



A New Mexico Public Charter School

# The ASK Academy

*21<sup>st</sup> Century Design Thinking*

4311 Sara Road - Rio Rancho, New Mexico 87124



## Scholar Application 2011-2012

Scholar Name \_\_\_\_\_

How did you hear about The ASK Academy?

\_\_\_\_\_ Internet

\_\_\_\_\_ Newspaper

\_\_\_\_\_ Radio

\_\_\_\_\_ Television

\_\_\_\_\_ Word of Mouth

\_\_\_\_\_ Drove by the building and saw the sign

\_\_\_\_\_ Other \_\_\_\_\_



# The ASK Academy Charter School Registration Form 2011-2012

Today's Date

<b>Scholar's Last Name</b>	<b>Scholar's First Name</b>	<b>M.I.</b>	<b>Grade in 11-12</b>	<b>Does the scholar have an IEP?</b>	<b>Does the scholar receive ELL Services?</b>		
				Yes   No	Yes   No		
<b>Address</b>	<b>Zip Code</b>	<b>Home Phone</b>	<b>Scholar's Cell #</b>	<b>Scholar's E-mail</b>			
<b>SCHOLAR'S ETHNICITY:</b> Is the scholar Hispanic or Latino?	<b>SCHOLAR'S RACE:</b> You MUST choose one or more		<b>If American Indian/Alaskan Native Name of Tribal Affiliation(s)</b>	<b>Gender</b>			
Yes   No	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian Other Pacific Islander <input type="checkbox"/> White			Male Female			
<b>Scholar's Birthplace (Country Only)</b>	<b>If not born in USA, how years in this country?</b>	<b>Date of Birth</b>		<b>Age</b>			
<b>School Last Attended</b>	<b>Address, City, State and Zip Code</b>			<b>Last Date Attended</b>			
<b>First Parent/Guardian</b>	<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Is scholar living with this person?</b>	<b>Legal Guardian</b>	<b>Home Phone #</b>	<b>Cell Phone #</b>
				Yes   No	Yes   No		
	<b>Address</b>	<b>Zip Code</b>	<b>Employer</b>		<b>Work Phone #</b>	<b>E-mail</b>	
<b>Second Parent/Guardian</b>	<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Is scholar living with this person?</b>	<b>Legal Guardian</b>	<b>Home Phone #</b>	<b>Cell Phone #</b>
				Yes   No	Yes   No		
	<b>Address</b>	<b>Zip Code</b>	<b>Employer</b>		<b>Work Phone #</b>	<b>E-mail</b>	
<b>If other than legal guardian, person with whom student lives:</b>							
<b>Relationship</b>	<b>Last Name</b>	<b>First Name</b>		<b>M.I.</b>	<b>Home Phone #</b>	<b>Cell Phone #</b>	
<b>Emergency contact (friend, neighbor or relative other than parent)</b>		<b>Phone #</b>		<b>Student's Physician</b>		<b>Phone #</b>	

<b>Is the scholar McKinney-Vento Eligible (see description below)?</b>	<b>Yes</b>	<b>No</b>
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Students who are otherwise legally entitled to or eligible for a free public education and lack a fixed, regular, and/or adequate nighttime residence - sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, camping grounds or trailer parks due to lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement - have a primary nighttime residence that is a private or public place not designed for or ordinarily used as a regular sleeping accommodation for human beings - living in a car, park, public space, abandoned building, substandard housing, bus or train station, or similar setting - migratory students who are living in a situation described above

<b>Has your family moved in the past 36 months to another city or state to pick crops, weed fields, work on ranches, or work in canneries?</b>	<b>Yes</b>	<b>No</b>
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	<b>What language does your child speak most of the time? (Check only one)</b>	<b>What was your child's first language? (Check only one)</b>	<b>What languages, other than those learned at school, does your child speak? (Check all that apply)</b>	<b>What languages other than English are used to communicate with your child by any family member in your home environment? (Check all that apply)</b>
English				
Spanish				
American Indian Language (Specify)				
Asian Language (Specify)				
Other (Specify)				

<b>What language do you prefer to use when contacted by the school?</b>	
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<b>Do you wish to be notified prior to pesticide application during the school year?</b>	<b>Yes</b>	<b>No</b>
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<b>Name of EACH school age child</b>						
<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>School</b>	<b>Grade</b>	<b>Emergency Ph. #</b>	<b>Date of Birth</b>

I would like to receive information about student accident insurance. I understand that without the insurance, medical costs will not be paid in case of accidents at school.

