

# Steel City ♦ Academies

## Demographic Information

### Student Information

Student Name: \_\_\_\_\_ School District: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

**1. Parent/Guardian Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Permission to pick the student up from school. Yes \_\_\_\_ No \_\_\_\_

Does this person have custody? \_\_\_\_\_

**2. Parent/Guardian Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Permission to pick the student up from school. Yes \_\_\_\_ No \_\_\_\_

Does this person have custody? \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Permission to pick the student up from school. Yes \_\_\_\_ No \_\_\_\_

## Referral Information

Reason for placement at Steel City Academies:

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Does your child have any behavioral or academic needs? Please Explain

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What would you say your child does well? Please Explain

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## Additional Service Outside of School

**CYF:** Yes No

If YES... Office Name: \_\_\_\_\_  
Case Worker's Name: \_\_\_\_\_ Number: \_\_\_\_\_

**Probation:** Yes No

If YES... Facility Name: \_\_\_\_\_  
Probation Officer's Name: \_\_\_\_\_ Number: \_\_\_\_\_

**Out-Patient Treatment:** Yes No

If YES... Facility Name: \_\_\_\_\_  
Therapist's Name: \_\_\_\_\_ Number: \_\_\_\_\_

**Substance Abuse Treatment:** Yes No

If YES... Facility Name: \_\_\_\_\_  
Therapist's Name: \_\_\_\_\_ Number: \_\_\_\_\_

## Medical Information

**Family Doctor:** Yes No

If YES... Facility Name: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Number: \_\_\_\_\_

**Dentist:** Yes No

If YES... Facility Name: \_\_\_\_\_  
Dentist's Name: \_\_\_\_\_ Number: \_\_\_\_\_

**Insurance Provider:** Yes No

If YES... Policy Holder: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_  
ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Medical Diagnoses: Please Check**

- Anxiety       Depression       Dyslexia       Autism  
 ADHD       ADD       ODD       PTSD  
 Other: \_\_\_\_\_

**Medications: Please List**

	Name	Dose	Time of Day
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**\*\*\* If any of these medications are to be taken at school, please fill out additional forms \*\*\***

**Does your child have any health concerns? Please Explain**

Re: An example would be that your child has asthma and requires an inhaler

Describe Health Concern: \_\_\_\_\_

Triggered by: \_\_\_\_\_ Treatment: \_\_\_\_\_

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Describe Health Concern: \_\_\_\_\_

Triggered by: \_\_\_\_\_ Treatment: \_\_\_\_\_

**I give my consent to share this information with other school personnel on a need to know basis. I also give the school nurse permission to contact my child's physician or dentist should it become medically necessary.**

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

# Steel City ♦ Academies

## Over-the-Counter Medication Consent

**This form must be completed before medications are administered**

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

List of any known medication allergies your child has

\_\_\_\_\_

Does your child take any over-the-counter medication daily?

\_\_\_\_\_

I give permission for my child to receive the approved medication I have checked below, at school. I understand that these medications will be given at the discretion of the medical office staff only.

Tylenol- may be given for fever, headache, dental pain, menstrual cramps, and injury

(must have a doctor's written order)

Lip Balm

Antibiotic Ointment or Generic Brand First Aid Antibiotic

Tums or Generic Brand Antacid Tablets

Cough Drops

Solarcaine Spray (minor burns or stings)

Caladryl Lotion or Generic Brand – Anti-Itch lotion or cream

Other- must be brought in by parent/guardian and have a written doctor's order with medication

Please explain: \_\_\_\_\_

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

# Steel City ♦ Academies

## Prescription Medication Consent

**This form must be completed before medications are administered**

### Medication Information:

My child takes the following medication(s) during school hours:

1. Name of Medication: \_\_\_\_\_ Dose \_\_\_\_\_ Time of Day \_\_\_\_\_

Prescribing Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

2. Name of Medication: \_\_\_\_\_ Dose \_\_\_\_\_ Time of Day \_\_\_\_\_

Prescribing Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

3. Name of Medication: \_\_\_\_\_ Dose \_\_\_\_\_ Time of Day \_\_\_\_\_

Prescribing Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**If your child needs to take medication at school, please provide your signature and a written copy of the doctors' order with medication when starting. Please attach immunization records.**

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

Parent Phone Number: \_\_\_\_\_

Physician/Healthcare Provider Name: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

**\*By signing the above I also give consent to share this information with other school personnel on a need to know basis. I also give permission to contact my child's Physician or Dentist should it become medically necessary.**

# Steel City ♦ Academies

## Front Door Check-In Policy

For students attending Steel City Academies, they have a right to a safe and healthy learning environment. Students must adhere to our front door check-in policy when entering the building, at any time. **If a student is suspected of possessing items not permitted in the building, during their school day, he or she will be searched again.**

The following is an explanation of the procedures and policy for checking students in:

1. Electronic items such as headphones, cellphones, smart watches, tablets, video games, etc., will be confiscated and locked up, these will be returned to students at the end of the school day during dismissal.
2. Items such as cigarettes, tobacco products, lighters, vapes, etc. are not permitted. These items will be confiscated and not returned. Repeated violations of these items may result in an additional consequence.
3. Containers of food and/or beverages, that are opened beforehand, are not permitted in the school building, these will also be confiscated and thrown away at time of check-in.
4. Hooded clothing items (sweatshirts or shirts with a hood) are turned in during arrival, along with large jackets or coats. These items will be locked up and returned during dismissal.
5. Students should not bring in bookbags or purses, these will also be turned in and collected during arrival and locked up until dismissal.
6. If an item is discovered in a student's possession that we feel would pose a threat to the student or any other person, it will be immediately confiscated. School personnel will notify parents/guardians regarding the item and consequences may be warranted.
7. If we discover any items that are a safety risk to staff or students (drugs, alcohol, weapons, etc.) the student will adhere to the following:
  - The item will be taken.
  - The student's family will be notified.
  - A meeting with the student and family will be arranged.
  - If applicable, the police will be contacted.

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Parent/Guardian Signature

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Date

# Steel City ♦ Academies

## Student Network & Internet Acceptable Use Device Policy

Please be advised that the use of the internet and a device at Steel City Academies is a right that students have when on our campus. Any inappropriate usage of the internet and or device, as outlined below, will result in corrective action, per our student handbook.

I agree that the following actions (which are not inclusive) constitute unacceptable use of the internet, more information can be found in our **Student and Parent Handbook**.

- Do not obtain copies of, or modify files, other data, or passwords belonging to other users without express authorization, or tampering with anyone else's computer, files, or email.
- Do not reveal any personal information about yourself, other students, or school employees, including phone numbers, social security numbers, passwords, etc.
- Do not use the network in any way that would disrupt the operation of the network; abuse the software and/or hardware; or excessively consume limited computer, paper or telephone resources, such as through spamming, creating or forwarding mass emails, sending chain letters, or extensively using the network for non-curriculum-related communications.
- Accessing social media for personal use.
- The creation of web-based email accounts beyond what Steel City Academies provided.
- Unauthorized use of copyrighted material.
- Posting or distribution of messages that are obscene, vulgar, profane, sexually oriented, pornographic, highly offensive to others, highly threatening to others, or illegal.
- Participating in chat rooms.
- "Hacking," such as attempting unauthorized access to any computer whether within the school's network or outside the network or using proxy sites to circumvent the network's filtering system.
- Any use that would be unlawful under state or federal law.
- Use that violates the student code of conduct.
- Cyber bullying, which is intended to or which does adversely affect the safety and well-being of a student or disrupt the educational process.

In addition, the Chromebook is loaned to the student during their time at Steel City Academies. In the event the student damages or misplaces their device, the parent/guardian is responsible for the cost of repair or replacement.

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Parent/Guardian Signature

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Date

# Steel City ♦ Academies

## Verbal De-Escalation & Non-Harmful Restraint

### Crisis Prevention Policy

We at Steel City Academies are dedicated to providing a safe and supportive learning environment. We have a school-wide crisis prevention policy that is implemented if your child's behavior becomes a safety risk to themselves or to the other students and/or staff.

Our staff utilizes verbal and physical management of behavior which will be used when necessary. Steel City Academies will follow the approved restraint techniques that have been taught to all staff members as a part of the required training.

In the event we are unable to utilize the verbal means of de-escalation and our staff needs to implement physical restraint, the following steps will be taken:

- Parent/Guardian contact by phone
- Any incident report will be filled out
- Nurse assessment of the student
- Follow-up of consequences
- Additional paperwork may be required if your child has an IEP. In that case, the Special Education Director will contact you for a meeting if applicable.

I agree that I have been made aware of Steel City Academies Crisis Prevention Policy.

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Parent/Guardian Signature

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Date



# Steel City ♦ Academies

## Career Readiness Consent Form

Please fill out if your child is or will be 14 years or older at the time of their placement at Steel City Academies.

Dear Parent/Guardian:

Your child qualifies for participation in our career readiness program. As a part of the program, he/she may participate in activities outside of school, which may include interactions with organizations to engage in employment activities. Students at Steel City Academies may have times in which they will go to these locations for a portion of the school day. Placements may include Pittsburgh Institute of Aeronautics, Manchester Craftsman's Guild, Goodwill, etc.

If you would like your child to participate in this program, please fill in the information below

## Career Readiness Participation/Transportation Permission Form

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

Date: Various Days Throughout the Schoolyear

School: Steel City Academies

Destination: Community Organizations

Activity: Career Readiness & Post-Secondary Support

Transportation: TBD Phone: TBD

I, as a parent/legal guardian of the above student, give permission for him/her to be transported to participate in career readiness activities.

I release Steel City Academies, its faculty, and staff from any liability and/or claims in connection with the described activity.

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Phone

## Steel City ♦ Academies

### Consent for Suicide and Drug Screening Questionnaire

Steel City Academies aligns with and supports other federal, state, and local efforts to provide youth with prevention education, early identification and intervention, and access to all local resources regarding suicide prevention. Steel City Academies will administer a national suicide screen. Recommended services will be based on the results of the screen. Appendix A in our student handbook provides a list of resources for suicide prevention at the local and national levels. Emergency referrals for suicidal threats, language, or harm will follow the response team policy.

Steel City Academies has adopted a chemically free facility. Our policy is to prevent and prohibit the possession and/or use, sale, and/or mimic of sale, distribution, and/or intent of distribution of any legal or illegal drug or alcohol or medication on school property, at school-sponsored events. Students will have a drug and alcohol screener completed within the first week of enrollment. Recommended services will be based on the results of the screen.

I, \_\_\_\_\_, **parent/guardian of** \_\_\_\_\_,  
**give my consent for Steel City Academies staff to administer the suicide and drug screening questionnaires.**

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

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

# Steel City ♦ Academies

## Parent Consent and Photo Release Form

Please sign and return this consent form to your child's teacher. Thank you for your assistance.

At various times during the school year, school representatives, Steel City Academies (SCA), partners/vendors of SCA and a variety of media outlets may request permission to film, video tape and/or photograph our schools. They subsequently publish, broadcast or use these materials, which often include images and depictions of students, as well as student work products.

If you consent and grant permission for your child's likeness or work products to be used/featured by your school, SCA/its partners or electronic or social media, please sign in the appropriate space below.

**1) Photo Consent:** I do consent and allow my child to be filmed, videotaped and/or photographed for use by my school, SCA/its partners and the media. I also allow my child's work product to be featured by SCA, which may include use on Steel City Academies website.

_____	_____	_____
Child's Name	Parent's Signature	Date

**No Photo Consent:** I do **NOT** consent nor allow my child to be filmed, videotaped and/or photographed for use by my school, SCA/its partners and the media, which may include use on Steel City Academies website.

_____	_____	_____
Child's Name	Parent's Signature	Date