

ORIENTATION DATE: _____

POINT ALTERNATIVE CENTER DAEP: STUDENT INFORMATION

STUDENT: _____ ID #: _____

GRADE: _____ HOME CAMPUS: _____

MAILING ADDRESS: _____

CITY: _____ ZIP CODE: _____

PARENT/GUARDIAN: _____ RELATIONSHIP: _____

PHONE NUMBERS:

HOME: _____ CELL: _____

WORK: _____ OTHER: _____

EMAIL: _____ STUDENT CELL: _____

EMERGENCY CONTACTS: Note if Parent/Guardian are unavailable emergency contacts will be called.

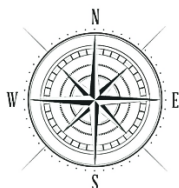
NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

* This form includes a standard authorization, to be signed by the parent or guardian, allowing Point Alternative Center to update all contact information within the district data system.

Parent Signature: _____

Point Alternative Center



Student/Parent Agreement

As a student enrolled in the Point Alternative Center School,

I understand the following guidelines:

1. All students are to adhere to the Dress Code Policy established by Goose Creek District and the Point Alternative Center.
2. Student will abide by the PAC's Student Expectations.
3. The terms of a placement under Education Code 37.006 prohibits the student from attending or participating in school sponsored or school-related activities. (Education Code 37.006(g) applies to in town or out of town activities.)
4. If a student is sent to ISS, per administration he/she may receive NO CREDIT for the day at PAC.
5. If student is suspended, it is the parent's responsibility to pick their child up or make arrangements to have them picked up within an hour of notification.
6. The principal makes final decisions for any questions or concerns regarding dress code or expectations, no exceptions.
7. All Students must adhere to all GCCISD attendance policies and District Contract Agreement.

STUDENT SIGNATURE

PARENT/GUARDIAN SIGNATURE

DATE

Goose Creek Consolidated Independent School District

Point Alternative Center

Student / Parent Handbook Receipt

Student: _____

ID: _____

I hereby acknowledge receipt of the Point Alternative Student / Parent Handbook. I agree to read the handbook and abide by the standards, policies, and procedures defined or referenced in this document.

_____ I have received a hard copy of the student handbook.

The information in this handbook is subject to change. I understand that changes in District policies may supersede, modify, or eliminate the information summarized in this booklet. As Point provides updated policy information, I accept responsibility for reading and abiding by the changes.

I understand that I have an obligation to inform Point Alternative of any changes in personal information, such as phone number, address, etc. I also accept responsibility for contacting Point personnel if I have any questions, concerns, or need further explanation.

Parent Signature

Student Signature

Adminstrator Signature

Date

POINT ALTERNATIVE CENTER
BUS INFORMATION SHEET

GRADE: _____

STUDENT NAME _____

CAR RIDER YES (SKIP TO SIGNATURE) NO (COMPLETE BUS STOP INFO)

A.M. BUS STOP _____

P.M. BUS STOP _____

PARENT/
GUARDIAN SIGNATURE _____

DATE _____

CONTACT NUMBER _____





GOOSE CREEK CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
 Baytown, Texas

STUDENT HEALTH INFORMATION AND EMERGENCY AUTHORIZATION
(Form is Front and Back)

STUDENT'S NAME _____
(Last) (First) (Middle)

SEX: M _____ F _____ DATE OF BIRTH _____

GRADE _____ SCHOOL YEAR _____

STUDENT'S PHYSICAL ADDRESS _____

CITY _____ ZIP _____

Student lives with: (check one) both father mother guardian(s) on own

PARENT/GUARDIAN INFORMATION

Father's/Guardian's Name _____ Home Phone _____
 Employed where _____ Work Phone _____
 E-mail address _____ Cell Phone _____

Mother's/Guardian's Name _____ Home Phone _____
 Employed where _____ Work Phone _____
 E-mail address _____ Cell Phone _____

In an emergency, when parent/guardian cannot be notified, name TWO other local people who will be responsible when Parent(s)/guardian(s) are unavailable and cannot be reached by phone:

Name _____ Relationship _____
 Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____
 Home Phone _____ Work Phone _____ Cell Phone _____

PERTINENT MEDICAL INFORMATION

	YES	NO	Name of MEDICATION for condition/ TIME Taken
ASTHMA			
HEART PROBLEMS			
SEIZURES			
ADHD/ADD			
ORTHOPEDIC			
KIDNEY/BLADDER			
GENETIC DISORDER			
BLOOD DISORDER			
DIABETES Type I _____ or Type II _____			Insulin dependent: yes ___ no ___ Diet controlled: yes ___ no ___ Other: _____
GLASSES			
CONTACTS			
HEARING AID			
OTHER:			
OTHER:			

*****If your child has one of the above chronic health conditions or a life threatening allergy, you will be provided a specific care plan from the school nurse to be completed by your child's physician. This form must be renewed yearly.**

TURN OVER (parent signature required on back)

DOES YOUR CHILD RECEIVE ANY MEDICAL TREATMENTS?

YES ____ NO ____

At home only ____ At school only ____ Both ____

List name of treatment	Time taken	Reason

ALLERGIES

What type: _____ EMERGENCY Medication Prescribed for Allergies?(Check Yes or No

Does the student have any LIFE THREATENING Medical Conditions or Allergies? (Check on Yes or No

If Yes, Please Explain:

As the parent(s), or legal guardian(s) of the child named at the top of this form, I (we) give permission for Goose Creek Consolidated Independent School District Personnel to secure and authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness, that in their judgment is necessary in the best interest of my (our) child while under their supervision. I (we) understand that this written consent is given in advance of any specific diagnosis or hospital care. I (we) also agree to assume and pay for the fees for the emergency medical treatment as authorized in this statement. I understand that this health information sheet is confidential, in accordance with the Family Education Rights and Privacy Act. I (we) give permission for this information to be shared with the other GCCISD personnel as needed. I (we) understand that by my (our) failure to provide written medical documentation to the GCCISD personnel of existing medical conditions, they will have no knowledge about the way in which the condition may affect the student's school work/participation or about the risks the student may be subject to if this medical information is not made known to them. *This written authorization is granted only after a reasonable effort has been made to contact me (us).*

RELEASE AND INDEMNITY AGREEMENT LANGUAGE

For and in consideration of the recitals set forth above and the providing of immediate health care for my/our child, I/we do hereby RELEASE, ACQUIT, and FOREVER DISCHARGE **Goose Creek Consolidated Independent School District** and the City of Baytown Health Care Providers, their agents, servants, trustees, and employees, and all persons, natural or corporate, in privity with them or any of them, from any and all claims or causes of action of any kind whatsoever, at common law, statutory or otherwise, that I/we have or might have, known or unknown, now existing, or that might arise hereafter, directly or indirectly attributable to the providing of such immediate emergency health care for my child.

INDEMNITY

I/We Shall indemnify and hold harmless Goose Creek Consolidated Independent School District and the City of Baytown health care providers, their boards of trustees, officers, administrators, agents, and employees from all suits, actions, losses, damages, claims, or liability of any character, type, or description, including without limiting the generality of the foregoing, all expenses of litigation, court costs, and attorneys' fees for injury or death to any person, or injury to any property, received or sustained by any person or persons or property, arising out of, or occasioned by, the acts of Goose Creek Consolidated Independent School District and/or City of Baytown, their boards of trustees, their agents or employees, in the execution or performance of this agreement to provide emergency health care to my/our child.

Parent/Guardian Signature _____ Date _____



GOOSE CREEK CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

**CIS Coordinator
POINT ALTERNATIVE CENTER
Communities In Schools, Baytown**

Dear Parent/Guardian:

While enrolled at POINT Alternative Center (PAC), your child may participate in Communities In Schools' programs designed to help them reach their potential. Attached, you will find: group expectations in which your child must abide by during their participation in the CIS programs, which will include, Drug and Alcohol Prevention/Intervention and Making Smart Choices. These programs are designed to improve behavior, character, social/interpersonal skills, academic integrity, and decision making skills.