Yes, I need insurance information     No, my scholar is covered by another insurance or medicaid

_____	_____
<b>Parent/Guardian Signature</b>	<b>Date</b>



# The ASK Academy

## e2020 Online Credit Program – Night School Expectations & Contract

Contract Date \_\_\_\_\_

This agreement is made by and between and The ASK Academy e2020 Online Credit Program Administrator,  
(Scholar Name) \_\_\_\_\_  
and (Parent Guardian Name) \_\_\_\_\_

You have been given the unique opportunity to participate ASK Academy Graduate New Mexico Night School Program using the e2020 online credit program. This program gives scholars an opportunity to obtain high school credits by earning core and/or elective credits online. Each semester course is worth ½ credit.

Taking these courses is a privilege, **NOT** a right. Take advantage of this unique opportunity, or the privilege may be revoked and the spot in the course may be given to another scholar.

### Attitude

This is a class at the ASK Academy and, therefore, attendance is mandatory. Scholars are expected to be in their seats, ready to begin work on their course without prompting from the project manager. This is not a time for scholars to socialize. Scholars are not to be playing games or visiting websites that are not related to the course they are taking. Scholars are expected to remain engaged and focused on their academic responsibilities during class time.

The scholar is agreeing to actively participate in completing the curriculum work as assigned. This program is rigorous and demanding. If the scholar does not work diligently and show adequate progress in their course, they may be removed from the program, their access to the online course revoked.

### Curriculum

Most of the curriculum will be delivered through education2020, an online curriculum, but some courses will require additional projects and labs (for lab science courses). In the online curriculum, the scholar will be able to “test out” of those concepts they already know (through the use of course pre-tests). The online program may be accessed from home as well as in class, but final cumulative exams must be taken with the e2020 project manager.

The expectation is that the scholar will complete each course within a three month window. The scholar must keep up a good pace to complete this course within the three month window. Achievement is based on motivation and effort, if they work hard and commit their time to being productive and completing the program, they may finish early. Upon completion of one course, scholars may register for another course.

The online program will keep track of course progress and deliver progress reports weekly. In addition, scholars and parents may view progress online at any time using the scholar’s log-in information.

I understand that being a part of the ASK Academy Graduate New Mexico Night School Program using the e2020 online curriculum is a privilege and agree to the expectations listed above. Standing in this program will depend on the scholar’s ability to earn credit and not be a hindrance to the project manager, their fellow scholars, and themselves. If they choose not to comply with the expectations of the program, they accept the responsibility of their actions and become disenrolled.

I have read the above contract and understand what is expected.

\_\_\_\_\_  
Scholar Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# e2020 Online Credit Program

## Night School Registration

Date \_\_\_\_\_

Scholar Name \_\_\_\_\_

Does the parent/guardian wish to receive weekly progress reports via email?    Yes    No

If so, provide email address \_\_\_\_\_

e2020 Course to be taken \_\_\_\_\_

Start Date \_\_\_\_\_      Expected Completion Date \_\_\_\_\_

e2020 Course to be taken \_\_\_\_\_

Start Date \_\_\_\_\_      Expected Completion Date \_\_\_\_\_

e2020 Course to be taken \_\_\_\_\_

Start Date \_\_\_\_\_      Expected Completion Date \_\_\_\_\_

e2020 Course to be taken \_\_\_\_\_

Start Date \_\_\_\_\_      Expected Completion Date \_\_\_\_\_

A New Mexico Public Charter School  
**The ASK Academy**  
*21<sup>st</sup> Century Design Thinking*

1380 Rio Rancho Blvd. #361  
Rio Rancho, NM 87124

Phone (505) 891-0757  
FAX (505) 891-2115

**REQUEST FOR RELEASE OF RECORDS**

Please provide the mailing information for your Scholar's former school so that we can obtain **THEIR** records.

Name of Previous School: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

The Scholar named below has elected to enroll at **The ASK Academy**. Please send the cumulative permanent record folder for this scholar, including transcripts of past academic record, grades earned during the current year to date, record of attendance, health, standard tests, and any other pertinent information available, to the attention of the Registrar at the above-listed address.

*Please Print* SCHOLAR'S NAME

PREVIOUS SCHOOL SCHOLAR ID

DOB

CURRENT SCHOOL YEAR GRADE LEVEL

**PLEASE RETURN THIS FORM WITH DOCUMENTS AND ANSWERS TO THE FOLLOWING QUESTIONS.**

- Official Scholar Transcripts
- Interpretation of your grading system and number of credits your school requires for graduation
- If Pass/Fail is used, what is the GPA value of Pass?
- Date of withdrawal (if applicable)
- Scholar's courses in progress and grades to date of withdrawal.
- Testing information/results
- Shot records
- Current IEP if applicable

The parent/guardian of \_\_\_\_\_ authorizes the release of the above described records to the Registrar of The ASK Academy.

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

Scholar Signature \_\_\_\_\_ Date \_\_\_\_\_



2011-2012

Every year our school uses funding from the federal government for our computer and telephone needs.

Without these much needed federal funds, our computer education programs would suffer and we would be forced to find funding through other sources, like classroom funding or raising our local tax rate.

