

## ENROLLMENT FORM

Returning School District # \_\_\_\_\_

SCHOOL DIST # \_\_\_\_\_

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Grade: \_\_\_\_\_ Special Education \_\_\_\_\_ Alternative \_\_\_\_\_ Home School: \_\_\_\_\_

Number of Absences to Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ Tentative Return Date: \_\_\_\_\_

(Is this a 45 day Placement? Yes \_\_\_ N \_\_\_)

Classroom Assignment: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Race: Black ☐ Caucasian ☐ Hispanic ☐ Other ☐ Bus/Van Assignment \_\_\_\_\_

Uniform Shirts: Long Sleeve ☐ Short Sleeve ☐ P.E. ☐ Issued By: \_\_\_\_\_

### INTAKE – AAA & DISTRICT REPRESENTATIVE SIGNATURES

\_\_\_\_\_  
AAA Academy Administrator Signature

\_\_\_\_\_  
District Representative Signature

### District Contact: Billing, Attendance & Contracts

Name: \_\_\_\_\_ Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Required Documents	Yes	No	Notes
Student SIS #			
Birth Certificate			
Current IEP / Behavior Plan			
Other Plan (504)			
Related Services: Speech/PT/OT/Other			
Progress Monitoring—Identify Program			
ESY - Extended School Year			
Health/Immunization Records * Current			
Previous Grade / Attendance records			
Screening Test—Identify Test			
Vision/Hearing Screening / Examination / RTI			
Does child wear Glasses / Contact Lenses			
Federal / State Constitution Instruction Dates			



2024 – 2025

13801 S Chatham Ave  
Blue Island, IL 60406  
Phone: 708-206-0000  
Fax: 708-957-5324

EMERGENCY CONTACT INFORMATION

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

With whom does the student live? \_\_\_\_\_

OTHER EMERGENCY CONTACT INFORMATION

PLEASE LIST ONE OTHER PERSON WE CAN CONTACT IN THE EVENT OF AN EMERGENCY

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_



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## SEARCH POLICY

I, \_\_\_\_\_ (Parent or Guardian), have received notification from AAA Academy that the staff will search the person and effects of my child, \_\_\_\_\_.

I understand such searches will be conducted whenever there is suspicion that he or she may be in possession of any weapon, drugs, or other dangerous or unlawful items.

I understand that such suspicion may be based on circumstantial, third party, or hearsay information, as well as direct observation.

I understand that such a search is done to protect the safety and well-being of my child and others.

Also, I understand that any illegal items or controlled substances found in such a search will be turned over to the local police so that they make take the appropriate steps.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Legal Guardian)

I, \_\_\_\_\_ (student), have read and understand the above procedure signed by my parent/guardian and agree to comply with the procedure.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Witness)



# Alternative Academic Achievement Academy



13801 S Chatham Ave  
Blue Island, IL 60406  
Phone: 708-206-0000  
Fax: 708-957-5324

August 1, 2024

Dear Parent:

RE: Student Handbook

Enclosed is a copy of the **Alternative Academic Achievement Academy 2024-2025 Student Handbook**. In the next day or two please read the handbook with your child and make sure that he or she has a thorough understanding of the rules and regulations. If either you or your child have any questions, please feel free to contact me by calling 708 206-0000.

The Academy has implemented a software program (Praxi School) which will enable you to access student information including grades and attendance. Please review the updated section of the handbook (page 16).

Again, sign and return the bottom portion of this letter **after** you and your child have read and discussed the rules.

Thanks very much for your cooperation.

Yours truly,

Robin Guthrie/ David Millman  
Principal

\*\*\*\*\*

***Student 2024-2025 Handbook Acknowledgment***  
***Please return by Monday August 12, 2024***

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

***"All Children Are Worth Saving"***

## Alternative Academic Achievement Academy



To: Parents/Guardians

From: David Millman/ Robin Guthrie  
Principals

13801 S Chatham Ave  
Blue Island, IL 60406  
Phone: 708-206-0000  
Fax: 708-957-5324

Date: August 1, 2024

Re: Attendance

Students enrolled at the Alternative Academic Achievement Academy are of compulsory school age. Whoever has custody of a child is responsible for their daily school attendance.

