home/Cell Phone: _____

City/State/Zip: _____ Student Phone #: _____

Race: _____ Sex: _____ Social Security #: _____

Lives with: _____ Relationship: _____

Parents: Father's Name: _____ Mother' Name: _____

Address if different than above: _____

Custodial Parent or Guardian's Employer: _____ Phone: _____

Emergency Contact: _____ Phone: _____ Cell: _____

Parent/s E-mail: _____

List persons living in home with student:

Name	Date of Birth	School/Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

History of behaviors: _____

What has been tried to correct problem(s)? _____

Please tell us about the following:

Habits: _____

Interest: _____

Sleep Disturbances: _____

Strengths: _____

Weaknesses / Challenges: _____

FAMILY EVENTS which may have especially influenced the child negatively or positively:

Deaths: _____

Moving: _____

Siblings: _____

Accidents: _____

Divorce: _____

Peers/Bullying: _____

Finances: _____

Family Conflicts: _____

Caregivers Health: _____

Other: _____

FAMILY HISTORY

Indicate biological family history of the following (Circle all that apply):

Mental Illness / Poor Mental Health:	Mother	Father	Child	Sibling
Alcoholism:	Mother	Father	Child	Sibling
Drug Abuse:	Mother	Father	Child	Sibling
Physical/Sexual/Emotional/Abuse:	Mother	Father	Child	Sibling
Neglect:	Mother	Father	Child	Sibling

Has your child ever received psychological counseling? **YES / NO**

If so, by whom (professional/agency) and when: _____

Has your child ever participated in therapy services from a private entity? (i.e., speech, occupational, physical, vision therapy, etc.) **YES / NO**

If so, by whom (professional/agency) and when: _____

Has your child ever participated in educational services from a private entity (i.e., private tutor, Sylvan Learning Center)? **YES / NO**

If so, by whom (professional/agency) and when: _____

Persons answering this questionnaire: _____ Date: _____

Relationship to child _____



ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT RECORD

School Year: _____

To Parent or Guardian:

The purpose of this form is to provide the school nurse with additional information regarding your child's health needs. The school nurse may contact you for further information. The information requested is essential for the school nurse to meet the health needs of your child.

This information will be kept confidential.

PLEASE complete both sides of this form (Return to the School Nurse)

Name of Student (Last, First, Middle)	Birth Date	Sex	School
---------------------------------------	------------	-----	--------

Address (Street)

Home Telephone Number:	Cell Phone Number:	Additional Phone Number:	Grade	Teacher/Homeroom
------------------------	--------------------	--------------------------	-------	------------------

Name of Parent/Guardian (Last, First Middle)

Work Phone Number:

Transportation

Bus Rider Bus Number: _____
 Car Rider
 Special Needs Bus
 After School

Part I- Health Information

Place your child receives health care:

Physician's Name: _____

Address: _____

Phone: _____

- Community Health Center
- Health Department
- Hospital Clinic
- No Regular Place
- Private Doctor/HMO

Your child's Insurance Information:

- ALL KIDS
- Medicaid
- No Insurance
- Other _____
- Private Insurance

Place your child receives dental care:

Dentist's Name: _____

Address: _____

Phone: _____

- Community Health Center
- Health Department
- Hospital Clinic
- No Regular Place
- Private Dentist/HMO

Preferred Hospital: _____

Part II- Medical History Medical Equipment/Procedures Required at School

<input type="checkbox"/> Catheter	<input type="checkbox"/> Gastric Tube	<input type="checkbox"/> Nebulizer Treatments	<input type="checkbox"/> Oxygen Supplement	<input type="checkbox"/> Tracheostomy
<input type="checkbox"/> Vagal Nerve Stimulator (VNS)	<input type="checkbox"/> Ventilator	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Walker	
<input type="checkbox"/> Other Please explain: _____				

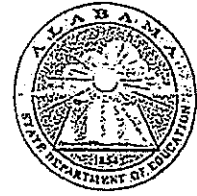
Medications and Procedures at School require a Prescriber/Parent Authorization Form (one for each medication or procedure) Please see your school nurse.

Please Complete Back of Form (Signature Required)





ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT RECORD

School Year: _____

Part III - Medical History

<input type="checkbox"/> YES <input type="checkbox"/> NO	KNOWN HEALTH PROBLEMS If NO, go directly to the bottom of the page and provide parent/guardian signature If YES, and diagnosed by a physician, answer each question below.		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	Attention Deficit Disorder (ADD) Attention Deficit Hyperactivity Disorder (ADHD) Requires medication <input type="checkbox"/> At school <input type="checkbox"/> At Home		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Allergies: <input type="checkbox"/> Food _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Environmental	<input type="checkbox"/> Hives/rash <input type="checkbox"/> Breathing difficulty	<input type="checkbox"/> Medications <input type="checkbox"/> Epi-pen
<input type="checkbox"/> YES <input type="checkbox"/> NO	Asthma <input type="checkbox"/> Uses an inhaler at school	<input type="checkbox"/> Uses an inhaler at home	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Blood/Bleeding Problems: <input type="checkbox"/> Hemophilia, <input type="checkbox"/> Von Willebrand's, <input type="checkbox"/> Other <input type="checkbox"/> Requires medication <i>Please explain:</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Frequent Nose Bleeds: <i>Please explain</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cancer/Leukemia: <i>Please explain</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cerebral Palsy: <i>Please explain</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cystic Fibrosis: <i>Please explain</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Dental Problems: <i>Please explain:</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Diabetes <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Monitors Blood Sugars at school <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Managed with diet	<input type="checkbox"/> Requires Insulin at school <input type="checkbox"/> Insulin pump <input type="checkbox"/> Glucagon order <input type="checkbox"/> Oral medication	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Emotional/Behavioral/Psychological: <i>Please explain:</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Gastrointestinal/Stomach Problems: <i>Please explain:</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Genetic / Rare Disorders: <i>Please explain:</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Headaches: <i>Please explain:</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hearing Problems: <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Both ears <input type="checkbox"/> Hearing loss <input type="checkbox"/> Hearing aid <input type="checkbox"/> Tubes <input type="checkbox"/> Cochlear Implant		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Heart Condition: <input type="checkbox"/> Activity restrictions: <i>Please explain:</i>	<input type="checkbox"/> Medications taken at home:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hypertension (High Blood Pressure): <i>Please explain:</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Juvenile Arthritis/Bone-Joint Problems: <i>Please explain:</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Kidney/ Bladder/ Urinary Problems: <i>Please explain:</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Scoliosis: <input type="checkbox"/> No Treatment <input type="checkbox"/> Wears Brace <input type="checkbox"/> Surgery <input type="checkbox"/> Family History		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Seizures/Convulsions: Type of seizure: _____ <i>Medications:</i> <input type="checkbox"/> Diastat <input type="checkbox"/> Klonopin <input type="checkbox"/> Versed <input type="checkbox"/> Medication taken at home <input type="checkbox"/> Other _____ <i>Please explain:</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Sickle Cell: <input type="checkbox"/> Anemia <input type="checkbox"/> Trait		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Shunt: <input type="checkbox"/> VP shunt <i>Please explain:</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Spina Bifida:		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Special Diet: <i>Please explain:</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Vision Problems: <input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts <input type="checkbox"/> Other		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Other Medical Conditions: <i>Please include any medications taken at home only.</i>		

