

SULPHUR SPRINGS ISD
Disciplinary Alternative Education Program
Intake Information



Student Name: _____

Today's Date: _____

_____ (Guardian Initials) **All registration information regarding the following areas is up to date for this current year:**

- Primary Guardian Contact Info
- Emergency Contact Info
- Alert Information (if applicable)
- Student Info, Health Info & Food Allergies
- AUP (Acceptable Use Policy)
- Authorization to Administer Medication at School

_____ (Guardian Initials) **I give permission for my student to be given "over the counter" medication for minor ailments (i.e. headaches, upset stomach, etc.). We keep the following OTC medicine on hand:**

- Advil
- Tylenol
- Pepto Bismol Tablets
- Cough Drops

Is your student currently on probation? *(circle one)*

Yes No

If yes, what is the name of the Probation Officer? _____

How will this student be transported to/from DAEP? *(circle one)*

Car Rider Driver (park off campus only) Walk

_____ (Guardian Initials) **I have received a copy of the DAEP Handbook**

_____ (Guardian Initials) **I understand the DAEP dress code**

_____ (Guardian Initials) **I have turned in my student's laptop and charger to SSHS**

_____ (Guardian Initials) **I understand that while my student is enrolled in the DAEP program, he/she is not allowed on SSISD property and cannot attend SSISD functions. Failure to comply with this policy can result in an additional placement and/or a Criminal Trespass Warning and/or a Criminal Trespass Charge being filed against your student.**

_____ (Student Signature) **I understand that while I am enrolled in the DAEP program, I am not allowed on SSISD property and cannot attend SSISD functions. Failure to comply with this policy can result in an additional placement and/or a Criminal Trespass Warning and/or a Criminal Trespass Charge being filed against me.**