If you have any questions or concerns regarding your child's participation in the offered programs, please contact me during school hours:

Monday thru Friday
7:30am to 3:30pm
Phone: 281-420-4630
Fax: 281-426-2680

The mission of Communities In Schools is to surround students with a community of support, empowering students to stay in school and achieve in life.

Sincerely,

CIS Coordinator



GOOSE CREEK CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

CIS Coordinator
POINT ALTERNATIVE CENTER
Communities In Schools, Baytown

CIS Group Program Expectations

During the duration and participation of the CIS programs, the following are to be expected:

1. Full participation in group discussions and activities.
2. Keep hands and feet to yourself.
3. No profanity
4. All program meetings are to be confidential.
5. Only ONE person speaks at a time.
6. NO Sleeping.
7. Respect yourself, other students, and facility.

As a student enrolled in the Communities In Schools' programs, I understand the following expectations, and as a parent, I agree and accept the participation of my child in the Drug and Alcohol Prevention/Intervention and Making Smart Choices program.

Student Signature

Date

Parent Signature



CIS PARENT CONSENT / RELEASE OF INFORMATION FORM

School Year 2021-2022

Consent to Participate:

1. I give permission for my child (name): _____ to participate in the Communities In Schools (CIS) program for the 2021-2022 school year. Services my child may receive include but are not limited to supportive guidance/counseling, educational support, tutoring, mentoring, enrichment activities, referrals to other agencies, and other: _____.
2. I give permission for my child to complete surveys and/or assessments administered by CIS to guide service planning and determine progress.
3. I acknowledge that this consent is voluntary and may be revoked at any time by informing CIS staff, in writing, except that prior consent will still apply to the extent that agencies have already acted in reliance of it.

Consent to Release of Information:

4. I give permission for CIS to provide and obtain the following information about my child (name): _____ from the school, school district, the Texas Education Agency and/or the CIS National Office: grade reports, attendance records, test scores, disciplinary information, class schedules, identification numbers, free/reduced lunch status, health-related information, special education information, interventions and services provided, survey responses and other: _____.
5. I acknowledge that the information provided and obtained may be used to plan and adjust services that will help my child, for tracking and reporting purposes, and to evaluate and determine the effectiveness of the CIS program.
6. I acknowledge that the records and information released under this consent will be kept confidential to the extent permitted by law and used only for the purpose indicated.
7. I acknowledge that the release of records under this consent is subject to any limitations placed by federal and state law.
8. I acknowledge that this consent allows release of data for the school year listed above. Data from this year will be retained for up to five years and may be shared during that time for evaluation purposes or to provide services that will help my child.
9. I acknowledge that the records released concerning the student may contain references to other persons (i.e., members of the student's family).
10. I understand that the data and information collected on my child including documentation of services provided to my child is maintained in a secure computer database and a case file. I authorize CIS to maintain the information provided for the purposes noted above in the CIS computer database and case file.
11. I acknowledge that I have the right to inspect or obtain a copy of any record released by this consent upon request in writing to the releasing agency, subject to any applicable copying costs and legal limitations.

12. In addition, I give permission for CIS to provide and/or obtain the above information and other information noted below from the following individuals or organizations:

_____	Individual/Organization _____	Information to be Released _____
_____	Individual/Organization _____	Information to be Released _____
_____	Individual/Organization _____	Information to be Released _____

Is my child eligible for free or reduced priced lunch? YES NO

CIS may use photograph(s) or video footage of my child for marketing purposes YES NO

My signature below gives permission for my child to participate in the CIS program. My signature authorizes CIS to obtain the above types of information related to my student and to provide the above types of information to the school, school district, Texas Education Agency, CIS National Office and/or the released agents identified above.

I release Communities In Schools and its employees, volunteers, or agents from liability for accidents, injuries, or illnesses that may occur to my child during his/her participation in the program. My child and I understand that we are voluntarily participating in the Communities In Schools program.

Parent/Guardian Name (Please print): _____ **Date:** _____

Parent/Guardian Signature: _____ *(Signature must be in ink)*

Telephone _____ **Email** _____

CIS Staff Signature: _____ **Date Received:** _____