Required Signatures

Signature of parent(s) or guardian: _____ Date: _____

Signature of school nurse: _____ Date: _____

2023-2024

Prototype Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names. This includes children not related to you in your household.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDIPIR? NO YES → Write case number here and proceed to STEP 4. Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions) even if not related, including you. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work			Public Assistance, Child Support, Alimony			Pensions, Retirement, Social Security, SS, VA Benefits, All Other Income			How often received?		
	Weekly	2x Month	Monthly	Annual	Weekly	2x Month	Monthly	Annual	Weekly	Every 2 Weeks	2x Month	Monthly
	\$											
	\$											
	\$											
	\$											
	\$											

Total Household Members (Children and Adults) Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (if Applicable) Child Income \$ How often received? Weekly Every 2 Weeks 2x Month Monthly Annual Check if no Social Security Number Please see application's back for list of income sources.

B. Child Income Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL. Insert school address here I certify (promise) that all information on this application is true, and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Print Name of Adult Signing the Form Signature of Adult Today's Date Mailing Address (if available) Phone (optional) Email (optional) City State Zip

SOURCES AND EXAMPLES OF INCOME For additional information on income, please refer to the instructions that accompany this application.

Sources of Income		Examples of Income for Children
Earnings from Work <ul style="list-style-type: none"> Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) 	Public Assistance/Alimony/Child Support <ul style="list-style-type: none"> Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans' benefits Strike benefits 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages. A child is blind or disabled and receives Social Security benefits. A parent is disabled, retired, or deceased, and their child receives Social Security benefits. A friend or extended family member regularly gives a child spending money. A child receives regular income from a private pension fund, annuity, or trust.
If you are in the U.S. Military: <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, ESSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	Pensions/Retirement/All other sources of income <ul style="list-style-type: none"> Social Security/Disability (including railroad retirement and black lung benefits) Private pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household 	

OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) Not Hispanic or Latino

Race (check one or more): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT For school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	Household size	Categorical Eligibility <input type="checkbox"/>	Eligibility																
<table border="1"> <tr> <td>Weekly</td> <td>Every 2 weeks</td> <td>2x Month</td> <td>Monthly</td> <td>Annual</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Weekly	Every 2 weeks	2x Month	Monthly	Annual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<table border="1"> <tr> <td>Free</td> <td>Reduced</td> <td>Denied</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Free	Reduced	Denied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weekly	Every 2 weeks	2x Month	Monthly	Annual															
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>															
Free	Reduced	Denied																	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																	
Determining Official's Signature	Confirming Official's Signature	Verifying Official's Signature	Date																
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, check if no Social Security Number. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity* and sexual orientation*), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9892, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

* MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

* FAX: (833) 256-1665 or (202) 690-7442; or
PROGRAM INTAKE@USDA.GOV

* Do not mail applications to this address, only complaints of discrimination.

Return completed form to your child's school.

*The enclosed "nondiscrimination" language herein was added pursuant to the May 5, 2022, USDA memorandum. However, although included as currently required for audit compliance by the USDA, the State of Alabama objects to its inclusion, applicability, and the application of this language due to currently pending legal challenges in the matter of *The State of Tennessee, et al. v. USDA, et al.*, Case No. 3:22-cv-00257, and may be subject to change or removal.

School Lunch and Wellness

Student Name

Policy: The Day Program provides a reimbursable meal at no cost to each student participating in the school lunch program; for any a-la-carte items there will be a charge as determined by the Montevallo Lunch Program Manager.

A reimbursable meal contains items as posted in the lunchroom and/or at the DAY Program.

My Child _____ **Does** _____ **Does NOT have** food allergies or need for food exceptions.

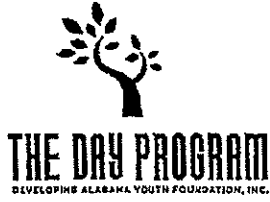
Please explain if your child does have food allergies: _____

If yes, counselor please have the parent complete the Shelby County Food Allergy Form if needed.

Parent Signature

Date





Student Name _____

United Way requests the following information from our clients.

Please answer to the best of your ability and know that the information will be kept confidential.

Please check one of the following:

Individual

- a. Less than \$16,100
- b. Less than \$26,850
- c. Less than \$42,950
- d. More than \$61,350

4 or more in the household

- a. Less than \$26,500
- b. Less than \$38,350
- c. Less than \$61,350
- d. More than \$61,350

Signature: _____

Date: _____



Emergency Treatment / Fieldtrip Permission

Medical Information

Student's Name _____

Home address _____

Father's/Guardian's Name _____

Mobile/Home Number _____

Mother's/Guardian's Name _____

Mobile/Home Number _____

Emergency and Medical Information

Emergency Contact (must be at least 18 years old) _____

Emergency contact's phone _____

Doctor's name/Address _____

Doctor's phone _____

Medical Insurance Carrier/Policy Number _____

Known medical conditions _____

Known allergies _____

Current medications _____

____The DAY Program Staff has the authority to act in loco (in place of parent) and take my child for emergency treatment to a physician or hospital

____I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish for the school authorities to take the following action _____

DAY Program's Fieldtrip Permit

The student has my permission to participate in trips to various locations as part of the instructional/co-curriculum activities during the school year.

Parent Guardian Signature _____

Date _____

Transportation / Checkout Authorization

Student Name: _____

The following people have permission to transport and check my child out of school in the event I (the parent/guardian) am not available.

Be sure to include your (parent/guardian) information below as well!

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Exceptions may be made by Authorized Staff in emergency situations only. This form is to be completed during intake or delivered to the front office by a parent/guardian. If the above information should at any time need to be modified, it is the responsibility of the parent/guardian to notify school personnel.

