



Bethel/Dale Alternative Night School

Application Checklist

Students applying to the alternative education program are required to complete in full or provide the following:

- STUDENT ENROLLMENT FORM (INFORMATION SHEET)
- MEDICAL AUTHORIZATION CONSENT FORM
- CURRICULUM SELECTION FORM
- CONFIDENTIALLY RELEASE FORM
- SIGNED BEHAVIOR CONTRACT
- IN-TAKE SCREENING
- ONE-PAGE ESSAY
- GRADUATION PLAN
- PERMIT TO DRIVE (with copy of driver's license and current insurance)
- CURRENT TRANSCRIPT AND MOST RECENT REPORT CARD
(Must be obtained through the counselor's office)
- SHOT RECORDS
(If student is not currently or previously enrolled in Bethel Public School)

After the application has been submitted, a committee consisting of the following will determine if the applicant meets enrollment criteria and is eligible for the alternative education program: the alternative education director, high school counselor/middle school counselor, and high school/middle school principal.

If accepted, an appointment for an interview will be arranged with the alternative education director, Annie Keehn, by calling Bethel High School at (405)273-3633.

A parent/guardian must be present for the interview if the applicant is under the age of 18.

**BETHEL/DALE ALTERNATIVE NIGHT SCHOOL
ENROLLMENT FORM**

Student

Date _____

Name _____
Last First Middle

Social Security Number _____ City/State of Birth _____

Grade _____ Sex _____ Date of Birth _____ Age _____
MM/DD/YR

Ethnic Code: (please circle one) 1. Hispanic 2. African American 3. Native American
4. Asian 5. White 6. Middle East 7. Other

If Indian Descent: Tribe _____ Side Family _____ Roll # _____

Last School Attended _____

Student Cell Phone _____ Student Vehicle Make _____

Vehicle Model _____ Vehicle Color _____ Vehicle Year _____ Vehicle Tag _____

THIS INFORMATION IS USED TO CONTACT YOU IN CASE OF EMERGENCY.

Parent/Guardian #1
(Student is living with)

Parent/Guardian #1 (with whom STUDENT RESIDES):

Please circle one- Dad Mom Grandparent Step Parent Guardian

Relationship of Guardian:

Name _____

Physical Address _____

City/State/Zip _____

Approximate distance from school _____ miles

Mailing Address (if different) _____

Home Phone _____ Cell Phone _____ Email _____

Work Place _____ Work Number: _____

Parent/Guardian #2

Parent/Guardian #2 (Please check: Student living with ___ Student NOT living with ___)

Please circle one- Dad Mom Grandparent Step Parent Guardian

Relationship of Guardian:

Name _____

Physical Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____ Email _____

Work Place _____ Work Number: _____

Emergency
Contacts

Other than PARENTS (who are called first), list at least two people authorized to be called in case of an emergency or to pick up the child from school:

1. _____

Name	Relationship to Student	Phone
------	-------------------------	-------

2. _____

Name	Relationship to Student	Phone
------	-------------------------	-------

NO Contact

Please name any person that you want the school to PREVENT any access to this student.

1. _____

Name	Relationship to Student	Phone
------	-------------------------	-------

2. _____

Name	Relationship to Student	Phone
------	-------------------------	-------

COUNSELOR INFORMATION – PLEASE ANSWER THE FOLLOWING QUESTIONS (Circle appropriate answer)

1. Is either parent in the military? Yes No
 2. Does either parent live or work on Indian Land? Yes No
 3. Is either parent a government employee? Yes No
 4. Is this student currently in foster care? Yes No
 5. Has this student received special services at his/her former school? Yes No
- Please mark all that apply: _____ Title 1 Reading (Reading Lab) _____ Learning Disabilities
 _____ Title 1 Math (Math Lab) _____ Gifted/Talented
 _____ Speech/Language _____ Other (Please Specify)

MEDICAL AUTHORIZATION CONSENT FORM

I, _____, _____
(parent/legal guardian) (address)

The parent having legal custody or the legal guardian of _____,
(student name)

give permission for a doctor or hospital to treat my child as deemed necessary in case of an emergency. I further release Bethel Public School officials from liability regarding said treatment.

I ALSO UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY THE SCHOOL, IN WRITING, OF ANY CHANGES OF MEDICAL INFORMATION.

