

ROMOLAND SCHOOL DISTRICT  
**HILLSIDE INNOVATION ACADEMY**  
~ ACADEMY PROGRAM ~  
**INTAKE CONTRACT**

**Parent/ Guardian & Student Section:**

Name: \_\_\_\_\_ Student #: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Additional Contacts: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

Intake Meeting Date: \_\_\_\_\_ Program Start Date: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

***SIGNATURE MUST BE COMPLETED IN THE PRESENCE OF THE DISTRICT ADMINISTRATOR***

**Admission Qualification:**

The Academy Program is designed to support students in grades 6-8 who are having difficulty experiencing success in the traditional school program, perhaps due to a catastrophic incident preventing them from participation/success in the regular school program, and/or the student is in need of personalized interventions for chronic issues with attendance, behavior, and/or academics. Your student's placement in the Academy Program meets the criteria noted below.

**Please check the appropriate box:**

☐ Catastrophic Incident ☐ Chronic Issues (*attendance, behavior, academics*) ☐ Other: \_\_\_\_\_

**Academy location and times:**

Harvest Valley Elementary School  
29955 Watson Rd.  
Romoland, CA 92585

Monday, Tuesday, Thursday, Friday Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Wednesday Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Exit Goals:**

To ensure the Academy Program remains focused on meeting the personalized needs of students, the Intake Team will collaboratively develop three target goals for which the above named student will be receiving a majority of support.

1. Attendance: \_\_\_\_\_.

2. Behavior: \_\_\_\_\_.

3. Academics: \_\_\_\_\_.

\* Students entering program after the 6-week period of a trimester will remain at least until the culmination of the following grading period

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**Exit Criteria:**

Student success in the Academy Program will take effort by the student, parent/guardian, and the school staff. All groups must work together and accept their role in order for the exit goals previously identified to be achieved by the student. Each group's expectations are outlined below and student progress toward meeting their goals will be monitored and reported to the student and parent/guardian at the end of each quarter.

Student Expectations	Parent/Guardian Expectations	School/Teacher Expectations
<input type="checkbox"/> Attend school daily and on time <input type="checkbox"/> Follow all classroom and school expectations <input type="checkbox"/> Complete all assignments to the best of my ability <input type="checkbox"/> Make up any missed work due to absence	<input type="checkbox"/> Make sure student attends school on time <input type="checkbox"/> Call school by 8:15 am if student will be absent <input type="checkbox"/> Monitor attendance, behavior, and academic success <input type="checkbox"/> Support disciplinary interventions <input type="checkbox"/> Celebrate small and large successes with the student	<input type="checkbox"/> Regularly inform student and parent/guardian about academic and behavior progress through weekly progress reports <input type="checkbox"/> Provide a fair and consistent progressive discipline program <input type="checkbox"/> An administrator or school counselor will meet with student monthly to review progress within the program

When a student has demonstrated appropriate progress toward their goals, a transition team consisting of the student, parent/guardian, Academy teacher, Academy administrator, and counselor or administrator from Ethan A. Chase Middle School (EACMS) will assemble to develop a transition plan back to EACMS with appropriate supports for the student.

**Note:** Students are expected to follow school expectations set forth by the Academy Program, Hillside Innovation Academy, Harvest Valley Elementary School, the Romoland School District, and this contract. The school may pursue appropriate action up to and including detention, referral, suspension, or expulsion for violation of this contract, including a reevaluation and or revocation of program placement.

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Student Signature, Date

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Parent/Guardian Signature, Date

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Academy Teacher Signature, Date

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Coordinator/Principal, Hillside Innovation Academy

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Date

- ☐ Request Approved  
☐ Request Denied