Parent/Guardian Signature

Date





THE DAY PROGRAM
DEVELOPING ALABAMA YOUTH FOUNDATION, INC.

On _____, the Code of Conduct of the DAY Program was reviewed and discussed during an intake interview. I have received a personal copy of these rules and fully understand them. Further, I agree to abide by them.

I also understand that the Day Program abides by the Shelby County Board of Education Attendance Policy.

Student Signature Date

Parent/Guardian Signature Date

Random Drug Screening

As the parent/guardian we/I give permission for a D.A.Y Program staff member to do random drug screenings on the above named student. I agree that the information may be released to the Director of the D.A.Y. program or any pertinent authorized agent. This release remains in effect as long as the student is enrolled at the D.A.Y. program.

Parent/Guardian Signature Date

Student Date

DAY PROGRAM

Student Code of Conduct

(July 19, 2022)

INTRODUCTION: It is a privilege to attend the DAY Program. It affords the opportunity to be successful and reach goals that otherwise would not be possible to achieve in such a timely manner. It is the desire of the DAY Program staff to insure success and to provide a safe and nurturing environment suitable for learning so that success may be achieved. With these goals in mind the Student Code of Conduct was implemented.

The purpose of the Student Code of Conduct is to assist students, parents, and program staff in maintaining a positive learning environment at the DAY Program. The Code of Conduct also guides students in developing the personal skills which can help them achieve appropriate goals in relationships, education, employment, and life away from the DAY Program. Students are expected to follow these rules, to successfully complete the DAY Program, and to earn privileges such as breaks, extra breaks, and special activities or events at the Program. Students at the DAY Program are subject to this Code of Conduct during the school day, at school sponsored events or trips, and while being transported on school buses. Unless otherwise stated, DAY Program students are also subject to the same code of conduct as other Shelby County students. A point system is utilized to modify student behavior and determine privileges and consequences.

ATTENDANCE:

Students are expected to come to the DAY Program every day on which classes are scheduled. **If a student cannot come to school when he or she should, his/her parent or guardian must call the DAY Program (664-1600) before 8:30 a.m., and explain why the student is not coming that day.** If a staff member is unavailable, then a message should be left with the answering service. Follow-up telephone calls will be made to verify the absence. Upon returning to school the student is expected to bring a written note to be filed explaining the reason for the absence due no later than the second day back. Students out for three or more days in a row for illness are expected to bring a written doctor's excuse upon their return to the program. Doctor's excuses may not be accepted if more than two days from the date of the student's return to school. After the 3rd unexcused absence, a letter will be sent home. The DAY Program follows all Early Warning procedures established by the Shelby County Board of Education and the Juvenile Court System. The legitimacy of any excuse presented for an absence will be determined at the discretion of the Director.

INCLEMENT WEATHER:

The DAY Program will follow the Shelby County School inclement weather and dismissal procedures. Students/families should watch the local news stations for announcements or may view the Shelby County School website for weather related announcements.

ANY absence without a WRITTEN parent, doctor, or court note will be unexcused.

For action on attendance problems the DAY Program follows the guidelines established by the Shelby County Board of Education in cooperation with the Juvenile Court System. The DAY Program notifies the Juvenile Court Services daily concerning probationers' absences and tardiness.

PUNCTUALITY:

The DAY Program school day starts each scheduled day at 8:30 a.m. Students who arrive any time after 8:30 a.m. are considered tardy. The DAY Program building is open at 8:00 a.m. Wandering of students occurs upon entry into the 2nd floor main lobby.

Students arriving at the DAY Program site are expected to enter the building immediately if staff is present. No loitering outside is allowed. Once inside the DAY Program building, no one may leave the building without

permission. Students are expected to return to classes immediately after breaks according to the daily schedule. Students who enter the classrooms after the "tardy" bell has rung are considered late to class.

APPROPRIATE INTERACTION WITH ADULTS:

Adults, working with students, shall be treated with respect. All persons associated with the DAY Program - students and staff- are expected to treat each other with respect. Students are expected to follow the instructions of adults and to allow adults to assist them when problems occur. Adults are expected to instruct students regarding their expectations in a courteous and respectful manner. Staff is encouraged to consider reasonable student suggestions presented in an appropriately respectful and courteous manner; however, the responsibility for a final decision rests with the adult.

APPROPRIATE INTERACTION WITH PEERS:

Students are expected to get along with each other. When conflicts among students occur, students are expected to try to work out a solution without resorting to verbal or physical hostility. If students are unable to work out conflicts on their own, they are expected to allow staff to help or even to take control if necessary. Fighting is not considered an acceptable way to work out conflicts. Racial/ethnic slurs, bullying, and sexual harassment will not be tolerated. Touching of any kind is prohibited. This includes any outward signs of affection; such as kissing, hugging, etc. It also includes outward signs of aggression: such as jabbing, pushing, shoving, kicking, etc. General rule: KEEP YOUR HANDS AND FEET TO YOURSELF. Students are expected to treat each other with respect.

ACADEMIC/COUNSELING RESPONSIBILITY:

During academic or counseling work periods, students are expected to start their work, pay attention to their own work, bring necessary supplies (i.e. pencils, pens, paper, etc.), and complete work assigned during the time allowed. Students are not to distract classmates by talking, making noise, disruptions, etc. Students are expected to show satisfactory progress toward reaching set goals.

APPROPRIATE LANGUAGE:

Students are expected to show respect for themselves and adults by speaking in words that are considered acceptable in other school settings. Profanity, disrespectful, or vulgar language, expressions, signs, gestures, drawings, or writings are not considered acceptable ways of communication and will not be tolerated.

RESPECT FOR PROPERTY:

Students are expected to show their respect for others by respecting others' property and belongings. This includes other students' personal possessions and work materials; adults' personal items and work materials; and the furniture, equipment, and materials of the DAY Program. Such respect is shown by getting others' permission to use their things and using those things correctly so they aren't broken, marred, destroyed, or lost. Furthermore, students are expected to put their materials away at the close of each period or program event in a neat and orderly manner.

ACADEMIC HONESTY:

Students are expected to be honest and trustworthy. They are expected to do their own work with their own skills. Cheating or copying another's work will not be tolerated. Students are expected to accept the consequences of their choices and actions.

DRESS CODE:

Students are expected to make an acceptable physical appearance by dressing neatly and meeting basic personal hygiene and grooming standards. Clothing items are to be worn in the manner in which they were designed. Clothing should be neat and clean. Any clothing with holes or distressing should be in appropriate areas. Pajamas and hoodies are prohibited.