SIGNATURE _____ **DATE** _____

STUDENT HEALTHCARE INFORMATION

Name of Pediatrician/Family Physician _____ Phone _____

Insurance Company: _____ Policy/Group # _____ Group: _____

Does the student have: DIABETES ASTHMA SEIZURES (circle if YES)

Does this student currently take any medication(s) on a regular basis: Yes No

If YES—NAME of medication and purpose _____

Is the student allergic to anything? (Food, medication, etc.) YES No

IF YES—PLEASE LIST and give reactions _____

Is the student REQUIRED to carry a medical kit? (inhaler, bee sting, etc.) YES NO

NOTE: Unless REQUIRED, student should not have medications on self, in locker, or in his/her possession.

I hereby authorize a designated employee to administer the following prescription medication:

_____ Dosage _____

I hereby authorize a designated employee to administer the following NON-PRESCRIPTION medication:

_____ Dosage _____

Who to contact in case of Emergency?

1. _____
Name Relationship to Student Phone

2. _____
Name Relationship to Student Phone

Curriculum Selection Form

January 12, 2006

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 the 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 CareerTech.

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 or legal guardian, I am selecting the following curriculum for my student:

Check one:

College preparatory curriculum in SB 982

State graduation requirements

Student's Name (print): _____ Grade: _____

Name of High School: _____

Parent/Guardian's Name (print)

Parent/Guardian's Signature

Date

Parent/Guardian's Mailing Address: _____

Daytime Telephone Number: _____

BETHEL/DALE ALTERNATIVE NIGHT SCHOOL

Confidentiality Release Form

The undersigned agrees to allow the school to ask if the following student is involved with the Juvenile Justice System.

Student

Parent Signature OR Student Signature if emancipated and/or 18 or older

Date

Have you ever been involved with the Juvenile Justice System?

Yes No

If yes, when: _____

Explain:

**BETHEL/DALE ALTERNATIVE NIGHT SCHOOL (BDANS)
BEHAVIOR CONTRACT**

This contract is between BDANS and _____.

By signing this contract, I agree to abide by all the rules and regulations of Bethel School and understand that I may lose MY PRIVILEGE to attend for violation of these rules.

I understand my enrollment at BDANS may be immediately terminated for violation(s) of any of the following rules:

- 1) **Disruption:** a student shall not by use of violence, force, threatening, or any other means cause disruption to any students, faculty, or school property.
- 2) **Insubordination and Disrespect:** a student shall not disregard or refuse to comply with reasonable requests of school employees or directions given by the teacher or school official. **REFUSAL TO WORK** will result in dismissal from the program. Examples of refusal to work include but are not limited to: sleeping in class, texting, being on websites other than Odysseyware, being on a different subject area than that assigned by the instructor, or refusal to login and work on the computer. The **THIRD** time an instructor reports a student for refusal to work, he/she will be dismissed from the program.
Students are to remain **ONLY** on the Odysseyware website unless doing research or course work assigned by the instructor. This includes staying off other websites and the games on the computer.
- 3) **Damage to School Property:** a student shall not cause or attempt to damage any part of school property. In addition, restitution may be required and/or charges may be filed with the proper authorities.
- 4) **Attendance:** A student shall attend school in compliance with the compulsory attendance laws of Oklahoma. Students are allowed up to 2 absences per class/night attended (2 absences for 1 class; 4 absences for 2 classes; 6 absences for 3 classes; 8 absences for 4 classes) per semester. Absences exceeding these limits may result in dismissal from the program. Three tardies count as one absence. Excused absences are not allowed unless deemed necessary by the director. Leaving class early for a work obligation may be excused if **PREARRANGED** with Mrs. Keehn. Documentation must be provided from the employer to make these arrangements. Unless approved by Mrs. Keehn, any other instances of leaving class early will result in an absence for that night of class.