We would like to prevent this from happening.

In order for our school to qualify for these highly needed funds the following information is required from all households with scholars attending our school.

This information is only for our school to qualify for special federal money and will not change your scholars' status in our school. This individual information is for our records only and will not be shared with anyone.

Please complete and return this form to our school no later than **August 30, 2011**.

Scholar's Name: \_\_\_\_\_

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

Please fill in only **one** that applies below **in each** shaded section:

Number of people living in same household as scholar								
1	2	3	4	5	6	7	8	9
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Annual household income is more than								
\$20,036	\$26,955	\$33,874	\$40,793	\$47,712	\$54,631	\$61,550	\$68,469	\$75,388
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please fill in **any** that apply for **anyone** living in same household as scholar:

<input type="radio"/>	Medicaid (State Healthcare)
<input type="radio"/>	Food Stamps (Electronic or Paper)
<input type="radio"/>	Supplementary Security Income (SSI)
<input type="radio"/>	Federal public housing assistance or Section 8 (HUD Assistance)
<input type="radio"/>	Low Income Home Energy Assistance Program

I attest that the above information is correct: \_\_\_\_\_

Parent/Guardian Signature

Date



## Permission to Pick-Up Scholar

2011 - 2012

Scholar Name:

\_\_\_\_\_

Last

First

Grade: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

The following is a list of the only people allowed to pick-up my scholar  
at The ASK Academy Charter School:

Name	Phone #	Cell #	Relationship





## Media Release Form 2011-2012

**Scholar Name:** \_\_\_\_\_

I hereby consent without consideration or compensation to the use (full or in part) of all videotapes/still pictures taken of me and/or recordings made of my voice and/or written extraction, at The ASK Academy Charter School for the 2011 – 2012 school year.

**Parent/Guardian signature:** \_\_\_\_\_

**Parent/Legal guardian name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Phone #:** \_\_\_\_\_

# The ASK Academy Graduate NM Night School

## Grading Scale

<u>PercentageGrade</u>	<u>Letter Grade</u>	<u>GPA</u>	<u>Proficiency Level</u>
96% - 100%	A+	4.5	Exceeds Course Expectations
90% - 95%	A	4.0	Consistently Meets Course Expectations
80% - 89%	B	3.0	Meets Course Expectations
70% - 79%	C	2.0	Progressing Towards Meeting Course Expectations
60% - 69%	D	1.0	Below Course Expectations
59% or below	NC	N/A	Not meeting Course Expectations
Incomplete	I	N/A	Course Work is incomplete and must be completed by the end of the next grading period.

## Graduation Requirements

### 24 Total Credits – As follows:

#### **English (4 credits)**

- 1 cr. English 9
- 1 cr. English 10
- 1 cr. English 11
- 1 cr. English 12

#### **Mathematics (4 credits)**

- 1 cr. Algebra 1
- 1 cr. Algebra 2
- 2 cr. Other Math

#### **Science (3 credits)**

- 2 cr. Lab Sciences
- 1 cr. Elective Sciences

#### **Social Studies (3.5 credits)**

- .5 cr. NM History
- 1 cr. World History
- 1 cr. US History
- .5 cr. Government
- .5 cr. Economics

#### **Other (2 credits)**

- 1 cr. Physical Education
- 1 cr. World Language, Career Cluster Course, or Workplace Readiness Course

#### **Elective Credits (7.5 credits)**

*Any of the above courses taken beyond the graduation requirement will also count as an elective.*

**Within the above requirements, the .5 credit Health requirement must be met–** either taken within a PE/Health class or as an elective taken on its own.

**Also within the above requirements, 1.0 credit must be a Dual Credit / AP / or Distance Learning Course which is required to graduate.**

Scholar Signature \_\_\_\_\_ Date \_\_\_\_\_

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

# The ASK Academy Graduate New Mexico Night School Dress for Success Policy

It is our strong belief that appropriate scholar dress has a positive impact on learning, behavior, and the overall school climate and morale. High standards of expectation for scholar dress help send the message to scholars that school is an important place, a work place, a job. We believe that a dress code helps prepare scholars for the workplace where a high standard of dress is often a requirement. When scholars dress appropriately, staff and administration spend much less time dealing with inappropriate dress and can then dedicate that time to scholar learning. It is our goal to promote an orderly learning environment at ASK while preparing all scholars for later success in the world of work. Parent support is most appreciated.