Students are considered “truant” when absent without a valid cause. The Illinois School Code defines “valid cause” for absence as follows – observance of a religious holiday, death in the immediate family, family emergency, and shall include such other situations beyond the control of the student as determined by the board of education in each district, or such other circumstances which cause reasonable concern to the parent for the safety or health of the student. If your child frequently does not feel well enough to attend school, please arrange for them to have a physical immediately. A doctor’s statement is needed to support any physical condition resulting in non-attendance.

Please adhere to the procedures for reporting absences as stated in the 2024-2025 Student Handbook.

1. Call AAA Academy Attendance line at (708) 206-0000 before 7:00 a.m. each day your child is absent.
2. Parents must send a *written note* to school on the same day that your child returns to school.

In the event that the student misses the bus/van, it is the responsibility of the parent/guardian to arrange for their transportation to the Academy. **The student is to be escorted to the main office by the parent/guardian or the person who transported them to school.** A completed tardy slip will be the student’s admittance to class.

Thanks so very much for your cooperation.

I have read and understand the attendance policy.

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

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ROBIN GUTHRIE

DAVID MILLMAN

FREDA MCARTHUR

SHELTON FLOWERS

PRINCIPAL

PRINCIPAL

EXECUTIVE DIRECTOR

DIRECTOR

13801 S Chatham Ave  
Blue Island, IL 60406  
Phone: 708-206-0000  
Fax: 708-957-5324

## TRUANCY POLICY

Truancy is defined as an accumulation of unexcused absences that total more than 5% of the days in the current school year. The Compulsory Attendance Law requires that all children aged 7 – 17 must attend school and that it is the responsibility of the Parents/Guardians to see that they attend.

Please note that the Illinois School Code defines "valid cause" for absence as follows – *observance of a religious holiday, death in the immediate family, family emergency, and shall include such other situations beyond the control of the student as determined by the board of education in each district, or such other circumstances which cause reasonable concern to the parent of the safety or health of the student.*

When the student is absent for more than five (5) consecutive days without an excuse or notice, the AAA Academy will notify the parent that the absences will be referred to the School District for possible legal action.

Absences of student from school constitute a hindrance to the student's education. Therefore, parent (s) or guardian (s) is advised to follow the AAA Academy policy in the Student Handbook to assure their child's continual progress.

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date





School Year 2024-2025

Dear Parents/Guardian:

13801 S Chatham Ave  
Blue Island, IL 60406  
Phone: 708-206-0000  
Fax: 708-957-5324

**RE: TRANSPORTATION PROCEDURES**

AAA Academy provides a special service to our students. Your child is transported from your home to the school property as a convenience to you, but also to insure their safety. We take pride in helping our students arrive at school in a timely manner and ready to learn.

Our driving staff makes every effort to schedule a pick-up time for your child. To accommodate our growing number of students, throughout the school year, it will be necessary to make changes to the transportation routes. This may slightly alter the pick-up and drop off times.

The morning transportation routes will being at **7:00 am**. Your child should be prepared for pick-up at this time. The horn will signal the driver's arrival. **The child must board the vehicle within 3 minutes.** Students must be in uniform when they board the vehicle (See "Student Dress Code" in 2024-2025 – Student Handbook). If your child has not boarded the vehicle within this time, the driver will assume that your child is not attending school on this day and will continue with the route. It then becomes your responsibility to provide transportation for your child this day. Drivers will not return to pick-up students. Drivers are required to give a report when they arrive at the school.

Keep in mind that AAA Academy drivers are picking up your child on an individual route. If your child will not be attending school, please call **708.206.0000 and communicate this information before 7:00 A. M. the day of the absence to give the driving staff time to adjust their routes.**

Thank you in advance for your cooperation.