In addition to meeting the attendance requirements, students must complete Odysseyware course requirements to receive credit for the given class. If the curriculum is not completed at the end of the semester, the student will receive an Incomplete ("I") grade until the coursework is finished, regardless of attendance.
- 5) **Assault and/or Battery:** physical violence (or the threat of) will not be tolerated.
- 6) **Weapons:** a student shall not possess, use, or conceal any type of weapon.
- 7) **Drugs or Alcohol:** No student shall be under the influence or possess any type of drugs or alcohol while at school. This includes cigarettes and vapes.
- 8) **Criminal Behavior:** this behavior is defined by law to include, but not be limited to, assault, battery, larceny, robbery, malicious mischief, vandalism, unlawful assembly, fighting, false alarms and reports, arson, forgery and gambling.
- 9) **Motor Vehicles:** a student shall not operate a motor vehicle in a reckless manner on school property.

- 10) **Profanity, Obscene Language and Gestures:** a student shall not use profanity, obscene language or gestures at school.
- 11) **Cult/Gang Behavior:** cult or gang behavior through dress, actions, grooming, jewelry, color, trademark, or any other actions is prohibited.
- 12) **Cell phones:** Cell phones are not allowed out during class time and are only allowed to be on and used during break times. If a phone is seen or heard by the instructor, it must remain on the teacher's desk or not brought to class at all. The **FIRST** time a student is caught texting during work time, the student will no longer be allowed to bring a cell phone into the building.
- 13) **Excessive Display of Affection:** excessive displays of affection will not be tolerated in the classroom, halls, or anywhere on school property.
- 14) **Visitors:** students will have **NO VISITORS** during class. Parents/Guardians should check with the director or the teacher upon arrival.
- 15) **Closed Campus:** upon arriving at BDANS, students are not allowed to leave without permission from the director or teacher. Students must stay in designated areas at all times while attending night school unless accompanied by the instructor. **Designated areas are the library computer lab and the hallway between the library and the north exit doors.** Students will only be allowed in the high school restrooms during the appropriate break times.
- 16) **Clothing/Piercings:** students will abide by the school dress code. Students shall have ear jewelry only.
- 17) **Food/Drink:** students are allowed to bring food from home for dinner if students are not purchasing a pre-made dinner from our cafeteria. Drinks must be brought in a closed container and opened in front of the teacher upon arrival. **NO ENERGY DRINKS ARE ALLOWED.** No food/drink are allowed in the computer lab.
- 18) **Additional Rules:** Any and all rules in the school handbook will be followed. A copy of the school handbook may be found on the school district's website. **Violations of Board of Education Policies, Rules and Regulations:** a student shall not violate any school policies of the Bethel or Dale Schools.

Credits: students may earn up to four (4) credits per semester in BDANS. Additional credits (2) may be given for electives and/or work-study. Proper documentation for work-study will be required. Additional credits may also be given for enrollment in Gordon Cooper Technology Center.

Graduation Requirements: each school will establish their own graduation requirements and regulations regarding participation in graduation ceremonies, etc.

This agreement was entered into this _____ day of _____ 20_____.

Signed:

_____ Student _____ Parent _____ Director

Schedule for classes:	Monday	4:00-8:15	Science	Mrs. Thompson
	Tuesday	4:00-8:15	English	Mrs. Johnson
	Wednesday	4:00-8:15	Math	Mr. Zimmerman
	Thursday	4:00-8:15	History	Mrs. Wood

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Student

Parent

Director

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BETHEL/DALE ALTERNATIVE NIGHT SCHOOL (BDANS)

Alternative Education In-Take Screening

Date:

Student's Name:

Age:

Birthdate:

Information:

Please answer the following in complete sentences.

1. Why do you want to be in alternative night school?
2. Do you want to be a full-time or re-entry student?
3. Where did you last attend school? (If more than one school in the last three years, give school's name and address.)
4. Have you ever been retained? If so, when?
5. Have you been in any special education or remedial classes?
6. Have you ever been suspended from any school? If so, why?
7. Is this a court related placement?
8. Will any court related personnel be contacting our school concerning your placement? If so, why?

9. Do you have a driver's license? If not, have you passed the reading test?

10. If you have a driver's license, are you aware that it can be revoked if you drop out of school before age 18?

11. Do you have a part-time job? If so, what type of hours do you work?

Where do you work?

12. What are your plans after graduating?

13. Is there any information or questions about the alternative program that you would like to ask?

14. Are there any other topics that need to be addressed?

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10. If you have a driver's license, are you aware that it can be revoked if you drop out of school before age 18?