The ASK Academy has the following **Dress Code** to promote this professional perspective of dressing for success. This Dress Code must be followed by each and every scholar to attend the Academy. **There will be no exceptions – If a scholar arrives dressed inappropriately, they will not be allowed to attend school that day.**

## What is allowed?

- Pants (must fit properly and be worn properly)
- Shirts must have sleeves (must fit properly and be worn properly)

## What is NOT allowed?

- No logos that are inappropriate for a learning environment (drugs, alcohol, sex, gangs, violence, etc.)
- No hats
- No house shoes
- No flip-flops
- No bandanas
- No baggy pants
- No shorts, no skirts, no skorts
- No spaghetti straps or shirts that show too much skin (stomaches, cleavage, backs, etc.)
- No gang related insignia or identifier on skin, clothing, jewelry, socks, gloves, shoes, backpacks, computer wallpaper, etc.

Your involvement in your scholar's education is of the utmost **importance**. By signing below you are committing yourself to being a positive and active participant in the creation of this innovative learning environment; for without you it cannot happen.

**We hope that this unique learning environment will work for YOUR scholar and they can remain at The ASK Academy Graduate New Mexico Night School to receive their High School Diploma.**

**Welcome to the Family.**

\_\_\_\_\_  
Parent/Guardian Name (Printed)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Scholar Name (Printed)

\_\_\_\_\_  
Scholar Signature

\_\_\_\_\_  
Date

# Rules of Appropriate Use of Technology Scholar Contract 2011-2012

These guidelines, along with ASK Board policies, must be followed to prevent loss of network and Internet privileges at The ASK Academy. The following guidelines should be practiced whether ASK computers access the ASK network or the Internet on or off campus at any time of day or night.

1. All use of ASK computers, networks, and the Internet must be in support of educational goals.
2. Respect all people and their work when using ASK technology. Do not use a computer to harm other people or their work.
3. Respect ASK computers and the network by treating them with care.
4. Download only ASK approved software, shareware, or freeware within ASK's licensing agreements. (Consult IT)
5. Respect all copyright laws.
6. Tell an adult in charge immediately if you encounter materials which violate the rules of appropriate use.
7. Keep your password and login information to yourself.
8. Open someone else's folders, work, or files only with permission.
9. Use ASK resources efficiently. Think before printing; consider storage space requirements and bandwidth issue.
10. You will be held accountable for your actions. Failure to follow these policies will severely impact your education. By violating the rules of appropriate use, you may lose network and Internet privileges and be subject to disciplinary action.
11. Understand that email on networks should not be considered absolutely secure or private. Students should exercise caution before opening attachments to e-mail received from outside the School. There is a risk that such attachments may contain programs or executable files that carry viruses. Do not open attachments unless the source and/or sender can be verified.
12. Keep personal information private; home addresses, telephone, etc.

**PRIVACY:** Computer storage areas may be treated like school lockers. Network administrators may review communications to maintain system integrity and to insure that staff members are using the system responsibly.

**STORAGE CAPACITY:** Users are expected to delete email or other material that takes up excessive storage space.

**ILLEGAL COPYING:** Scholars should never download or install any commercial software, shareware, or freeware onto network drives, hard drives, or disks without proper licensing. Nor should Scholars copy other people's work or intrude into other people's files.

**INAPPROPRIATE MATERIALS OR LANGUAGE:** No profane, abusive, impolite, racist, or sexist language should be used to communicate across the school's network or the Internet, nor should materials be accessed or distributed which are not in accordance with the rules and expectations of school behavior. If you encounter material by accident, please notify the adult in charge immediately.

**ANY SCHOLAR WHO IS NOT USING TECHNOLOGY AS PER THE APPROPRIATE USE OF TECHNOLOGY POLICY CAN HAVE THE TECHNOLOGY DEVICE CONFISCATED BY STAFF AT ANYTIME AND IT CAN BE WRITTEN UP AS AN INCIDENT IN VIOLATING THE POLICY.**

As a parent/guardian of a scholar at The ASK Academy, I have read the above information about the appropriate use of technology at the school and I understand this agreement will be kept on file at the school. (Questions should be directed to the District Office for clarification).

Parent/Guardian Printed Name \_\_\_\_\_

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

As a scholar and user of ASK computer networks, I agree to comply with the above stated Rules of Appropriate Use and to use the network and the Internet in a constructive manner.

Please print Scholar's first and last name: \_\_\_\_\_

Scholar's Signature \_\_\_\_\_ Date \_\_\_\_\_

**A New Mexico Public Charter School**

**The ASK Academy**

*21<sup>st</sup> Century Design Thinking*

**Bullying Prevention**

**Policy 303 – Page 1**

The Board is committed to providing a positive and productive learning and working environment. To this end, hazing, harassment, intimidation, menacing or bullying by scholars, staff or third parties are strictly prohibited and shall not be tolerated in the District.

