BOULEVARD ACADEMY

ALTERNATIVE EDUCATION APPLICATION

**Page 1 to be completed by school counselor**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Application Date\_\_\_\_\_\_\_\_\_\_

Student’s Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Age:\_\_\_\_\_\_\_\_\_     Current Credits:\_\_\_\_\_\_\_\_

Anticipated Graduation Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_                Edmond Home HS:\_\_\_\_\_\_\_\_\_\_

**ELL:**   Yes:□          No:□                              **504:**  Yes:□   No:□if yes, attach a copy

**IEP:**   Yes:□          No:□  if yes, attach a copy

T.O.R.: Alt Ed Placement on **Monitor Only IEP** is Appropriate:    Yes\_\_\_\_\_   No\_\_\_\_\_

Teacher of Record Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason(s) for Referral:    Academic Deficiencies    Behavioral Difficulties

Credit Recovery    Emotional/School Adjustment    Excessive Absences

Family Issues    Fifth Year Senior    Juv. Justice Involvement

Pregnant/Parenting Teen    Recovered Drop-Out    Substance Abuse

More Info / Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Guardian Name(s) & Working Phone Numbers to reach student’s family regarding acceptance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PACKET CHECKLIST

STUDENT/PARENT CONTRACT \_\_\_    BEHAVIOR OBS CHECKLIST  \_\_\_    COUNSELING CONSENT    \_\_\_

MINIMUM / COLL PREP WVR      \_\_\_    CURRENT TRANSCRIPT         \_\_\_    CPR/AED TRAINING            \_\_\_

APPLICABLE BEHAVIOR INFO    \_\_\_       APPLICABLE TESTING INFO  \_\_\_    COPY OF IEP/504                \_\_\_

**Student Contract**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, desire to enter Edmond Public Schools Alternative Education Program, Boulevard Academy.  I agree to the following terms for my entry.

* I will attend school daily, and be on time.  (8:00-2:20 on M-F)
* I will follow all school rules and accept consequences for any rule violation.
* I will complete all school work with my personal best.
* I will avoid violence, profanity, hate, or vulgarity.
* I will not possess or use alcohol, drugs, or tobacco on school property.
* I will respect other students, faculty, staff, and myself.
* I will dress appropriately for school and follow the school dress code.
* I will set positive goals for myself and will take steps to reach them.

I understand that failure to honor this contract may result in my removal from the Edmond Public Schools Alternative Program, Boulevard Academy.

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_

**Parent Contract**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, desire my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to enter Edmond Public Schools Alternative Education Program, Boulevard Academy.  I agree to the following conditions for placement.

* I have read the above expectations for my student and will encourage my student to follow through with his or her commitment to Boulevard Academy.
* I will see that my student attends school daily and is on time.  (8:00-2:20 on M-F)
* I will remain accessible for school contact by keeping an updated phone number and address on file in the school office.  I will contact the school if either changes.
* I will support and reinforce the school rules regarding behavior and dress.
* I will help my student set positive goals and take steps to reach those goals.

I understand that failure to honor this commitment may result in my student’s dismissal from Boulevard Academy.  I believe that this educational setting is appropriate for my student at this time and is in his or her best interest.

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

**Student Behavior Observation Checklist**

**To be completed by the student**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mark all of the behaviors that are affecting school performance right now.

**Boulevard Academy Way**

**#BA WAY**

**ACADEMICS    ATTENDANCE    ATTITUDE**

\_\_\_Declining Grades    \_\_\_Absenteeism    \_\_\_Disruptive in class

\_\_\_Lack of Motivation    \_\_\_Tardiness    \_\_\_Disrespectful

\_\_\_Not doing personal best    \_\_\_Leaving school early    \_\_\_Defiance

\_\_\_Not turning in work    \_\_\_Skipping classes    \_\_\_Negativity

\_\_\_Cheating    \_\_\_Faking being sick    \_\_\_Discipline Referrals

\_\_\_Sleeping in class    \_\_\_Not currently enrolled    \_\_\_Drug Experimentation/Use

\_\_\_Inattentive    \_\_\_In building but not in class    \_\_\_Not following rules

\_\_\_Academic anxiety    \_\_\_Nervous about school    \_\_\_Struggle accepting correction

I realize my current behaviors are negatively affecting my ability to succeed in school.  Therefore, I will take steps to change these behaviors so that I will be more successful while attending Boulevard Academy.

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_

**Boulevard Academy Counseling Consent**

**To be completed by parent/guardian and student**

Edmond Public Schools students attending Boulevard Academy are required to participate in guidance and counseling groups that focus on anger management, substance abuse, conflict resolution, decision making skills, self-esteem, emotional control, and other life skills.  Counselors and professionals from outside agencies will assist us with these groups.  These sessions are of great benefit to the students.

In addition, Edmond Family Counseling Services is contracted with Edmond Public Schools and will provide individual treatment to Boulevard Academy students if needed.  These services will be provided at the request of the student.

By signing this consent form:

1. I authorize counseling services to be provided to my child upon request, and I will sign the appropriate treatment forms and plans with the Edmond Family Counseling Services or any other agency.  These sessions can include, but are not limited to mandatory group sessions, pull-out group sessions, and individual treatment plans.
2. I understand that these services can be provided by the school counselor, Edmond Family Services, or any other professional agency acting on behalf of Edmond Public Schools.
3. I will personally meet with the service providing agency if required for treatment of my child.

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

Student:  By signing this form:  I understand that I will be required to participate in guidance and counseling as described above and that my choosing to not participate can affect my status as a Boulevard Academy student.

Signature of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

**Edmond Public Schools**

**Boulevard Academy**

**215 N Boulevard**

**Edmond OK  73034**

Dear Parent or Legal Guardian:

Senate Bill 982 was passed by the Oklahoma Legislature and signed into law by Governor Henry on June 7, 2005.  The law requires eighth-grade students entering the ninth grade in 2006-2007 school year to complete the college preparatory curriculum in SB 982, unless the student’s parent or legal guardian approves the student to enroll in the existing state high school graduation requirements.  The options for the existing state graduation requirements and new college preparatory curriculum requirements are attached.  Successful completion of either curriculum will result in accomplishment of a standard diploma.

Choosing the courses a student takes in high school is an important decision for you and your child.  With your input, courses chosen for a student’s career pathway can give him or her a head start on career and education success.  A college preparatory curriculum is challenging and may help determine a student’s future success in higher education and the world of work.  Students who take a college preparatory curriculum designed to prepare them for both college and career have more opportunities.  In addition, high school students who enroll in a career pathway at a technology center and meet eligibility requirements have the opportunity to earn college credit while in high school.  This opportunity has been made possible through a new Cooperative Alliance between the State Regents for Higher Education and the Oklahoma Department of Career Tech.

Please complete the information below and return it to the office of your child’s principal or school counselor prior to enrollment.  According to the law, if you do not select the existing state high school graduation requirements, your child will automatically be enrolled in the new college preparatory curriculum.  Please contact the school principal or school counselor if you have questions or need information on local graduation requirements.

As the Parent/Guardian, I am selecting the following curriculum for my student:

**Check One:**

\_\_\_\_\_\_\_\_College Preparatory curriculum in SB982

**Or**,

\_\_\_\_\_\_\_\_Minimum graduation requirements

Student’s Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle Name of High School coming to Boulevard Academy from:       Memorial                North                      Santa Fe

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name (Print)    Parent Guardian’s Signature    Date

Parent/Guardian’s Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_