



AUTISM ACADEMY
for Education & Development

Autism Academy/ A+ Academy Re-enrollment form 2017-2018

Hello Parents!

Autism Academy/A+ Academy is excited to announce that we are now accepting new and returning enrollments for the upcoming school year 2017/2018! To complete re-enrollment please fill out the attached forms and submit the forms, along with the registration fee, to the front office. The re-enrollment fee is \$25.00 for a single child and \$40.00 per family. We ask that the re-enrollment form and the registration fee be returned to us no later than **Tuesday, January 31st**. The registration fee will be used for curriculum/classroom supplies and will be non-refundable. If for some reason this fee is a financial hardship for your family, please let us know. We look forward to having you all return for the upcoming school year!

****Please keep in mind that if the re-enrollment forms are not turned in by the deadline, your spot will NOT be secured for the 17-18 school year and your student will be waitlisted.***

If you have any questions, please contact your individual campus,

Sincerely,

Autism Academy for Education & Development

Gilbert: 480-545-6132

Tempe: 480-447-3997

Peoria: 623-979-9593



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Student's Legal Last Name:	Student's Legal First Name:	Current Campus Location	DOB:	Gender: M or F
Parent/Guardian Name:	Relationship with Child:	Current AAED Teacher:	Grade entering:	
Home Phone:	Cell phone:	Email Address:		
Work Phone:	Current Home Address:			

STUDENT Re-Enrollment Info

☐ I plan on re-enrolling my child for the next school year;

☐ I do NOT plan on re-enrolling my student for the next school year;

Reason: _____

I understand that should my plans change, I agree to notify AAED as soon as possible.

My student has received the recommended immunization shots? **Yes / No**

My child is behind on immunization? **Yes / No**

My child is not immunized: **Yes / No**

My child is (Please check one):

☐ ESA – After completing the ESA renewal process, please forward updated Agreement.

☐ Private Pay per month= \$2,700 K-8th grade 9th-12th \$2,850

☐ District Placement: _____

☐ Received a scholarship STO/ Tax credit organization

☐ Do you need to be contacted to discuss financial options?

We ask that you please return the re-enrollment form to AAED by Jan. 31st or your child will be waitlisted. Thank you!

While AAED is a school for students with Autism and services the entire spectrum, there are some students that may not be a good fit for the Autism Academy and need a more restrictive environment. AAED reserves the right to inform families when AAED may not be or continue to be the right placement for students. AAED will help support any family with finding a more appropriate environment. Please sign and date below to confirm you have read and understand the above statement.

Parent/Guardian Name (print): _____ Campus: _____

Parent Signature: _____ Date: _____



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TECHNOLOGY USER AGREEMENT and PARENT PERMISSION FORM

For Parents and Students:

Autism Academy is pleased to offer students access to technology resources for educational purposes, which may include computer hardware and software licensed to the school. To gain access to the technology resources, all students must obtain parental permission as verified by the signatures on this agreement. Should a parent prefer that a student not have e-mail and internet access, use of the computer is still possible for more traditional purposes such as word processing.

Internet, E-mail, Cell Phones/I-Phones

Access to internet and e-mail will enable students to explore thousands of libraries, databases, museums, and other repositories of information and to exchange personal communication with other internet users around the world.

FAMILIES SHOULD BE AWARE THAT SOME MATERIAL ACCESSIBLE VIA THE INTERNET MAY CONTAIN ITEMS THAT ARE ILLEGAL, DEFAMATORY, INACCURATE, OR POTENTIALLY OFFENSIVE.

While the purpose of the school is to use internet resources for constructive educational goals, students may find ways to access other materials. We believe that the benefits to students from access to the internet outweigh the disadvantages. Ultimately, however, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. Therefore, we support and respect each family's right to decide whether or not to allow access to the internet.

What is expected?

Students are responsible for appropriate behavior on the school's computer network just as they are in a classroom or on a school playground. Communications on the network are often public in nature. General school rules for behavior and communications apply. It is expected that users will comply with the standards and the specific rules set forth below.