**A. Definitions**

1. **“Bullying”** means any repeated and pervasive written, verbal or electronic expression, physical act or gesture, or a pattern thereof, that is intended to cause distress upon one or more scholars in the school, on school grounds, in school vehicles, at a designated bus stop, or at school activities or sanctioned events. Bullying includes, but is not limited to, hazing, harassment, intimidation or menacing acts of a scholar upon another which may, but need not be based on the scholar’s race, color, sex, ethnicity, national origin, religion, disability, age or sexual orientation.
2. **“District”** includes district facilities, district premises and non-district property if the scholar or employee is at any district-sponsored, district-approved or district-related activity or function, such as field trips or athletic events where scholars are under the control of the district or where the employee is engaged in district business.
3. **“Electronic expression”** means written, verbal, or pictorial communication conveyed through any form of electronic medium, including, but not limited to, desktop or laptop computers (e.g., the internet, email, instant messaging, web sites, web-cameras, chat rooms), cell phones (e.g., text messaging, digital photographs or movies), and instant messaging devices.
4. **“Harassment”** means knowingly pursuing a pattern of conduct that is intended to annoy, seriously alarm or terrorize another person and that serves no lawful purpose. The conduct must be such that it would cause a reasonable person to suffer substantial emotional distress. Harassment includes, but is not limited to, any act which subjects an individual or group to unwanted, degrading, humiliating or abusive behavior of a nonverbal, verbal, written or physical nature, on the basis of age, race, religion, color, national origin, disability, sexual orientation or ethnicity. Verbal and nonverbal harassment includes speech or gestures which are lewd, indecent, profane or obscene and libel.
5. **“Hazing”** includes, but is not limited to, any act that recklessly or intentionally endangers the mental health, physical health or safety of a scholar for the purpose of initiation or as a condition or precondition of attaining membership in, or affiliation with, any district-sponsored activity or grade level attainment. Examples include, but are not limited to, forced or coerced consumption of any drink, alcoholic beverage, drug or controlled substance, forced exposure to the elements, forced prolonged exclusion from social contact, sleep deprivation or any other forced activity that could adversely affect the mental or physical health or safety of a scholar; requires, encourages, authorizes or permits another to be subject to wearing or carrying any obscene, degrading or physically burdensome article, assignment of pranks to be performed or other such activities intended to degrade or humiliate a particular person or group.
6. **“Intimidation”** includes, but is not limited to, any threat or act intended to tamper, substantially damage or interfere with another’s property, cause substantial inconvenience in accessing school facilities, educational or school sponsored programs or subject another to offensive physical contact or inflict serious physical injury which may, but need not be based on the basis of race, color, religion, national origin or sexual orientation.
7. **“Menacing”** includes, but is not limited to, any assault intended to place a school employee, scholar or third party in fear of imminent physical injury.
8. **“Third parties”** include, but are not limited to, coaches, school volunteers, parents, school visitors, service contractors or others engaged in district business, such as employees of businesses or organizations participating in cooperative work programs with the district and others not directly subject to district control at inter-district and intra-district athletic competitions or other school events.

**Bullying Prevention  
Policy 303 – Page 2**

**B. Complaint Procedures.**

1. Any scholar, employee or third party who has knowledge of conduct in violation of this policy or feels he/she has been a victim of hazing, harassment, intimidation, bullying or menacing conduct in violation of this policy shall report his/her concerns immediately to the building principal or superintendent. The building principal or superintendent has overall responsibility for all investigations. Complaints against the building principal shall be filed with the superintendent. Complaints against the superintendent shall be filed with the Board chairman. A scholar also may report concerns to a teacher or counselor who shall be responsible for notifying the appropriate district official.
2. All complaints of conduct that may be in violation of this policy shall remain confidential. Complaints may be made anonymously. All complaints about behavior that may violate this policy shall be promptly investigated. Complaints and the identity of the complainant shall be kept confidential, except to the extent necessary for communicating in the investigative process with administrators and staff on a “need to know” basis. The complainant shall be notified of the findings of the investigation and, as appropriate, that remedial action has been taken.

**C. Discipline/Sanctions.**

1. Hazing, harassment, intimidation, menacing or bullying conduct shall be subject to discipline or sanctions if it (a) substantially interferes with a scholar’s educational benefits, opportunities or performance; (b) takes place on school grounds, at any school-sponsored activity, on school-provided transportation or at any official school bus stop; and (c) has the effect of (i) physically harming a scholar or damaging a scholar’s property, (ii) knowingly placing a scholar in reasonable fear of physical harm to the scholar or damage to the scholar’s property, or (iii) creating a hostile educational environment by causing substantial emotional distress.
2. Scholars whose behavior is found to be in violation of this policy will be subject to discipline, up to and including expulsion. Staff whose behavior is found to be in violation of this policy will be subject to discipline, up to and including dismissal. Disciplinary decisions shall comply with state and federal IDEA requirements. Third parties whose behavior is found to be in violation of this policy shall be subject to appropriate sanctions as determined and imposed by the superintendent or Board. Individuals who engaged in conduct in violation of this policy also may be referred to law enforcement officials.
3. Retaliation, reprisal or false accusations against any person who reports, is thought to have reported, files a complaint or otherwise participates in an investigation or inquiry is prohibited. Such retaliation shall be considered a serious violation of Board policy, independent of whether a complaint is substantiated, and shall be subject to disciplinary consequences. False charges also shall be regarded as a serious offense and will result in disciplinary action or other appropriate sanctions.
4. The superintendent shall be responsible for ensuring notice of this policy is provided annually to scholars, staff and third parties and posted at each school site, and the development of administrative regulations, including reporting and investigative procedures. In addition, the promotion of anti-bully behavior and conduct shall be included as part of the health education curriculum as set forth in 6.30.2.19 NMAC.