Yours truly,

David Millman/ Robin Guthrie  
Principal

**I have read and understand the above information.**

**Parent/Guardian Signature:** \_\_\_\_\_

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**AUTHORIZATION FOR EXCHANGE OF  
CONFIDENTIAL INFORMATION**

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

As the parent of legal guardian of the above-named student, I hereby grant permission to the Alternative Academic Achievement Academy staff to exchange confidential information concerning my child with:

\_\_\_\_\_  
(Agency, School District, Individual, etc.)

- I understand that the purpose of this Authorization is for case collaboration.
- I understand that my permission covers the release of permanent and temporary records, as well as the release of confidential records and reports.
- Also, I understand that I have the right to inspect any copy of school records to challenge the content of the records, and/or limit this consent to specific records of portions of the records which I have designated below:

\_\_\_\_\_  
This authorization terminates one calendar year from the date of permission.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature – age 12 and older

\_\_\_\_\_  
Date

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**EMERGENCY MEDICAL RELEASE FOR**  
**ALTERNATIVE ACADEMIC ACHIEVEMENT ACADEMY**

I, (Parent or Guardian) \_\_\_\_\_, give my permission to the **Alternative Academic Achievement Academy** staff to obtain medical care for my child in the event of a serious illness or accidental injury.

Student's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Legal Guardian

**EMERGENCIA DE LIBERACION MEDICA PARA**  
**ALTERNATIVE ACADEMIC ACHIEVEMENT ACADEMY**

Yo, (Padre o Guardian) \_\_\_\_\_, le doy permiso a los empleados de **Alternative Academic Achievement Academy** de obtener el cuidado médico para mi niño en caso de una enfermedad grave o herida accidental.

Nombre de Estudiante: \_\_\_\_\_

Firma: \_\_\_\_\_ Fecha: \_\_\_\_/\_\_\_\_/\_\_\_\_

Padre o Guardian

# Alternative Academic Achievement Academy



## AUTHORIZATION AND PERMISSION FOR ADMINISTRATION OF MEDICATION

13801 S Chatham Ave  
Blue Island, IL 60406  
Phone: 708-206-0000  
Fax: 708-957-5324

Date: \_\_\_\_\_ Student Home School: \_\_\_\_\_ District: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School medications and health care services are administered following these guidelines:

- Physician/Prescriber signed dated authorization to administer the medication.
- Parent signed dated authorization to administer the medication.
- The medication is in the original container, label contains the student name, name of the medication, and direction for use and date.
- Annual renewal of authorization and immediate notification, in writing, of changes.

Physician Authorization:

_____	_____	_____
Medication/Health Care Treatment	Dosage	Time to be administered

_____	_____
Intended affects of this medication	Expected side effects, if any

\_\_\_\_\_

other medications student is taking

May student self-administer medication under supervision of Health Service personnel or designate?  
(A student self-administration form must be completed) (Please circle) YES or NO

Administrative instructions :

\_\_\_\_\_

Discontinue/Re-evaluate/Follow-up Date (Circle one)

\_\_\_\_\_

Prescriber's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

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## ALTERNATIVE ACADEMIC ACHIEVEMENT ACADEMY CONFIDENTIAL HEALTH QUESTIONNAIRE

13801 S Chatham Ave  
Blue Island, IL 60406  
Phone: 708-206-0000  
Fax: 708-957-5324

STUDENT'S NAME \_\_\_\_\_

ROOM NO. \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

In order to better serve your child's educational and health needs, the following information is requested to keep your child's health records current. This information will only be shared with appropriate staff.

Does your child have a health history of the following:

	YES	NO	COMMENTS
ASTHMA			
ALLERGIES*			
EPI PENS			
SEIZURES			
HEART DISEASE			
EAR INFECTIONS			
HEARING			
DIABETES			
ADHD			
SURGICAL HISTORY			
MEDICATIONS **			
OTHER			

Does your child wear: GLASSES \_\_\_\_\_ CONTACT LENSES \_\_\_\_\_

(Please check) For: Constant Wear \_\_\_\_\_  
Distance \_\_\_\_\_  
Reading only \_\_\_\_\_  
Close work \_\_\_\_\_

\*Doctor's note required.