The DAY Program adheres to the Shelby County Schools dress code which reads as follows:

Code Guidelines:

A. All students must wear shirts, blouses, or dresses with a collar or with a non-revealing neckline, such as crew neck, jewel neck, or boat neck. Low cut, open back, bare midriff or clothing that allows the midriff to be exposed, are not permitted.

B. Male students must wear sleeved garments. Female students may wear sleeveless garments which adequately cover undergarments. Spaghetti and/or thin-strapped shirts may be worn only if over another T-shirt or if covered by a blouse with sleeves. Only sleeveless blouses or dresses in which the shoulder is fully covered from the base of the neck to top of arm will be considered acceptable.

C. No obscene language and/or illegal substance advertisements (to include alcoholic and tobacco advertisements) may be worn on clothing or accessories.

D. No hats, caps, head coverings, hair curlers, picks, or sunglasses will be worn in school.

E. Skirts, shorts and dresses must be mid-thigh or longer in front and back. No slits or leg openings may be above mid-thigh. Leggings, or other similar garment (i.e. jeggings), should be worn with the appropriate outer garment (i.e. shorts, dress, or skirt) and must be of proper length. Excessively tight leggings or jeggings will not be allowed.

F. Belts must be worn at the waist with pants, shorts, and skirts that have belt loops. Pants, shorts, and skirts without belt loops must be worn at the waist and should fit properly. Articles of clothing worn too low, too long, too large, too tight, or too loose are not permitted. Pajama style pants, snap

aways, and sweatpants are prohibited. Athletic type pants may be worn only during physical education classes. (Including but not limited to, wind suit pants and soccer shorts.)

G. Jackets and coats are to be worn in good taste. Generally, these are inappropriate to be worn in the classroom.

H. Students are required to wear appropriate shoes at all times. Shoes with wheels are not appropriate for the school environment.

I. Students' clothing should be neat and clean and should not be in noticeable disrepair. Unhemmed (cut-off) shorts, skirts, shirts, pants, and garments with inappropriate holes or inappropriate slits above mid-thigh are not allowed.

J. Appropriate undergarments must be worn and not visible.

K. Students are prohibited from wearing any metal chains, metal spiked apparel, over-sized belt buckles, or accessories.

L. Students are to wear clothing in the manner it is designed to be worn, i.e., clothing worn backwards or inside out is not allowed. No excessively tight or revealing clothing, such as fishnet or see-through garments, may be worn.

M. Students are prohibited from wearing any sign, symbol, logo, or garment, which has become synonymous with any gang, cult, Satanism, or unauthorized club or organizational activity. This also includes any avenue for the promotion of products or activities prohibited by school policy or that is inflammatory and may generate negative feelings among the student body. The above items serve as a minimum guide. The executive director shall have the discretion to outline other appropriate guidelines for special occasions.

TRANSPORTATION:

Students who ride the school bus to and from the DAY Program will be expected to meet the bus at the time and place set by the bus schedule and get off the bus at the scheduled stop only. Students must be at the stop 10 minutes before and after designated times. Students are expected to follow the bus driver's instructions. They are expected to remain seated while riding the school bus. **All other Sections of the Code of Conduct apply to students while riding the bus.** Refusal to comply with bus driver's instructions may result in permanent removal from the bus. **Any changes in transportation arrangements must be accompanied by written permission of the parent/guardian of each student involved. Proposed changes must also receive the approval of the Director.** Students who have a valid driver's license and proof of insurance are allowed to drive to school with parental permission. Copies of the driver's license and insurance coverage must be presented to the school office before driving.

TELEPHONE USE:

Students may use a DAY Program phone only in the event of an emergency situation and/or with verbal or written permission from their counselor or the Director. Cellphones are not allowed on campus. Cellphones will be collected at the start of each day and returned upon dismissal.

RESTROOM USE:

Students are expected to use the student restrooms in a sanitary way. Students are not to use staff restrooms.

LUNCHTIME RULES:

Students are expected to stay in the designated lunch area, to clean up after themselves, and leave the area free of any mess.

SNACK BREAKS:

Students may eat snacks and drink water/sodas during designated breaks times. Snacks and drinks may be bought at the program during these times and consumed in the designated area or an area approved by a staff member. With the exception of I.S.S. students, students may buy snacks and drinks before and after school.

PROHIBITED MATERIALS AND ACTIVITIES:

Students are not to have certain items in their personal possession within the school-zone. The following items are not allowed: weapons of any kind, alcohol, tobacco products, lighters, matches, drugs, including medication, drug paraphernalia, beepers or cellular phones, CD/DVD players, or CD's, laser pointers. Also not allowed are: book bags, zippered binders, hats, caps, head coverings, hair curlers, picks, combs, sunglasses, or purses. Any and all prohibited materials and items are subject to seizure by the staff. The disposal or return of such items is at the discretion of the Director. Properly documented prescription and non-prescription medication is to be turned in to the front office. Students are prohibited from fighting, from sexual and/or criminal activity, or talking about such. Violation of these rules may result in required parent conferences, referral to Juvenile Court Services, pressing of charges, and drug/alcohol screens as appropriate. This rule does not apply to individual or group discussions conducted under the authority of staff and following staff guidelines for that discussion.

VAPE POLICY:

1st Offense:

Student will be assigned 3 days of no-lunch. Parent/Guardian and JPO will be contacted.

2nd Offense:

Student will be given 5 days of ISS. Parent/Guardian and JPO will be contacted.

3rd Offense:

Student and Parent/Guardian will be required to attend the Vape Class through Alabaster City Schools. The Class typically meets on Tuesday evenings in the ACES building. Information will be given during the parent/guardian, student, JPO, and director discipline meeting.

4TH Offense and beyond:

Student may receive expulsion from the DAY program.

NO-BREAK/Lunch:

Any student who loses 50 points or more in one day.

No Break or Lunch Rules:

1. Any time missed due to check outs or other reasons will be made up on the following day.
2. Students will be assigned to a separate area during break/lunch and will be required to work on academics during said time.
3. When in the designated area:
 - a. Do your work.
 - b. Do not talk.
 - c. Do not sleep.
 - d. Follow all instructions.

Note: This is not the time to engage in conversation with the person/s monitoring the no break/lunch or to expect tutoring services unless either is initiated by staff.