I have read and understood the ASK Academy Bullying Prevention Policy:

\_\_\_\_\_  
SCHOLAR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

# ASK PARKING PERMITS FOR 2011-2012

June 13, 2011

TO: ASK Scholars and Parents

FR: Kirk Hartom-General Manager

Scholars who bring and park their cars on a school campus **MUST** have an ASK PARKING PERMIT as per *The ASK Parking Policy in the Student Handbook 11-12*.

In order for Student's to obtain a ASK PARKING PERMIT they must provide a copy of the following three (3) documents:

- **A CURRENT NEW MEXICO DRIVER'S LICENSE/ PERMIT**
- **CURRENT CAR INSURANCE**
- **CURRENT REGISTRATION**

YOU MUST HAVE THESE DOCUMENTS TO THE MAIN OFFICE BY FRIDAY, AUGUST 1, 2011.

**There are a very limited number of permits**, and we will be using the parking lot at the *Italian American Club* for student parking. CARS WILL BE CHECKED FOR PERMITS STARTING MONDAY AUGUST 8, 2011. Cars with no permit will be towed.

Students **will not** be allowed to drive vehicles during the lunch period and scholars who violate the "the no driving at lunch" policy will have their "off-campus" privilege and their "parking permit" revoked. (This includes scholars who try and park off-campus and drive away at lunch.)

Students who not have a parking permit or who cannot provide the appropriate documentation are asked to leave the vehicle at home until they have the documentation.

This is a huge liability issue for the school, so we are asking for cooperation in obtaining your parking passes ASAP. Permits must be visible in vehicles by **AUGUST 8, 2010**.

The ASK Academy hours of operation during the summer will be Monday through Thursday 8am-2pm and Friday 8am-12pm. Please get your documentation together and bring it to the main office ASAP.

Thanks,

Kirk Hartom  
General Manager

# Student/Parent Handbook 2011-2012

This handbook is located our website at [www.theASKacademy.org](http://www.theASKacademy.org)  
Go to “For Scholars” tab and click on Student/Parent

Read the handbook and both **parent and scholar** must sign and return this page.

Parents, please pay special attention to the procedures for  
reporting attendance, dropping scholars off late, and picking scholars up early  
(#15 -- Arrival/Departure Campus Procedures)

## Signature page

Please sign and return this page ONLY immediately and keep The ASK Academy Student Handbook at home for future reference.

As a parent/guardian of a scholar in The ASK Academy, I have read The ASK Academy Student Handbook and I understand this agreement will be kept on file at the school.

As a scholar and user of The ASK Academy, I have read The ASK Academy Student Handbook and I understand this agreement will be kept on file at the school.

Please sign below and return immediately!

Student print \_\_\_\_\_ Home # \_\_\_\_\_

Student sign \_\_\_\_\_ Cell # \_\_\_\_\_

Student email address \_\_\_\_\_

Parent print \_\_\_\_\_ Work # \_\_\_\_\_

Parent sign \_\_\_\_\_ Cell # \_\_\_\_\_

Parent email address \_\_\_\_\_





# The ASK Academy Charter School

## Health Office Information From 2011-2012

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Scholar's Last Name	First Name	Middle Initial	Grade	Date of Birth

**Facts Concerning your scholar's medical history to which a healthcare professional should be alerted:**

**Please indicate ONLY if the scholar has had or is currently under treatment for any of the following conditions:**

Condition	Year/Age problem began	Condition	Year/Age problem began
<input type="radio"/> ADD/ADHD–Medication:		<input type="radio"/> Heart Problems–Type:	
<input type="radio"/> Asthma–Inhaler? Yes No		<input type="radio"/> Meningitis:	
*Any student that is diagnosed with asthma and carries an inhaler must have their physician fill out an asthma action form provided by the school nurse.		<input type="radio"/> Migraine Headaches	
		<input type="radio"/> Muscular Weakness or Paralysis	
<input type="radio"/> Behavior Problems		<input type="radio"/> Bleeding Disorders-Type:	
<input type="radio"/> Diabetes		<input type="radio"/> High Blood Pressure	
<input type="radio"/> Ear/Hearing Problem-Type:		<input type="radio"/> Infectious Diseases-Type:	
<input type="radio"/> Emotional Problems-Type:		<input type="radio"/> Other:	
<input type="radio"/> Seizures			

Allergies:

Reactions to Medicine or Injections?