11. Do you have a part-time job? If so, what type of hours do you work?

Where do you work?

12. What are your plans after graduating?

13. Is there any information or questions about the alternative program that you would like to ask?

14. Are there any other topics that need to be addressed?

Alternative Education In-Take Screening Continued
Check all statements that fit you and write any comments you would like to explain.

I'm bored with school.

I don't have any friends.

I have a negative attitude about school.

Math is difficult for me.

I have personal or family issues.

I don't fit in.

Drugs or alcohol have impacted my life.

I got in trouble with the law.

I don't like school or I'm not interested in school.

I have a hard time reading.

I've been absent a lot.

My behavior- I get in trouble a lot.

My teachers should know:

How committed are you to finishing school?

Not very 1 2 3 4 5 6 7 8 9 10 Very committed

Name _____ Date _____

Graduation Plan

- Every student in the Alternative Education program will be asked to complete a Graduation Plan.
- The graduation plan will help you prepare for your future.
- Keep the plan updated each year by working with your parents, teachers, and school counselor.

Student Identification

Name	Year of Graduation
Address	Phone
City, State, Zip	Parent/Guardian
E-mail	

Graduation Promise

Student

I understand that education is the key to my future and therefore commit to graduate from high school. I will also take the time to plan and prepare for life after high school by:

- being a responsible citizen and making good decisions;
- going to school and actively participating in my learning;
- studying hard and turning in my homework;
- pushing myself to complete all my courses;
- exploring different careers and learning how college includes lots of options: (two – and four-year degrees, certificates, apprenticeship programs, and the military);
- asking for help when I need it, and;
- doing my best on CRT/EOI and other tests.

Signature of Student

Date

Parent/Guardian

I/We will continue to help my/our student succeed in school and prepare for success after high school.

Signature(s) of Parent(s)/Guardian

Date

PERMIT TO DRIVE – NIGHT SCHOOL

STUDENT DRIVERS: _____ (Print Name) Grade _____

Students' Driver's License Number _____

Student drivers of licensed vehicles must have a valid driver's license, insurance and registration. Student drivers are to be courteous and show proper conduct while in their vehicles. All vehicles driven to school by students are to be registered in the principal's office. Upon proper registration, a parking permit will be issued. **PARKING PERMITS MUST BE DISPLAYED AT ALL TIMES WHILE ON SCHOOL PROPERTY.** Failure to comply may result in student losing driving privileges. **FAILURE TO ACQUIRE A PARKING PERMIT WILL RESULT IN CARS BEING TOWED.**

1. Upon arrival at school, vehicle will be parked in the fenced student parking lot which is west of the band room and north of the road. It will not be moved until the student is released from classes for the day or has permission from the principal to leave campus. Student drivers are not to pick up riders and leave campus without permission.
2. The speed limit in the school zone is 20 mph. This speed zone will be observed at all times during school hours or when students may be arriving at or leaving to school. **(THE SPEED ZONE BEGINS AT A POINT ¼ MILE NORTH, SOUTH, EAST AND WEST OF THE SCHOOL.)** Speed limit in the school parking areas is 10 mph.
3. Students **will not** be in their vehicles except upon arrival and departure from school. Students **will not** be allowed to sit in vehicles across from the school or on school property before, during or after school hours.
4. **Failure to abide by these rules WILL result in driving privileges being revoked.**

VEHICLE ALARMS

All student vehicles which are equipped with alarms must indicate the type of alarm on this student vehicle registration form. The only types of alarms that will be allowed to be activated while on campus are glass sensor and door pins. **Motion sensor and motion detector type alarms will not be allowed to be activated while on campus.**

CAR STEREOS

Students should not play car stereos at maximum volume or at a volume which is loud and disruptive. Stereos are to be heard inside vehicles only. Students who violate this policy will be prohibited from playing their car stereos on school grounds.

BRING DRIVERS LICENSE AND INSURANCE VERIFICATION TO OFFICE FOR COPYING.

VEHICLES TO BE DRIVEN

<u>YEAR</u>	<u>MAKE&MODEL OF VEHICLE</u>	<u>COLOR</u>	<u>TAG NUMBER</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Alarm Type: _____

Student's Signature

School Issued
Permit Number: _____

Parent's Signature

Date Issued: _____

Principal's Signature