The use of technology resources is a privilege, not a right, and may be revoked if abused. The user is personally responsible for his/her actions in accessing and utilizing the school's technology resources. The students are expected never to access, keep, or send anything that they would not want their parents or teachers to see. Under no circumstances are students to access any sites that are sexual in nature.

What are the Rules of Appropriate Use?

Personal Safety and Personal Privacy - Students will not post personal contact information about themselves. Personal contact information includes their address, telephone, school address, etc. This information may not be provided to an individual, organization, or company, including web sites that solicit personal information.

Social Networking - Accessing social networking websites, blogs, video sites (e.g., Myspace, Facebook, YouTube, Friendster, tagged, etc., except those used for educational purposes) are off-limits on school property. The use of circumventors to get around school network security is prohibited.



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Illegal copying - Students should never download or install any commercial software, shareware, or freeware onto network drives or disks. Nor should students copy other people's work or intrude into other people's files. The download/upload of any material in violation of any U.S., state or school policy is prohibited. This includes, but is not limited to, copyrighted materials, threatening, violent, or obscene material, or material protected by trade secret.

Inappropriate materials or language - No profane, abusive or impolite language should be used to communicate nor should materials be accessed which are not in line with the rules of school behavior. Use of technology resources for gambling, chain letter communication, unauthorized email, chat or instant message, blogs, and discussion forums, is also prohibited. Should students encounter such material by accident, they should report it to their teacher immediately. A good rule to follow is never view, send, or access materials, which you would not want your teachers and parents to see.

Use of cell phones/I-phones to transmit unacceptable language and/or images that are harmful to self, other students, and/or to other people is prohibited.

These are guidelines to follow to prevent the loss of technology privileges at school.

1. Do not use technology to harm self, other people, or their work.
2. Do not damage the network or any technology resource in any way.
3. Do not interfere with the network or computer operation by installing any form of software or permitting the spread of computer viruses.
4. Do not violate copyright laws.
5. Do not view, send or display offensive messages or images.
6. Do not share your password or in any way obtain another person's password.
7. Do not waste technology resources such as disk space or printing supplies.
8. Do not trespass in another's folders, work, or files.
9. Do notify an adult immediately, if by accident, you encounter materials, which violate the Rules of Appropriate Use.
10. BE PREPARED to be held accountable for your actions and for the loss of privileges if the Rules of Appropriate Use are violated.

If you have any questions or concerns regarding our policy, please talk to the Director, Shannon Henley or the classroom teacher.

PARENT/GUARDIAN'S TECHNOLOGY PERMISSION

Campus: _____ **School Year :** _____

***You MUST check Yes or No for each:**

1. *Use of internet*



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___YES, my child may use the internet and e-mail while at school according to the rules outlined.

___NO, I would prefer that my child not use the internet and e-mail while at school.

2. *Published student work/projects*- From time-to-time, AAED may wish to publish examples of student projects and other work on an internet accessible World Wide Web server, including artwork for the school's involvement with the different art programs.

___YES, my child's work can be published on the school website/internet/art programs.

___NO, my child's work cannot be published on the school website/internet/art programs.

3. *Published photos* - From time to time, Autism Academy or other media outlet will be taking photos and videos of students for class activities, school events, and school website.

___YES, photographs of my child can be used or published.

___NO, photographs of my child cannot be used or published.

RELEASE OF LIABILITY

I, _____, parent of, _____ release all liability from Autism Academy for Education and Development for any and all damage occurred to personal electronics brought on campus by my child.

Autism Academy will **not** be held responsible if my child's electronic device is damaged, broken, or lost while on campus.