Hospitalization for Serious Illness, Surgery or Accidents? Yes No (If yes, explain)

Daily Medications:

Contact Lenses? Yes No

Glasses? Yes No

Please add any problems not listed:

Parent/Guardian Signature

Date

### Student Health Services Visitation Record

Date	Time	Complaint	Disposition	Seen by

Documented by: \_\_\_\_\_.





# SCHOLAR EMERGENCY MEDICAL AUTHORIZATION FORM



**PURPOSE:** To enable parents/guardians to AUTHORIZE emergency treatment for a child who becomes ill or injured while under school authority, when parents cannot be reached. Upon completion, this form must be returned to the school. The original form and any copies thereof may be used to identify the medical options of the undersigned parent/guardian. It is understood that I am responsible for any emergency transportation and care for my child.

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

\_\_\_\_\_  
ADDRESS DOB AGE

\_\_\_\_\_  
CITY STATE ZIP CODE

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE (ENTERING): \_\_\_\_\_

ETHNICITY: Asian/Pacific Islander \_\_\_ Black \_\_\_ Caucasian/White \_\_\_ Hispanic \_\_\_ American Indian/Alaskan Native \_\_\_ OTHER \_\_\_\_\_

\_\_\_\_\_  
1<sup>st</sup> PARENT / GUARDIAN LAST NAME FIRST NAME LIVING WITH THIS PERSON? Y N  
LEGAL GUARDIAN? Y N

\_\_\_\_\_  
2<sup>nd</sup> PARENT / GUARDIAN LAST NAME FIRST NAME LIVING WITH THIS PERSON? Y N  
LEGAL GUARDIAN? Y N

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
HOME PHONE CELL PHONE EMAIL

\_\_\_\_\_  
NAME OF EMPLOYER WORK PHONE WORK EMAIL

### EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS/GUARDIANS LISTED ABOVE). PLEASE LIST BY PRIORITY

Name	Relationship	Home Phone	Cell Phone

## INSURANCE INFORMATION

### INSURANCE INFORMATION

If, for any reason, NEITHER I NOR THE ABOVE LISTED MEDICAL CARE PROVIDERS OR HOSPITAL CAN BE REACHED, I authorize appropriate transport and medical care of my child to ANY appropriate medical care provider, hospital or medical facility. This authorization does not cover major surgery unless one other doctor/dentist concurs to the need.

Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care.

I authorize the school health office staff to contact my child's providers listed above regarding medical management of my child. I understand information on this card will be shared with appropriate personnel on an as-needed basis only.

Scholar's Insurance \_\_\_\_\_

Subscriber's Name \_\_\_\_\_

ID# \_\_\_\_\_

(primary)

### TO GRANT CONSENT

In case of an emergency involving my child AND I CANNOT BE REACHED, I hereby give consent to transport my child to the following medical care providers/hospital, and authorize these providers and hospital to give any reasonable and customary medical and health care deemed necessary:

Physician/Nurse Practitioner or Physician Assistant \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Hospital \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Dentist \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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

# Medication Tips for Parents

- Please make sure that your school nurse is well aware of your child's health and medication needs. This information needs to be given to the school nurse each year.
- Keep all immunization records updated with the health office. Records are kept in each scholar's health folder. Be sure to keep a copy of your child's immunization record for yourself—please do not rely on your physician or the school to have all of your child's records.
- **Scholars can never carry controlled substances at school, no matter what their age!** This is any medication that you must sign for at the pharmacy. Scholars who take these medications at school can bring them to school, but **cannot carry extra medication home.** Parents will have to pick up all extra medication at the end of the year or if the scholar is disenrolled.
- All medications must be registered with the health office. A **Medication Authorization Form** must accompany **prescription medications.** Parents may fill out the Over-the Counter form for over-the-counter medications.
- If your child is on long-term medication (i.e. Ritalin) you need a Medication Authorization Form **every year.** This form may be obtained from your school health room. This would be a good opportunity for you to discuss the need for medication with your school nurse and the doctor.
- When filling a prescription at your pharmacy, have the pharmacist:
  1. Put a prescription label on your child's inhaler. Have an extra inhaler kept in the health room for emergency use.
  2. Provide an extra prescription pill bottle for school use (prescription label on the bottle).
  3. Provide an extra liquid bottle for school use. This will alleviate taking medication back and forth.
- Know your school's fax number and give it to the doctor. This will come in handy when medication orders or treatment orders change. Remember that all changes require a new Medication Authorization Form and in the case of medication, a new medication bottle labeled properly.
- Please send all medications to school ready to administer. If pills need to be cut in half, please do so. The health assistant and other non-licensed persons who might assist your child to take his/her medications are not legally able to cut the pills.
- If your child's medication is ordered three times a day, it can be given in the morning, after school and at bedtime. There will not be a need for the medication to be taken at school.
- Please keep your child informed regarding his/her medications (i.e. drug name, usage, and dosage). Have your doctor explain to your child his/her health problem and the medication they will require. Then teach your child the proper use of their medication, why they are taking it, and to describe what their medication does for them. Be sure to teach your child to become as reliant as possible. Teach your child to NEVER share medications with another student.
- It is advantageous for scholars with asthma to have a peak flow meter in the health office. Your primary care provider should set specific parameters for your child. Also, a spacer used for certain inhaled medications is highly recommended. This equipment can be stored in the health room at school.
- Let the nurse know when you or your child's primary care provider wants to be notified of your child's health status.
- Keep emergency cards updated throughout the school year. In the case of any serious injury or illness, we will need a way to contact you or someone you designate. If the school is unable to contact someone, we may have to rely on community emergency medical services.



