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.**

REGISTRATION INFO (SKYWARD)

Any changes/updates need to be indicated below (if applicable):

- Primary Guardian Contact Info

- Emergency Contact Info

- Alert Information (if applicable)

- Student Info, Health Info & Food Allergies

- Medication

  ***IMPORTANT** - All medications must have authorization from a physician (including over-the-counter) as well as the parent/guardian. AAC will NOT administer any medication without both authorizations. AAC will not provide OTC medication. All medication must be provided by parent/guardian and must be in an original unopened container.*