I have read and understand Autism Academy's Technology User Agreement and Policies Student Name :

Parent Name: _____

Date: _____

Parent Signature: _____

Date: _____



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Medical Information Update 17.18

Student's Primary Physician: _____

Address: _____

Phone and Fax: _____

Hospital Preference: _____

Is the student currently on any medications? ☐ Yes ☐ No

Will AAED be disbursing medications to you student during school hours? Yes No

Type of Medication	Dosage	Administration Time	Purpose

If Yes, Please list medications below:

Have there been any recent changes in medications? ☐ Yes ☐ No

If yes, please explain: _____

Has the student ever been admitted to a hospital or treatment center? ☐ Yes ☐ No

If yes, please explain: _____

Are there any medical conditions to consider when delivering services? ☐ Yes ☐ No

If yes, please explain: _____

Does your student utilize an Epinephrine auto injector (EpiPen)? ☐ Yes ☐ No

If yes, please explain: _____

Please list ALL allergy concerns: _____

Has your child been certified as having a chronic health problem? ☐ Yes ☐ No



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***If yes, you will need to complete a *Chronic Illness Form*, provided to you by the front office.**

Health concerns? ☐ Heart ☐ Diabetes ☐ Asthma ☐ Hearing ☐ Vision ☐ Other

Additional Comments and/or Special instructions: _____

Check the following medications/remedies, which you are **permitting** AAED to disburse, at the discretion of the health assistant:

Acetaminophen	Yes	No	Calamine Lotion	Yes	No
Ibuprofen	Yes	No	First Aid Antibiotic	Yes	No
Benadryl	Yes	No	Cough Drops	Yes	No
Tums	Yes	No			

Special Instructions/Comments: _____

Please Note: If there is a specific brand or type of medication that you prefer your student to take, you will need to bring it into the front office and complete the Medical Release form.

I, the undersigned parent/guardian give my consent for the above named child to be released to the persons I have designated to be taken by Emergency Personnel to the nearest medical facility in case of an emergency. I understand that Autism Academy ED does not provide accident medical/dental coverage for students due to injuries/illnesses occurring at school. In case of injury or sudden illness, I, the undersigned parent/guardian, give authority to any hospital or medical personnel to render immediate aid as might be required at the time of his/her health and safety. It is understood by me that any incurred expenses of this service are my responsibility.

Student Name: _____ Parent Name: _____

Parent/Guardian Signature: _____ Date: _____



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EMERGENCY CONTACT INFORMATION:

Please list at least **two** people who could assume temporary responsibility in case of illness or injury. Contacts will be called in order listed, and students will only be released to persons listed below unless otherwise authorized by a parent/guardian.

Please do not list parent/guardian, as they will automatically be contacted 1st.

Name:	Home Phone:
Cell Phone:	Work Phone:
Relationship to child:	DOB:
Name:	Home Phone:
Cell Phone:	Work Phone:
Relationship to child:	DOB:
Name:	Home Phone:
Cell Phone:	Work Phone:
Relationship to child:	DOB:

Autism Academy Student Pick up List Update 17.18:

STUDENT INFORMATION:

Student's Last Name:	First Name:	Grade Level:
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RELEASE INFORMATION:

The Following persons may **NOT** remove my child from school:

Name:

Name:

Name:

The following persons MAY pick up my child from school:

Name:	Relationship:	Phone:	DOB:
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Name:	Relationship:	Phone:	DOB:
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Name:	Relationship:	Phone:	DOB:
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Name:	Relationship:	Phone:	DOB:
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Name:	Relationship:	Phone:	DOB:
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I, the undersigned Parent/Guardian give my consent for the above named child to be released to the persons I have designated.

Parent/Guardian Signature: _____

Date: _____



Student Name: _____

Name: _____

Address: _____

- ESA funding – amount awarded \$ _____
- Scholarship – organization _____ amount awarded \$ _____
 Organization _____ amount awarded \$ _____
 Organization _____ amount awarded \$ _____
- District Placement – _____
- Private pay- monthly tuition: \$2,700 K-8th grade 9th-12th \$2,850
- Other _____

- I have read and understand my financial responsibility

date



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