## Information on Medications in the School Setting

The ASK Academy Charter School has adopted a medication policy that all School Nurses, Health Assistants and other school personnel must follow. This policy is used to ensure that scholars who require medication at school receive them in a safe and timely manner, according to their physician's orders and with maximum protection to all who are involved.

**SCHOLARS WHO TAKE MEDICATIONS AT SCHOOL NEED TO HAVE A MEDICATION AUTHORIZATION FORM ON FILE IN THE HEALTH ROOM.** This is whether the medication is carried by the scholar, self-administered by the scholar and supervised by other personnel or administered by the nurse. Medication forms can be picked up in the school health room at any time. If a form is not available for the physician during your visit, an order can be written on a doctor's prescription pad or stationary. The order must include the scholar's name, the name of the medication, the dose to be taken, the route, and the time of administration. This note can be attached to the form at school and the form is then signed by the parent. The form can also be faxed to and from the physician's office. The medication must be in a prescription labeled container. Changes in the dosage of the medication require a new order. **At no time will a student be allowed to carry a medication classified as a controlled substance (Example: Ritalin, Dexedrine, and Tylenol with Codeine).** The medication label cannot be used in place of a Medication Authorization Form or physician's written order. This is done for your child's protection as a mistake can be made when the prescription is filled.

**SCHOLARS WHO TAKE OVER-THE-COUNTER MEDICATIONS WHILE AT SCHOOL MUST HAVE A PARENT AUTHORIZATION FORM ON FILE IN THE HEALTH ROOM.** This form must identify the name of the scholar, name of the medication, dose to be taken and time of administration. The medication must be in the original bottle or packaging. The scholar must carry only one dose of the medication at a time. If the over-the-counter medication is taken for more than five consecutive school days, a Medication Authorization Form must be obtained.

**SCHOLARS CARRYING ANY MEDICATION SHOULD ONLY BRING TO SCHOOL THE DOSE NECESSARY FOR THAT SCHOOL DAY.** It should be in the prescription or original bottle. For the protection of all scholars, it is not allowed for whole bottles of medication to be carried by the scholar. Scholars carrying more than a single dose of medication must store their medication in the health room. The school will not send home excess medication with the scholar if the medication is classified as a controlled substance.

**A SCHOLAR MAY CARRY A SINGLE DOSE OF A SHORT-TERM PRESCRIPTION MEDICATION (EXCLUDING MEDICATIONS CLASSIFIED AS A CONTROLLED SUBSTANCE).** A parent authorization form must be on file in the health room. The medication must be carried in the pharmacy labeled container. A scholar who must take a prescription medication for longer than 10 days must have a Medication Authorization Form.

**FOR FURTHER INFORMATION REGARDING THIS MEDICATION POLICY, CONTACT YOUR SCHOOL NURSE.**

I have read and understand this policy.

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

\_\_\_\_\_  
Date

A New Mexico Public Charter School  
**The ASK Academy**  
*21<sup>st</sup> Century Design Thinking*

1380 Rio Rancho Blvd., #361  
Rio Rancho, NM 87124  
(505) 891-0757

## OTC (Over-the-Counter) Medication Consent Form 2011-2012

Not meant for OTC medications that may need to be taken daily –  
Please submit an OTC/Short-Term Prescription Medication Authorization Form for daily medications.

I give consent for \_\_\_\_\_ to take the following over the  
counter medications during school hours.

	Circle	
Tylenol	Yes	No
Ibuprofen	Yes	No
Tums	Yes	No
Saline Eye Drops	Yes	No
Triple Antibiotic Ointment	Yes	No
Cough Drops	Yes	No

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

\_\_\_\_\_  
Date