Hart Academy Registration Packet **2022 - 2023**

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

**Parent/Guardian responsible for educational decisions:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Hart Academy is designed to allow students who have been expelled from Hart County Charter System an opportunity to continue their education. Hart Academy is separate from Hart County Middle School and Hart County High School. Completion of Academic Expectations are required to return to Hart County Charter System.

The following procedures are required prior to admittance to Hart Academy.

1. Application must be completed in full as soon as possible after tribunal or waiver.
2. Schedule an intake meeting with the Administrator of Hart Academy.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Intake Components:
	* 1. Expectations
		2. Grades
		3. Attendance
		4. Discipline
		5. Dress Code
		6. IEP/504 Review if necessary
		7. Goal Setting
		8. Exit Requirements
2. Acceptance to Hart Academy is based on the student’s agreement to these terms.
3. ***Discipline referrals are not acceptable in Hart Academy. If you cannot follow the instructions of the Hart Academy Staff, you will serve your expulsion at home.***
4. Students enrolled in the Alternative Program may not attend any Hart County Schools function or be on any Hart County Charter System Campus.
5. Daily searches will be performed on random days and as needed to provide safety for students and staff.
6. Students are expected to complete credit while in Hart Academy. If you do not complete the established credits, you will have to continue in the Academy.

Credit Expectations: \_\_\_\_\_\_\_\_ Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Hart Academy

 59 Fifth Street

 Hartwell, Georgia 30643

 Phone: 706-856-7220 Fax: 706-856-7237

 Dr. Kendell Rucker, Director

**Student Information Intake Form**

**(Completed by School)**

**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade**: \_\_\_\_\_\_\_ \***SPED or 504** \_\_\_\_\_\_\_

*\*If SPED, manifestation minutes should be attached and BIP if applicable.*

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

**Parent/Guardian Contact Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Application to Alternative Program**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Entering by Waiver (W) or Tribunal (T) \_\_\_\_ NA: \_\_\_\_\_\_\_**

**Date of Potential Return to School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Attendance**:

# \_\_\_\_ **Excused Absences** # \_\_\_\_\_ **Unexcused Absences** # \_\_\_\_ **Tardies**

**Current Courses and Grades**:

| **Course** | **Grade** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Administrator or Data Clerk Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_

\*Reminder: Make sure the student has been coded 061 in Infinite Campus. **Give a copy to the parent**

**ATTENDANCE**

Students are expected to attend school. Students that accumulate **five (5) unexcused absences** in the student’s first 90-day period will be withdrawn from Hart Academy and will serve the assigned expulsion time at home. Students with excessive excused absences due to illness will be required to bring a doctor’s note.  If the student does not go to the doctor or fails to bring the note, the absence will count as unexcused.

Students must submit all excuses to the Hart Academy Administrator in person or by email krucker@hart.k12.ga.us within two (2) school days for the student’s absence to be considered excused. The parent/guardian must present the note stating the student’s name, the date(s) of absence(s), and the reason for the absence. The Hart Academy Administrator may require the parent/guardian to present appropriate medical documentation upon return to school for the purpose of validating absences.  *In case of extended illness, hospitalization or injury, the parent should apply for hospital homebound service.  Hospital homebound service should be applied for immediately when absences of ten (10) days or more are anticipated for the student.*

Regular attendance is essential to success in school. As permitted under the Georgia compulsory education law and Hart County Charter System policy, students may be excused for the following reasons:

* Personal illness or attendance in school that endangers a student’s health or the health of others.
* A serious illness or death in a student’s immediate family necessitating absence from school.
* A court order or an order by a governmental agency, including pre-induction physical examinations for service in the armed forces, mandating absence from school.
* The observance of religious holidays, necessitating absence from school.
* Conditions rendering attendance impossible or hazardous to student health or safety.
* A scheduled medical, dental or eye examination of the student.
* Registering to vote or voting.
* Visiting with a parent or legal guardian who is in the military service in the armed forces and has been called to duty for or is on leave from overseas deployment to a combat zone or combat support post.

**Non-school related activities and vacations are considered unexcused**.

**I have read and understand the Hart Academy Attendance Guidelines.**

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

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

**BEHAVIOR**

Adhering to the code includes, but may not be limited to, the following:

1. Do not arrive earlier than 7:30 am for class. If you arrive earlier, you must wait in the vehicle with parent until 7:30 am.
2. Complete all academic work assigned by the teacher with at least 70% proficiency and 100% completion (including Edmentum, class assignments, daily work, etc).
3. Attend parent/teacher/student conferences each semester.
4. Be respectful towards all Academy staff and always maintain a courteous and respectful attitude.
5. Enter the classroom and be seated in your assigned seat.
6. Access only approved websites. Any unapproved websites will result in further action. (Teacher approved desktop backgrounds only) Refer to computer and network usage handbook policy for HCHS/HCMS (visit websites in handbook).
7. No use of cell phones or other electronic devices during regular school hours. **All electronic devices must be turned in upon arrival.***If an electronic device is taken up during class it will be kept by policy for 20 school days.*
8. Raise your hand to be recognized to ask questions of instructors.
9. Sit at your computer with both feet under the table and all four legs of the chair on the floor. Do not lean back in your chair.
10. Earbuds, headphones, etc. can only be used while listening to a lesson. **You may NOT use your own personal earbuds**, only school issued headphones, earbuds.
11. Absolutely no eating or drinking in the classroom.
12. Please do not disrupt other students during classroom instruction.
13. You have been placed in an adverse situation because of your previous behavior. Your focus should remain on completing credits at all times.
14. Student and Parent/Guardian must sign and agree to the Hart Academy Behavior Contract.

**Hart Academy Behavior Contract**

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

**Adhering to this contract includes:**

* I will attend school regularly with less than 5 unexcused absences and 5 excused parent/guardian notes each semester.
* I will complete all academic work assigned by the Hart Academy Administrator with at least 70% proficiency.
* I will participate in all character-building sessions.
* I will attend all Parent/Teacher/Student conferences.
* I will be respectful to all staff and always maintain a courteous attitude.
* I will access only approved educational websites.
* No use of cell phones or other electronic devices during regular school hours.
* I will comply with the Hart County Charter System’s Behavior Code and Hart Academy’s Discipline requirements.
* *I understand that while enrolled in Hart Academy I may not attend any Hart County Charter System function on or off campus.*
* *I understand that I cannot be on any Hart County Charter System campus except to attend Hart Academy*.

**A Progressive Discipline Plan will be as followed:**

**1st Discipline Referral** - Suspension for 5 days and a required parent/student conference with the Hart Academy Administrator.

**2nd Discipline Referral** – Serve the remainder of your expulsion/long term suspension at home and a required parent/student conference with the Hart Academy Administrator.

(Students with a 504 or IEP will have a Manifestation Hearing prior to discipline results)

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

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

**DRESS CODE**

The Hart Academy dress code is designed to provide a safe learning environment that is free of disruptions.

**The Uniform**

1. Plain khaki Pants with a belt (belt is not optional) **NO cargo pants**
2. Black polo style shirt with collar or button-down shirt with collar
3. Only one pair of pants is to be worn at a time.
4. Sleeveless shirts, shirts that expose the midsection, and see-through clothing are not allowed.
5. All shirts for males and females must be tucked in at all times.
6. If your shirt is short sleeved, only a plain solid color black, blue or white tee shirt is to be worn underneath. No other colors are allowed.
7. No shirt may be worn on top of the uniform shirt.
8. Jackets, sweatshirts, hoodies or other outerwear garments, such as hats, must be hung in the hallway of the Academy during the school day.
9. Pants must be worn to the top of the shoes (Carpenter, shorts, capri, or flood pants will not be acceptable).
10. Pant legs cannot be tucked into socks or boots.
11. Jewelry and/or other adornments are **NOT** permitted this is for male and female students.
12. Clothing must fit properly.
	1. Extremes should be avoided.
	2. Oversized pants are not allowed. Pants should not be more than 2 inches larger than the waist size.
	3. Form-fitting clothing is not permitted. Spandex etc.
13. Shower shoes, bedroom shoes, and any flat rubber shoe with thongs are not allowed.
14. Athletic sweatbands, bandanas, do-rags, hoodies, head coverings, and sunglasses are not allowed.
15. Oversized shoes are not allowed. **Laces and straps must be tied**.
16. Book bags, bags, cases, and purses are not allowed at the Academy.

***The Hart Academy Administrator will make the final decisions on the appropriateness of clothing. This dress code applies to Hart Academy students.***

Dress Code Violation

1. Call home for a change of clothes/warning.
2. Suspension for 5 days and required student/parent/guardian conference.
3. Removal from Hart Academy.

**I have read and understand the rules and regulations of the dress code.**

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

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

**Student Information**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (as listed in Infinite Campus)

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ M/F \_\_\_\_ Race: \_\_\_\_\_\_\_ Cell number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Services: 504 or IEP BIP: Yes or No Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medical condition that we should be aware of (serious illnesses, allergies, migraines, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child take any medications? If so, please list:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Can we administer Tylenol or Ibuprofen if your child complains of a headache? Yes No**

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With whom do you live? (Circle the appropriate choice)

Mother Father Both Parents Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List names and numbers of persons that we can call if we cannot reach you in the *event of an emergency.*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optional Information for Breakfast and Lunch (**Lunchroom does not allow charging)**

*If you attend the* ***morning*** *session, you will have the opportunity to have breakfast and lunch. Do you plan to participate in the meal program and how will you pay?* ***Yes or no***

*Payment Plan:* ***Cash, Reduced Prices, or Free***

*If you attend the* ***afternoon*** *session, you will have the opportunity to have lunch. Do you plan to participate in the lunch program?* ***Yes or no***

 *Payment Plan:* ***Cash, Reduced Prices, or Free***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Do Not Write Below This Line* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Forms Completed at Intake** (Checklist *Completed by Office Personnel Only*)

\_\_\_\_ Intro/Procedures \_\_\_\_\_ Dress Code

\_\_\_\_ Attendance \_\_\_\_\_ Exit Criteria

\_\_\_\_ Behavior \_\_\_\_\_ Parent Portal

\_\_\_\_ Calendar \_\_\_\_\_ Student Information

\_\_\_\_ Class Expectations \_\_\_\_\_ Transportation (504 or SPED) *if applicable*

\_\_\_\_ Completion of Assignment Chart

**Date of Intake:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Potential Exit:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Hart Academy Administrator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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



Academic Mentoring Program

Dear Parent/Guardian,

Your child has been nominated to participate in Hart Academy and Hart Partners Academic Mentoring Program (A.M.P.). Hart Academy in partnership with Hart Partners, is offering this small group mentoring program for students enrolled at the Hart Academy.

The Mentoring Program matches a community volunteer with students for small group discussions. A mentor is someone who serves as an academic coach, tutor and friend. Your child’s small group mentor will be there to encourage and motivate him/her to do his/her best.

All volunteers are required to complete a background check and orientation before they work with students. Volunteers meet with students during school hours under supervision of the Hart Academy Administration.

**Goals of program:** To provide positive role models to students to address issues such as:

* Attendance
* Academic performance / Homework completion
* Positive behavior / Positive attitude toward school/learning
* Involvement in asset building activities
* Conflict management/problem-solving skills

Please complete this Parent/Guardian Permission form. By signing this form, you have granted permission for your child to participate in this worthwhile program.

Thank you for your support of the Hart Academy/Hart Partners Academic Mentoring Program.

Signature of parent/guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_