



Digital Learning Academy Registration

St. Vrain Valley School District
Main Street School
820 Main Street
Longmont, CO 80501
303-702-7655

Student Name: _____ Grade: _____

Address: _____

Home phone: _____ Student Cell phone: _____

Parent/Guardian Name: _____

Parent work phone: _____ Parent email: _____

Alternate Parent phone: _____

Emergency Contact (name & phone): _____

Home School: _____ Counselor: _____

IEP? _____ ELL? _____ 504 Plan? _____ Computer/Internet access at home? _____

Medical issues? _____

Medications student might need to take while at school? _____

Safety issues or court-ordered restrictions related to school? _____

Please specify. _____

Is student currently on probation? _____ If yes, please give officer's name and phone #. _____

Additional information/comments: _____

Start Date: _____

AM _____ PM _____



St. Vrain Valley School District
 Main St. School
 820 Main St.
 Longmont CO 80501
 303-678-5662

DLA Student Expectations and Behavior Contract

If a student becomes habitually disruptive to the learning process and culture at the Digital Learning Academy or stops working toward their academic goals, steps will be taken to reevaluate their program eligibility. Students are expected to adhere to all expectations in the SVVSD Student Code of Conduct. In addition, our specific program expectations are as follows:

Attendance

- Students are expected to attend M-F for their entire session time
- Leaving early without permission = unexcused absence
- 3 unexcused tardies = .5 unexcused absence

Behavior

Students may be dismissed for the day for the following behaviors that include, but are not limited to:

- refusal to work/sleeping
- inappropriate use of technology
- **During class time cell phones must be turned off and placed in assigned pocket**
- inappropriate behavior during safety drills
- inappropriate/disrespectful language (including racial obscenities)/profanity for time/place
- verbal/physical posturing
- disruption of learning environment and program culture of DLA/Main St.
- refusal to participate in a safety check
- Gang activity will not be tolerated.

Coursework/Credits

- Students are expected to meaningfully engage academically in core coursework, affective education and groups.
- Students will have daily/weekly assignment completion expectations. These act as a measure of engagement.
- Failure to adequately work toward academic goals while attending the DLA may result in a reevaluation of program eligibility.
- **High School Students**
 - High school students are expected to work toward earning credit at DLA.
 - Students should be able to complete a .5 credit course in 6 weeks/1.5 credits per semester.
 - Students who attend for a full semester are expected to earn at least 1.5 credits. Failure to earn 1.5 credits will void the early return clause in the student's expulsion letter and they will have to serve their entire expulsion.
 - This is based on a student getting at least 15 hours of work done a week in class and 5 hours a week at home.

- *Middle School Students*
 - Middle school students will be enrolled in 4 core courses at DLA.
 - Students will complete work in science, math, language arts, and social studies using the online curriculum Compass Learning. Online courses are set up to follow district curriculum maps as closely as possible.
 - Grades earned in Compass Learning will be entered on student's DLA report card at quarter and semester.
 - Online learning will be supplemented with small group instruction in math and language arts.

Dismissals:

Students may be dismissed for the day for not following expectations. Before a student is dismissed they will be given warnings and a teacher conference. After 4 warnings/redirects a student is sent home. **A parent/guardian will be required to pick student up in the event this occurs. If the student is dismissed and can not be picked up they may be dismissed (suspended) for the following day.**

1st- Warning-(expectations restated)

2nd- Warning-(expectations restated)

3rd- Warning-Hall Conference/(expectations restated, plan for rest of session is agreed upon)

4th- Warning-Dismissal

The student will be required to complete a Problem Solving Contract at home and review with DLA staff before readmittance. The student is welcome back the following day.

Two dismissals will result in a step meeting with a parent/guardian.

Steps:

This process is initiated by an accumulation of low-level behaviors resulting in dismissal or high-level behaviors that include, but are not limited to the following:

- Verbal/physical aggression toward students or staff
- Destruction of property
- Drug/alcohol use, possession, distribution (this includes paraphernalia and being under the influence)
- Habitual attendance issues
- Unsafe behavior during safety drills

Step 1: The student and a parent/guardian will have a behavior meeting with DLA staff to reaffirm program expectations and attempt to further discern the root of the student's behavior.

Step 2: Failure to comply after the first step will result in a second mandatory meeting with the student and the family to determine the student's plan to re-engage.

Step 3: If the negative behavior persists following all previous interventions the student's behavior record will be reviewed by the program director and due to the failure of the student to comply with program expectations, they may no longer be eligible to attend the Digital Learning Academy.

The progression will be implemented as follows:

*Dismissal #1

*Dismissal #2

- Step 1 (meeting with parent, student and DLA staff)

*Dismissal #3

*Dismissal #4

- Step 2 (meeting with parent, student and DLA staff)

*Dismissal #5

*Dismissal #6

- Step 3 (meeting with parent, student and DLA staff regarding student program eligibility)

*If the student is removed from the program, and there were stipulations in the student's expulsion surrounding the early return to school, the student will have **not** met the requirements of the school district for early return. They will have to serve the entirety of their expulsion in the St. Vrain Valley School District or seek other academic alternatives.*

By signing this document, I understand and agree to abide by the expectations of the DLA and understand the consequences of not following them.