\*\* If your child needs to receive medication during the school day, a permission form **must** be signed by prescriber and parent/guardian.

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

\_\_\_\_\_  
Date

Office Use: Nurse Verified \_\_\_\_\_

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# SCHOOL TECHNOLOGY STUDENT/PARENT AGREEMENT



13801 S Chatham Ave  
Blue Island, IL 60406  
Phone: 708-206-0000  
Fax: 708-206-0024

Please read, sign and return this form to AAA Academy. If not returned, the student will not be permitted access to the Internet until this signed Agreement is received.\*

Student Name: \_\_\_\_\_  
Please Print

Date: \_\_\_\_\_

While using the Internet, I am responsible for everything I write and do. I agree to be considerate and civil. I will follow the school's rules and guidelines for proper use of all technology as outlined below:

- ✚ Using obscene language or graphics
- ✚ Insulting, harassing, or threatening others
- ✚ Sending, displaying, or downloading offensive messages or picture
- ✚ Damaging any computer, computer systems, or computer parts
- ✚ Changing any computer, printer, etc. configurations
- ✚ Violating any laws
- ✚ Using other user's passwords
- ✚ Opening, changing, deleting, etc. others files, folders or work
- ✚ Wasting school owned resources

I understand that misconduct and/or misuse of any technology, including the Internet, will result in the following consequences in part or all:

1. Warning;
2. Loss of computer use;
3. Additional disciplinary action to be determined by the Principal
4. Legal action, when applicable

\*Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child does have my permission to access the Internet under the supervision of his/her Computer Resource Teacher.

\*Parent Name: \_\_\_\_\_  
Please Print

\*Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## MUTUAL RELEASE AGREEMENT FORM

Mutual release executed on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
Month Year

between the Alternative Academic Achievement Academy (the first party) 13801 Chatham, Blue Island, Illinois 60406 and Parent/Guardian (the second party).

The parties have agreed to execute this mutual release agreement of photographs and/or information concerning \_\_\_\_\_,  
Child's Name

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Address, City, State, Zip Code

\_\_\_\_\_  
Phone Number

Photographs and/or information concerning \_\_\_\_\_  
Child's Name

will be solely used for the purpose of promotion and/or marketing of services provided by the Alternative Academic Achievement (the first party) at 13801 Chatham, Blue Island, Illinois 60406.

*Freda McArthur*

Freda McArthur, Director

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Revised: 6/21/22 cw

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PraxiSchool Parent Portal Access Request Form

13801 S Chatham Ave  
Blue Island, IL 60406  
Phone: 708-206-0000  
Fax: 708-957-5324

Praxi School is an innovative tool that allows parents to access their student's academic Information twenty-four hours a day, seven days a week, via a secure internet website. PraxiSchool provides comprehensive student data that includes the following:

- Coursework
- Attendance
- Behavior Information

Our new technology will allow parents the ability to monitor their student's academic progress on a daily basis. The Parent/Guardian is required to complete a "PraxiSchool Parent Portal Access Request Form prior to being granted.

AAA Academy will provide the **School ID** and **Parent ID** information. The Parent/Guardian will create a unique password. **AAA Academy does not have access to password information.**

To register for the Parent Portal, please provide the following information below and return this form

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PraxiSchool Parent Portal Access Request Form:

Parent/Guardian Name: \_\_\_\_\_

(Please Print) Parent E-Mail address: \_\_\_\_\_

Student Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

A Welcome to the Parent Portal e-mail will be sent to the e-mail provided when the request has been completed. The welcome e-mail will come from Office – AAA Academy and will provide the login instructions. Please allow 5 business days to process. Please contact AAA Academy at 708-206-0000, should you have any questions.

**\*Note: This system is intended to promote a better home/school connection and not intended to report absences, complaints and criticism. Phone calls should be made directly to the school for such matters.**

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Office Use: Date Received \_\_\_\_\_ Staff Initials \_\_\_\_\_

\*1. Completed form: Student file. 2. Copy sent to Directors Admin and Asst. Principal

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