It is the desire of the DAY Program staff to insure success and to provide the opportunity for success to be achieved, but ultimately success or failure is the student's responsibility. To assist students as they strive to reach their goals, the DAY Program utilizes behavior modification techniques based on the following point system:

POINT SYSTEM:

Each student begins the day with 100 points. The following indicate points taken for specified infractions:

-10

- a. off task
- b. abuse of phone
- c. abuse of bathroom use
- d. putting feet on furniture, tilting chair
- e. inappropriate language or gesture/sign
- f. snacks in class
- g. tardy to class
- h. not prepared for class
- i. misuse of materials
- j. showing lack of respect or courtesy
- k. not following instructions
- l. failure to turn in assignment/classwork
- m. _____ other

-15

- a. violating dress code
- b. out of class without permission
- c. _____ other

-20

- a. horse play
- b. inappropriate touching/display of affection
- c. disruptive behavior
- d. _____ other

-30

- a. non-compliance with lunchtime rules
- b. arguing with classmates
- c. loitering outside of the school building a.m./p.m.
- d. racial or ethnic slurs
- e. not following bus regulations
- f. bringing chewing gum, candy, food, or drink from home, book bags, hats, caps, head coverings, hair curlers, picks, combs, make-up, sunglasses, purses, hats, CD players, or CD's to school
- g. transporting a student without permission or being transported by an unauthorized person
- h. use of inappropriate language with staff or arguing with staff
- i. dishonesty
- j. _____ other

-35

- a. breaking no-break rules
- b. tardy to school
- c. communication with a student in no-break/luch, or ISS
- d. failure to bring a note for absence (applies for 2 days)
- e. dress code major or repeated offense
- f. failure to do required academic work -- multiple days
- g. _____ other

IN SCHOOL SUSPENSION:

Any student will AUTOMATICALLY be placed IN SCHOOL

Suspension for

-100

- a. scratching or marring furniture, pictures, walls, etc.
- b. touching/tampering with video cameras
- c. unexcused absence
- d. leaving building unexcused
- e. possession of beeper, cell phone, or laser pointer
- f. sexual harassment, bullying, possession of pornography
- g. being in unsupervised area
- h. total noncompliance
- i. fighting (police will be called)
- j. possession of or passing to another student alcohol or drugs; any type of pill, tablet, capsule or paraphernalia, etc. (Illegal/Narcotics – law enforcement will be notified.)
- k. possession of weapons (law enforcement will be notified)
- l. major vandalism (\$50.00 to repair plus replacement cost at fair market value.)
- m. use or possession of tobacco (any form) inside the DAY Program building, within the school zone or on school property (including the school buses). Since smoking is illegal for minors, law enforcement will be notified.
- n. cheating or stealing
- o. spitting, bumping, etc., in anger
- p. threatening a staff
- q. _____ other

Any of the above, isolated or in combination, may result in: **IN-SCHOOL SUSPENSION, PARENT/GAURDIAN CONFERENCE, and NOTIFICATION OF PROBATION OFFICER.** It may also include referral to Juvenile Court Services, pressing of charges, and drug/alcohol screening as appropriate.

WHAT HAPPENS IN ISS:

(While in ISS students will be monitored by the Behavioral Aid. Actions and communication may be recorded on video. These videos may be used by the administration as deemed necessary.)

1. WHEN A STUDENT IS PLACED IN ISS IT WILL BE FOR ONE TO THREE DAYS. IN ORDER TO BE RELEASED, THERE MUST BE COMPLIANT BEHAVIOR AND SATISFACTORY COMPLETION OF REQUIRED ASSIGNMENTS.
2. EACH DAY OF NON-COMPLIANCE WILL NOT COUNT AS A SUCCESSFULLY COMPLETED DAY IN ISS.
3. ISS BEGINS AT 8:30A.M. OR UPON ENTRY TO THE BUILDING AND ENDS AT TIME OF DISMISSAL.
4. STUDENTS WILL BE GIVEN CLASSWORK TO BE COMPLETED SATIFACTORILY OR WITH PASSING GRADES.
5. POINTS MAY BE TAKEN FOR ANY COMMUNICATION (VERBAL, EYE, FACIAL, OR HAND SIGNAL) WITH ANY PEER AND FOR NON-COMPLIANCE WITH ISS RULES.
6. STUDENTS WILL EAT THEIR LUNCH IN DESIGNATED ISS AREA ONLY.
7. RESTROOM AND WATER BREAKS WILL BE SCHEDULED AND STUDENTS WILL BE ESCORTED BY A MEMBER OF THE STAFF. ANY STUDENT WHO LEAVES THE ISS AREA

UNESCORTED WILL BE REGARDED AS "NON-COMPLIANT" AND ADDITIONAL
DISCIPLINARY ACTIONS WILL BE TAKEN.

8. ANY HOURS, WHOLE DAYS, PART-OF-DAYS MISSED (TARDIES ETC.) WILL BE MADE UP.

07-19-2022

Medication Procedures

The DAY Program follows the Shelby County Board of Education medication policy as follows:

The following summary is to inform you of the requirements of the medication procedures, should your child require Prescription or Over-the-counter (OTC) medications while attending school.

- ❖ All medications, whether Prescription or Over-the-Counter, must be turned into the school office by the student's parent/guardian or other responsible adult.
- ❖ Medications can NOT be transported on the bus by the student (except for emergency medications and approved medications prescribed for self-administration and carry on person, both require physician signature on authorization form).
- ❖ No student will be permitted to carry or possess *any type of medications*, whether Prescription (controlled or not controlled) or OTC, on his/her person at any time (except emergency medications and physician approved medications prescribed for self administration and carry on person). Controlled substances require extra considerations and documentation to be self-carried.
- ❖ The parent/guardian must sign a School Medication Authorization Form before any medication can be administered at school.
- ❖ Over-the-Counter medications will require the parent/guardian signature only on the medication authorization form and is valid for the entire school year
- ❖ Prescription medication will require the physician/prescriber signature on the authorization form as well as the parent/guardian signature.
- ❖ If the Prescription medication order is changed during the school year, a new authorization form is required.
- ❖ For Prescription medications, a current dated pharmacy labeled container is required which includes the student's name, physician name, name of medication, strength, dosage, time interval, route and date of drug's discontinuation when appropriate. The amount signed into the health room can NOT exceed the amount dispensed at the pharmacy.
- ❖ For Over-the-Counter medications, an unexpired, unopened, age appropriate, original manufacturer's container is required and all manufacturer's labeling must be clearly legible. The student's name must be written on the container.
- ❖ All unused medications not picked up by parents/guardians by the last day of each school year will be discarded. No medication, including emergency, can be kept over the summer months.
- ❖ Non-FDA approved supplements/substances used to treat medical conditions, including essential oils and CBD type oils, can NOT be administered at school. Students, parents and staff are not allowed to *possess* CBD oil substances on school property. This includes students enrolled in physician-guided studies per federal law.

These medication procedures were developed with your child's safety in mind. If you have any questions concerning these medication procedures, please contact the school. Medication Authorization forms are available upon request.



DAY Program Acknowledgement Form

1. Video and Audio Surveillance

I acknowledge that I am aware and my child _____ is aware that there is audio and video surveillance used at the DAY Program. This audio/video is the property of the DAY Program and may be used for legal and safety purposes of the Program.

Parent Signature

Date

.....

2. Special Education Services (if applicable)

I acknowledge that the DAY Program is a private school and as such may not be able to meet all the objectives of my child's (student name) _____ Individual Education Plan. I further acknowledge that it will be my responsibility as parent/guardian to work with the referring school regarding any special needs indicated in the plan that may not be met at the DAY Program.

Parent Signature

Date

STUDENT USER AGREEMENT

As a student user of the DAY Program's electronic resources, I hereby agree to comply with the rules as outlined in the Acceptable Use Agreement and to communicate over the network in an appropriate fashion while honoring all relevant laws and restrictions.

STUDENT SIGNATURE: _____

I understand that some objectionable materials may be accessed even with content filtering in place. I understand that individuals and families may be held liable for violations. I will accept responsibility for guidance of Internet use by setting and conveying standards for my son/daughter to follow when exploring on-line information and media on an independent basis. The DAY Program cannot be responsible for ideas and concepts that my child may gain by his or her inappropriate use of the Internet.

I understand and accept the conditions stated and agree to release, indemnify, and hold harmless, the DAY Program, the DAY Program Board of Directors, and/or their employees or agents from any and all claims and liability associated with or arising from the above student's independent use and/or access to the Internet.

As the parent or legal guardian of the minor student signing above or as a student 18 years of age or older, I have read this contract, the Acceptable Use Agreement and the descriptions for Web Publishing and Media Coverage. I grant permission for this student in the following areas:

Agree

Do NOT Agree

A. This student has permission to independently access the Internet.

B. The DAY Program has permission to publish this student's work and image on the Internet (as allowed or disallowed by the Department of Youth Services (DYS)).

C. The DAY Program has permission to allow unrestricted media coverage (*field trips Special Group Activities*) of this student (as allowed or disallowed by DHS).

AUTHORIZING SIGNATURE

(Parent, Guardian, or Student 18 or older)

DATE

NAME OF STUDENT

DATE OF BIRTH



The DAY Program

PARENT PERMISSIONS

A. Student User Agreement and Independent Internet Access

We are pleased to offer students of the DAY Program access to electronic resources. Our goal in providing this service is to promote educational excellence in our school facilitating resource sharing, innovation, and communication. Electronic resources provide students with access to vast amounts of information and numerous opportunities for communication.

Our intent is to make Internet access available to further educational goals and objectives. However, parents/guardians should be warned that if students disregard the guidelines of the school and/or program, they may find ways to access other materials via the Internet which may contain items that are illegal, defamatory, inaccurate, or potentially offensive to some people. We believe that the benefits to students from access to the Internet, in the form of information resources and opportunities for collaboration, exceed any disadvantages.

Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. To that end, the DAY Program supports and respects each family's right to decide whether or not to approve independent Internet access and communication. To gain independent access to the Internet, all students under the age of 18 must obtain parental/guardian permission and must sign and return the attached form to the Executive Director or Counselor. Students 18 and over may sign their own forms.

Student Responsibilities

Electronic resources are provided for students to enhance the learning experience. Access to services is given to students who agree to act in a responsible manner. Student use must be consistent with the educational objectives of the DAY Program.

Students are responsible for good behavior on school computer networks just as they are in a classroom or a school hallway. Communications on the network are often public in nature. General school rules for behavior and communications apply.

Network storage areas will be treated like school property. School counselors or administrators and teachers may review files, bookmarks, and communications under the same standards set for school property to insure the integrity of the electronic media. Privacy is not guaranteed for files stored on school servers nor will files be maintained indefinitely. Students should also be advised that they should have no expectation of privacy for any information created or communicated using the DAY Program electronic resources.

School and Parent Responsibility

Within reason, freedom of speech and access to information will be honored. During school, teachers will guide students toward appropriate materials. Outside of school and with independent access, parents/guardians bear the same responsibility for such guidance as they exercise with information sources such as television, telephones, movies, and other potentially offensive media.

The DAY Program will insure that procedures for access and standards of conduct regarding Internet use are communicated to students. It is presumed that students given access will comply with school standards and will honor the agreements they have signed. The school cannot be responsible for ideas and concepts that a student may gain by his or her inappropriate use of the Internet.

District Electronic Access and Internet Rules

The following uses of the DAY Program electronic resources are not permitted and may result in disciplinary action:

- Violating existing board policy or regulation or local, state, or federal statute;
- Violating copyright laws;
- Using electronic resources for non-instructional purposes;
- Using obscene language;
- Sending or displaying offensive messages or pictures;
- Harassing, insulting, or attacking others;
- Intentionally spreading viruses or malicious software;
- Sharing personal login information or using another person's login;
- Publishing personal information (name; address; photograph) without teacher/parent approval;
- Using an email account at school other than one provided by the school;
- Using district provided email for non-instructional purposes;
- Using personal electronic devices at school without appropriate permission;
- Attempting to bypass network security to gain unauthorized access to information; and intentionally wasting limited resources.

Sanctions

The use of the DAY Program's electronic resources is a privilege, not a right, and inappropriate use will result in cancellation of privileges. Access entails responsibility. School administrators will deem what is inappropriate use and their decision is final.

Additional disciplinary action may be determined at the school in keeping with existing procedures and practices regarding inappropriate language or behavior. When applicable, law enforcement agencies or legal action may be involved.

B. Web Publishing

A web page has been established for the DAY Program as a dynamic forum to educate and inform the public. This communication vehicle serves to publicize the goals, accomplishments, activities, and services of the school. Intended audiences include: students, parents, prospective parents, employees, prospective employees, and the community at large. All content contained on the web site is consistent with the educational aims of the school. Student work and image will not be published or displayed on the school web site without the express consent of DYS and the parent or guardian of a student under 18 years of age or from the student if 18 years of age or older. Permission is indicated on the attached form.

In order to safeguard students, the following procedures have been established:

1. The name of a student will not be published in conjunction with a picture or video of that student on the DAY Program web site. Likewise, personal information about students will not be published.

2. Contingent upon receiving permission from the Department of Youth Services (DYS) and signed releases from the minor student's parent/guardian or from the student 18 years or older, student work may be published on the DAY Program web site under the following

Guidelines:

- Grades 6-8 - Authors of electronically published work may be identified only by first name. The DAY Program may choose to let students adopt "net names."
- Grades 9-12 - Authors of electronically published work may be identified by first and last name.
- All student work published must pertain to a class project, course, or other school-related activity.

C. Media Coverage

With permission from DYS, the DAY Program may periodically issue information or permit media coverage to highlight student accomplishments. This may include, but is not limited to, a student making the honor roll, taking part in a school activity, or receiving an award. The DAY Program student pictures, video, names, or accomplishments will not be released to the public media or published in any media without permission from DYS and the express consent of the parent or guardian of a student under 18 years of age or from the student if 18 years of age or older. Permission is indicated on the attached form.

Family Counseling Agreement

I/we understand that as part of the DAY Program Success and Treatment Plan that I/we will be expected to attend Family Counseling sessions no less than (but may be more often):

1. Once per month for every month that my child/student is enrolled if my child has court involvement.

2. Once per quarter if my child does not have court involvement

These sessions are at no cost to me or my student. I may schedule monthly sessions to coincide with Report Card Conferences during months which they are held if deemed necessary. I further understand that it is my responsibility to make these appointments with my child's counselor. If I cannot keep a scheduled appointment I will need to call and reschedule as soon as possible.

Family Counseling appointments may generally be scheduled from 9:00a.m. until 2:00p.m. Other times may be scheduled if needed due to work or transportation issues.

I understand failure to schedule and attend these family counseling sessions could result in my child being removed from the Program and if it applies could result in court action by the Juvenile Court authorities.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Student Signature

Date

Date of first scheduled family counseling session _____

****Opportunities for me to be a part of my child's success: In-take meeting, Counseling sessions, Field Day, Honor's Day, Report Card Conferences, and through two way communication and the DAY Program's open door policy.



JILL HALL LEE
DISTRICT ATTORNEY

P.O. BOX 706
SHELBY COUNTY COURTHOUSE
COLUMBIANA, AL 35051
PHONE: (205) 669-3750

EIGHTEENTH JUDICIAL CIRCUIT
SHELBY COUNTY

August 1, 2021

Dr. Lewis Brooks
Superintendent, Shelby County Schools
410 East College St.
Columbiana, AL 35051

Dear Dr. Brooks,

Shelby County is an excellent place to live and raise children and our school system certainly plays a vital part in the ongoing pursuit of excellence. However, student misconduct and truancy threaten to disrupt the positive learning environment that the schools strive so diligently to create. During this school year I would like to join you in doing everything possible to make our schools and our children safer.

As you know, Alabama law requires parents to make sure that their children go to school, stay in school, and behave while they are there. That same law also requires you to report violations to me and I am asking you to do so. While I have every intention of aggressively prosecuting those violations, I also want to make sure that parents who need help get it. To that end, I ask you to join me, along with many cooperating community agencies and organizations, as a partner in the Shelby County's Supporting Families Initiative. The Shelby County's Supporting Families Initiative is designed to offer early intervention for an at-risk student whose violation results in suspension or alternative school, but not an arrest. Our mission is to ensure that schools are safer by offering disruptive students and their families the resources they need to solve problems that interfere with their child's education.

Throughout the school year, my office will work with the Shelby County Board of Education to monitor incidents of student misconduct and truancy. When it appears that parents may be in violation of the law, I will ask that those parents and their child (provided the child is at least eight years old) appear before Shelby County District Judge Jim Kramer, who has agreed to conduct an EARLY WARNING session to explain the law and help parents abide by it. Attendance at these sessions is not optional, and parents who refuse to cooperate with the school in attempts to resolve these issues will be subject to prosecution.

The Shelby County District Attorney's Office and the Shelby County Board of Education want all children to be successful. I hope this letter is sufficient to emphasize the serious consequences that may result when children make poor decisions and misbehave. Please do not hesitate to contact me if I may be of further assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jill H. Lee".

Jill H. Lee
Shelby County District Attorney

JHL/ac



JUVENILE COURT OF SHELBY COUNTY
Probation and Court Services

I RANN RIGNEY
DIRECTOR OF COURT SERVICES
CHIEF PROBATION OFFICER

DAVID HALL
SENIOR PROBATION OFFICER

Early Warning Flow Chart

ATTENDANCE:

1. When a child is absent, local school sends an automated call to the parent / guardian telephone number indicated on student's registration informing them of child's absence and a request for the child to bring an excuse upon his or her return to school.
2. Local school will typically send parent/guardian written notice when student incurs two unexcused absences and the need to provide a written excuse.
3. Upon third or fourth unexcused absence, local school administrator will attempt to contact the parent/guardian to set up a conference to discuss the accumulated absences and need for providing excuses.
4. Upon the seventh unexcused absence, local school administrator will submit to the Board of Education a referral for truancy. Referral will be screened and forwarded to intake at Juvenile Court for processing. First time referrals will be sent to the Early Warning Program.
5. On repeat truancy referrals, the Board of Education will screen and forward to intake at Juvenile Court for processing. Typically, dependent on the attendance issue involved, an agency meeting will be conducted whereby a representative from the Board of Education, Department of Human Resources, Juvenile Probation Officer and occasionally Mental Health will collectively meet with the parent and child to discuss the referral to gain insight and understanding as to why the pattern remains the same and to openly discuss and give suggestions to improve and resolve the truancy issue.
6. Following an agency meeting, should a third referral occur, the Board of Education will screen and forward to intake at Juvenile Court for processing. Dependent on what the latest referral indicates for truancy, and taking into account the past history on the child for the same, several different actions may be taken:
 - a. attempt another agency meeting should the prior meeting have been at least one school year prior and dependent on the extent of the present truancy.
 - b. refer the matter to the Supporting Families Initiative
 - c. file a formal truancy petition on the child and direct the case to Truancy Court
 - d. consult the District Attorney's office for prosecuting the parent for failing to educate their child.

CONDUCT:



All students are expected to abide by the Shelby County Board of Education Code of Conduct that explicitly outlines the rules and regulations regarding attendance and behavior. A copy of this code of conduct is given to each student at the beginning of each school year with an acknowledgement form to be submitted by the student back to his or her school acknowledging they have received, read and understand its content.

Title 16-28-12 directs that any parent or guardian of a child in their custody or control must ensure that their child properly conducts himself or herself in accordance with the code of conduct adopted by that local board of education. Failure to compel their child to behave in a school setting can result in criminal action against the parent. The District Attorney's Office is charged with enforcing this law.

1. Children misbehaving in school can be referred to Early Warning once he or she has incurred a third in or out of school suspension for behavior related incidents. Early Warning will apprise the parent and student of their obligation to ensure proper behavior and to take the steps necessary to correct any misbehavior. Early Warning provides an array of resource information to the parent to consider to remedy the behavioral difficulties being experienced with their child.

2. As with truancy referrals, a second conduct referral will be screened by the Board of Education and forwarded to intake at Juvenile Court. An agency meeting will be conducted whereby an agency representative from the Board of Education, Juvenile Probation Office, Department of Human Resources, Supporting Families Initiative and occasionally Mental Health, will collectively meet with the parent and child to discuss the referral to gain insight and understanding as to why the pattern remains the same and to openly discuss and give suggestions to improve and resolve the conduct issue.

3. Following an agency meeting, should a third referral occur, the Board of Education will screen and forward to intake at Juvenile Court for processing. Dependent on what the latest referral indicates for conduct, and taking into account the past history on the child for the same, the following actions may be taken:

- a. attempt another agency meeting should the prior meeting have been at least one school year prior and dependent on the extent of the present conduct.
- b. refer the matter to the Supporting Families Initiative

In addition, if the conduct issues are still occurring and the family has failed to follow through with agency resources, the family may be referred to the Supporting Families Initiative without a third referral being filed.

4. If the family fails to comply with the Supporting Families Initiative and the behavior continues, then the Board of Education will consult the District Attorney's office for prosecuting the parent for failing to compel their child to behave in a school setting.

Shelby County Schools
Early Warning Prevention Program
Pre-Referral Conference & Acknowledgement Form

LEGISLATIVE ACT 94-782

Section 16-28-12, Code of Alabama, 1975 specifies actions the court will take against parents or guardians who do not make their child obey school rules and regulations adopted by local boards of education.

The law states that any parent or guardian who fails to enroll his or her child in school, or who fails to require the child to regularly attend school, or who fails to compel the child to properly conduct himself or herself at school shall be guilty of a misdemeanor and, upon conviction, shall be fined not more than \$100, and may also be sentenced to hard labor for not more than 90 days.

Your signature in the space provided below indicates that you have been informed of the consequences to parents and students should any portions of this Act be violated.



Student Name: _____ School: _____

Date of Conference _____ Reason: Truancy _____ Conduct _____

Persons Attending Conference: _____

List Conference Objectives & Strategies for Improvement:

1. _____
2. _____
3. _____
4. _____

Principal's Comments: _____

I have been informed of Act 94-782 and received a copy of the letter from the District Attorney.

Student Signature

Parent Signature

Principal or Designee

The DAY Program

School Transportation Information

For School Year 20____ - 20____

Bus_____

Car_____

Student Driver_____

Regular School Zone_____

Student Name_____

DOB:_____

Students Physical Address_____

Contact Information

Name_____

Number_____

Name_____

Number_____

Circle one: **YES** or **NO** Does the student have a Health Concern the Bus Driver needs to be aware of?

If yes, please give details:_____

Assigned Bus #_____

Bus Driver Name_____

Pick Up Time(s) Summer _____ Regular _____ A. M.

Drop Off Time(s) Summer _____ Regular _____ P.M.

Other:_____

Bus Stop Location_____

Counselor Name_____



Student Driver Permission Slip

In order for students to drive to and from the DAY Program they must be in good standing, have a valid driver's license and current insurance coverage.

Student Name _____

Vehicle Information

Make/Model of Vehicle _____

Color of Vehicle _____

Tag Number _____

Year of Vehicle _____

Student's License Number _____

VIN Number _____

Insurance Company _____

Policy Number _____

Expiration of Policy _____

It is the responsibility of the parent to update and inform the DAY Program if any changes in coverage/company occur.

Student driving privileges may be revoked if abused. Students may not transport other students without expressly written permission from both sets of parents/guardians.

I have read and understand the DAY policies regarding driving, insurance and the transportation of other students.

Parent/Guardian Signature

Student Signature

Date

Attach a copy of the driver's license and insurance card/paperwork to this form.

July 2023

S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August 2023

S	M	T	W	TH	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

September 2023

S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October 2023

S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November 2023

S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December 2023

S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

January 2024

S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February 2024

S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

March 2024

S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April 2024

S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May 2024

S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June 2024

S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

1st Quarter

July 24	Staff Workday - No Students
July 25	1st Qtr Begins - Summer Bell Schedule
August 10	Fall Bell Schedule Starts
August 18	Staff Workday - No Students
September 1	Staff Workday - No Students
September 4	Labor Day - No School
September 22	1st Qtr Ends
Sep 25 - Oct 6	1st Qtr Break - No School

2nd Quarter

October 9	Staff Workday - No Students
October 10	2nd Qtr Begins
November 10	Veteran's Day - No School
November 20 - 24	Thanksgiving Break - No School
December 15	2nd Qtr Ends - 11:45 am Dismissal
Dec 18 - Dec 29	Christmas Break - No School


3rd Quarter

January 1, 2024	New Year's Day - School Closed
January 2-5, 2024	3rd Qtr Begins - Jan Term - All Students Remote
January 15	Martin Luther King Jr. Day - No School
January 26	Staff Workday - No Students
February 16	Staff Workday - No Students
February 19	President's Day - No School
March 8	Staff Workday - No Students
March 22	Staff Workday - Parent Conferences
March 25 - April 6	3rd Qtr Break - No School

4th Quarter

April 8	4th Qtr Begins
April 19	Remote Learning Day
April 29	Staff Workday - No Students
May 3	Early Dismissal 11:45 am
May 23	Summer Bell Schedule Starts
May 24	Staff Workday - No Students
May 27	Memorial Day - No School
June 4	4th Qtr Ends
June 5	Staff Workday

 Staff Work Day - No Students
  Early Dismissal
 Remote Learning Day
  School & Office Closed

Summer Bell Schedule		8:30 - 11:45
Regular Bell Schedule		8:30 - 2:00

1st Qtr	July 25 - September 22	41 Days
2nd Qtr	October 10 - December 15	43 Days
3rd Qtr	January 2 - March 21	53 Days
4th Qtr	April 8 - June 4	39 Days
176 Student days / 187 Staff Days		