Student

Date

Parent

Date

DLA Staff

Date



SAFETY CHECKS – DIGITAL LEARNING ACADEMY

Student Name: _____ Date: _____

Home School: _____

Behavior Resulting in Expulsion or Placement: _____

Safety of students and staff at the Digital Learning Academy is a top priority. The purpose of the safety check is to ensure that contraband and weapons are not entering the building. All students who enroll at the Digital Learning Academy will participate in random safety checks when they arrive at school.

Your student will approach the student entrance and will be asked to be “safety checked” prior to entering the building. The safety check process involves checking the student’s shoes, socks, backpacks, waistbands, and pockets. Contraband is defined as any item that is not allowed in the building based upon the student’s reason for enrollment into the Digital Learning Academy. **Contraband is confiscated by staff and will be returned to the parent upon their request.** The following items are considered contraband and are not permitted for your student while attending the Digital Learning Academy.

- Any item that can be used as a weapon (tools, sharp object, etc.)
- Jewelry that has sharp points or edges
- Medications, both prescription and over-the-counter
- Street drugs, tobacco products, lighters, vape pens
- Cell phones (must be placed in the pocket organizer while student is in class)
- Any other item deemed by staff as presenting a safety issue or disruptive to the learning environment

Any food or beverages brought to the DLA must be in a factory-sealed container. Gummy candy of any kind is not allowed.

If a student refuses to participate in the safety check or to turn in contraband, their parents will be called and the student sent home for the day. Throughout the student’s participation at the Digital Learning Academy, if any staff member has a suspicion that a student may have contraband on their person, staff can require that the student participate in additional safety checks.

By signing this form, the student agrees to random safety checks and understands that if they refuse, they will be sent home for the day. By signing this form, parent gives DLA staff permission to perform safety checks on their student when deemed necessary.

Student Signature

Date

Parent Signature

Date

Digital Learning Academy Staff

Date


ST. VRAIN VALLEY SCHOOLS
academic excellence by design

Authorization to Release Confidential Information

This is a HIPAA and FERPA-compliant authorization to release confidential information concerning the student named below.

Student Name: _____ Date: _____

Date of Birth: _____

Address: _____ Phone: _____

Parent/Guardian Name: _____ Email: _____

I authorize that information may be exchanged between St. Vrain Valley School District ("SVVSD") and the following:

Agency: _____ Contact Person: _____
(Entity to whom the confidential records will be released)

Purpose of the exchange of information is: _____

_____ I understand that the following types of information may be released: information that identifies me, my child or ward; records which have information about disabilities, diagnoses, evaluations or treatment; drug or alcohol treatment information; work school and social reviews and histories; education records; plans about services or benefits; occupational therapy records; speech language records; eligibility information; information on finances; placement history; medical, psychiatric and psychological histories; mental health/psychological history, treatment plans, evaluations or treatment progress; information pertaining to drug, alcohol, or HIV-related care; or legal history. This authorization allows a free exchange of this information between and among SVVSD and the Agency identified above.

_____ I understand that information exchanged pursuant to this authorization may include information relating to sexually transmitted disease, HIV/AIDS, treatment for alcohol and drug abuse (protected by Federal Law, 42 CFR, Part 2), and psychological or psychiatric conditions unless restricted as follows: _____

_____ I understand that the Agency may need to share information among themselves more than one time and/or with other person working for the Agency. I specifically authorize this re-release of this confidential information.

_____ I understand I will be given a copy of this form. A person may use a copy or facsimile of this form in place of the original signed authorization form.

_____ I understand SVVSD employees are required to protect information in accordance and compliance with The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) and information disclosed may become a part of the student's educational record protected under FERPA. Once information is exchanged

pursuant to this signed authorization, I understand that the general federal privacy law (45 C.F.R., Parts 160 and 164) protecting health information may not apply to the recipient of the information and, therefore, may not prohibit the recipient from re-disclosing it.

_____ I understand that in accordance with FERPA I specifically authorize SVVSD to provide educational records to employees or agents of the above-identified Agency. According to FERPA and applicable School District policy, I have the right to inspect the records, to have a copy of the records, and to challenge the content of records on the grounds that they may be inaccurate, misleading, or inappropriate.

_____ I understand that this is a HIPAA-compliant Authorization and as such, the Agencies and/or individuals may not condition treatment, payment, enrollment or eligibility for benefits on my signing this Authorization. I understand that I can still apply for and receive services on my own, my child's, or my ward's behalf without signing this form.

_____ I understand I have the right to revoke this authorization at any time upon providing written notice to SVVSD and/or the Agency. I further understand that until this revocation is made in writing, this authorization shall remain in effect and my educational records will continue to be provided to SVVSD and/or Agency for the specific purpose described above. If not revoked earlier, this authorization will expire two years from the most recent date signed.

By signing this Authorization form, I agree that I have read and understand the information on this form. I understand that there is the potential for re-disclosure by the recipient and that it may no longer be protected by HIPAA privacy regulation and/or FERPA.

PARENT/GUARDIAN AUTHORIZATION

YES NO I authorize this release/exchange of information.

Signature of Parent/Legal Guardian

Date

Signature of Student over the age of 15

(When applicable)

Date

I understand that my alcohol and/or drug treatment records are protected by federal law and regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and may also be protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts. 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that recipients of this information may re-disclose it only in connection with their official duties. Any release or re-release by the members of the selected Agencies and/or individuals about alcohol or drug abuse will include this statement:

NOTICE TO RECIPIENT: This information has been disclosed to you from records protected by Federal Law (42 CFR, Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse.