

PORTER PUBLIC SCHOOLS

JERRY D. WALKER
High School Principal
(918) 483-7011

CHARLES McMAHAN
Superintendent
P.O. Box 120
Porter, Oklahoma 74454
(918) 483-2401 * Fax (918) 483-2310

CHRIS SHERWOOD
Elementary Principal
(918) 483-5231

Porter Consolidated Alternative Education Academy

Emergency Information

Student's Name _____

Father in the home _____

Mother in the home _____

Father's Employer _____ Phone _____

Mother's Employer _____ Phone _____

Family Doctor _____ Phone _____

List two Names and Phone Numbers to contact in case of Emergency:

1. _____ Phone _____

2. _____ Phone _____

Medications or Medical Problems the school or doctor should know about this child:

(Allergies, Medications, etc.)

1. _____

2. _____

Doctors and Hospitals will not treat children without a parent's permission. If you want the school to take your child in an emergency when you cannot be located, please sign the statement below.

Medical Consent: I hereby give the teachers and administrators of the Porter Consolidated Alternative Education Academy program to give permission for medical treatment for _____ in the event I cannot be reached.

Parent's Signature _____

Dated and signed this _____ day of _____ 20____.

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Porter Consolidated Alternative Education Academy Enrollment Continued

Reasons for attending Porter Consolidated Alternative Education Academy:

1. _____

2. _____

List Career Goals: 1. _____ 2. _____

List Special Talents or Interests:

1. _____

2. _____

3. _____

Would you like the Votech School to be a part of your Graduation Plan? Yes ___ No ___

If yes, what program would you like to attend if you know at this time?

Are you employed? Yes ___ No ___

If yes, business name of your employer. _____

Supervisor's Name _____

Address of Employer _____

Phone # _____

If no, would you like to be employed? Yes ___ No ___

Date of this Enrollment _____

Student's Signature _____

Parent's Signature _____

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Student Name _____ Date of Exit _____
Reason for Exit _____

Post-Test Data

Re-entered Program (Y or N) _____
Program Days Missed _____
Total Days Enrolled _____
Number of Days In-school Suspension _____
Number of Days Out-School Suspension _____
Number of Classes in Alt. Ed. Attempted (Semester) _____
Number of Classes in Alt. Ed. Passed (Semester) _____
Number of Classes in Alt. Ed. Incomplete (Semester) _____
Number of Classes in Regular Ed. Passed (Semester) _____
Post GPA _____
Alt. Ed. Hours (Daily 1-4) _____
Enrolled in Career Tech (Y or N) _____ Number of Classes Passed at Career Tech _____
Individual Counseling Sessions _____ Group Counseling Sessions _____
Guidance Sessions _____ Tutoring Sessions _____

Post-Test Scores (Standards)

Pre- Test Reading _____ (Sentence and Word Reading)
Pre-Test Math _____
Pre-Test Composite _____ (Math and Reading)

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Porter Consolidated Alternative Education Academy Placement Agreement

I, _____, am requesting to attend the Porter Consolidated Alternative Education Academy. I agree to follow the same rules and regulations as outlined in my home handbook. I understand that I may return to the regular classroom in the future if certain requirements are met. I also understand that I may remain in the Alternative program for the duration of high school as long as the program exists and I am a student in good standing. I understand that I must earn 24 units of credit to graduate from high school. I understand that I must attend daily and finish my weekly assignments on time in order to stay in the program.

I understand that I have the same rights and responsibilities as the students in my home school. I may attend school activities, including the prom, senior trip, graduation, etc. If I attend a function at the home school, I will supervise by the home school principal.

Student's Signature _____

Date _____

Parent Agreement:

I agree for my child, _____, to attend the Porter Consolidated Alternative Education Academy. I am aware that as part of the program, my child will participate in individual and group counseling. I will support the Alternative Academy by communication with school officials and teachers, requiring regular attendance, and expecting my child to complete the academic work designed specifically to meet his or her educational needs.

Parent's Signature _____

Date _____

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Student Name _____ Date of Enter _____

Date of Birth _____ Age _____ Grade _____ Race _____

Pre-Test Data (Last Semester Data)

1. Absences _____
2. GPA _____
3. Number of Days in-school suspension _____
4. Number of Classes out-of-school suspension _____
5. Number of Classes attempted _____
6. Number of Classes passed _____
7. Number of Classes (Regular Ed) _____

Pre-Test Scores (Standards)

Pre- Test Reading _____ (Sentence and Word Reading)

Pre-Test Math _____

Pre-Test Composite _____ (Math and Reading)

Primary Reason for Referral

Secondary Reason for Referral

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Porter Consolidated Alternative Education Academy
Confidential **Academy Check List** *Confidential*

Nomination Form

Student's Name _____ Date _____

STUDENT IS BEING REFERRED ON THE FOLLOWING CRITERIA:

AT-RISK CRITERIA:

YES NO

- | | | |
|-----|-----|---|
| ___ | ___ | Student and/or parent/guardian willing to sign a contract stating desire to attend and cooperate. |
| ___ | ___ | Teen Parent |
| ___ | ___ | Pregnant |
| ___ | ___ | Poor record of school attendance |
| ___ | ___ | Is currently enrolled in school |
| ___ | ___ | History of truancies |
| ___ | ___ | Eligible for free or reduced price meals |
| ___ | ___ | Failing one or more classes |
| ___ | ___ | Under current suspension from home district |
| ___ | ___ | Has previously been suspended from home district |
| ___ | ___ | Has been suspended from Home District for a weapons violation during the past year. |
| ___ | ___ | Currently uses drugs or alcohol on a regular basis |
| ___ | ___ | Tobacco user |
| ___ | ___ | Adjudicated as a delinquent |
| ___ | ___ | Exhibits behavioral problems that relates to poor academic performance |
| ___ | ___ | One or more years older than most student in his/her current grade level |
| ___ | ___ | Comes from a home where personal crisis or trauma exists or has existed |
| ___ | ___ | Currently living in a single parent home |
| ___ | ___ | Financial reasons make it necessary to work during the day |

- ___ ___ Currently on an IEP from Home District
- ___ ___ Has a low self-esteem
- ___ ___ Is defiant with people in authority
- ___ ___ Is a Juvenile Probation
- ___ ___ Credit recovery

Positive or negative responses may not qualify or disqualify a student from the Porter Consolidated Alternative Education Academy. This information is used in confidence to make a more informed decision.

Principal Signature

Date