



# **REAL Academy**

**Recovery Enhanced Alternative for Learning**

## **Student Handbook**

## PFH REAL ACADEMY Admission Criteria

Before a client can be admitted to The REAL ACADEMY program, the following requirements **must be met**:

- The client must be within **7th–12th grade age range**.
- A **baseline urine analysis (UA)** must be provided prior to enrollment. The client must also agree to participate in **ongoing random UA testing**.
- The client and their parent/guardian must agree to adhere to all **PFH and REAL ACADEMY policies, procedures, and expectations**.
- The client must complete all **required academic and clinical assessments and evaluations**.
- The client must agree to participate in **all assigned individual counseling, group sessions, treatment activities, and educational programming**.
- The client must commit to actively working through **all assigned educational coursework**.
- The client, parent/guardian, REAL ACADEMY staff, and treatment team must participate in **monthly progress meetings** to ensure consistent support and review of goals.

## Treatment Services

Each client at The REAL ACADEMY participates in **individualized treatment services** based on the results of a comprehensive assessment. Services are delivered in a **supportive, therapeutic environment** that promotes healthy, age-appropriate alternatives to substance use and other high-risk behaviors.

Clients are expected to actively participate in both **individual and group counseling sessions** on a regular basis. Additionally, **random but consistent urine analysis (UA) testing** is a required part of the treatment program and helps support accountability in the recovery process.

Treatment plans are customized to address the unique needs of each client, with interventions varying in **frequency and intensity**. Areas of focus may include:

- Substance use counseling and **relapse prevention**
- **Life skills development** and the healthy use of leisure time
- **Conflict resolution** strategies and restorative practices
- **Academic support** and goal setting
- **Stress and anger management** techniques
- **Physical health and overall wellness** education

## Family Engagement

Family involvement is a vital component of successful treatment and long-term recovery. **Parents, guardians, and key support persons are encouraged—and expected—to be engaged throughout the process**. This may include:

- Participating in assessments
- Attending family or joint therapy sessions
- Engaging in family education or support groups

Our Community Support Specialists, counselors, and therapists maintain **frequent communication with families** and offer continued guidance and support throughout each client's treatment journey.

## Daily Schedule

The school day at The REAL ACADEMY follows a structured schedule that includes a balance of academic work, therapeutic services, and recovery-supportive activities. Clients participate in:

- **Group counseling and discussion sessions**
- **Coursework on computers and other academic assignments**
- **Hands-on learning activities, field trips, and class discussions**
- **Breaks, lunch, and physical activity time**
- **Individual counseling and peer support activities**

Some clients may have an alternative schedule to accommodate employment, medical needs, or other approved commitments.

## School Calendar and Inclement Weather

All clients follow the **St. Charles School District calendar** for attendance purposes. A copy of the calendar will be provided at the time of enrollment.

### ***Important:***

***If a client's home school district is not in session, the client is still expected to attend The REAL ACADEMY, unless otherwise notified.***

In the event that **St. Charles School District cancels school due to inclement weather, emergencies, or other concerns**, The REAL ACADEMY will also be closed.

## Attendance Policy

Regular attendance is essential for client success in both academic and treatment goals.

**Attendance is not only required by law** under the **Compulsory Attendance Law**, but it is also a vital part of building consistency, accountability, and progress in recovery.

To ensure compliance and support client achievement, REAL ACADEMY follows the attendance guidelines outlined below:

### **Absence Guidelines:**

#### ▪ **Excused Absences**

Staff must be notified by a parent or guardian by 8:00 AM on the day of the absence for it to be considered excused. Acceptable reasons include:

1. Illness
2. Funeral
3. Scheduled medical or dental appointments

#### ▪ **Unexcused Absences**

Any absence not properly reported or justified may be considered **unexcused**. Unexcused absences require **immediate contact** with the parent/guardian and may result in disciplinary action, up to and including **discharge from the program**.

## Cumulative Absence Notifications and Consequences (Per Semester)

- **4 Absences (Excused or Unexcused):**  
Written notification is sent to the parent/guardian.
- **6 Absences (Excused or Unexcused):**  
Client is placed on probationary status.
  - a. A **Behavioral Attendance Contract** is completed, outlining the corrective steps required.
  - b. The contract must be reviewed and signed by the client, parent/guardian, and staff during a scheduled attendance meeting.
- **8 Absences (Excused or Unexcused):**  
A meeting is required with the client, parent/guardian, and designated staff to review attendance, assess progress, and determine continued eligibility.

**Excessive absences may result in discharge** from the REAL ACADEMY program.

## Attendance, Arrival, and Departure

Client attendance at The REAL ACADEMY is based on each individual's **personalized treatment plan**, which takes into account both educational and treatment needs. **Consistent attendance and punctuality** are critical for clients to fully benefit from programming and achieve their recovery and academic goals.

It is the **shared responsibility of the client and their parent/guardian** to ensure the client attends daily and arrives on time.

### Reporting Absences, Tardiness, or Early Departures:

- If a client will be **late, absent, or needs to leave early**, the **parent or guardian must notify REAL ACADEMY staff by 8:00 AM** on the same school day.
- Only absences or tardies reported and verified by that time will be considered excused.
- If no prior notice is given, staff will contact the parent/guardian to confirm the client's well-being.

In the event of a "**no call/no show**" or other **unexcused absence**, the client may not return to The REAL ACADEMY until a parent or guardian has spoken with staff and the **Director has approved the client's return**.

### Signing In and Out During the School Day:

Occasionally, clients may need to be picked up or return during school hours. In such cases:

- Parents/guardians must **notify staff prior to arrival**.
- A **parent/guardian must enter the building** to sign the client out.

## Transportation

The REAL ACADEMY provides transportation for clients on all scheduled school days. Clients must be ready for pickup **no later than 8:00 AM**.

If a client will not be attending on a given day, **a parent or guardian must notify REAL ACADEMY staff by 8:00 AM** that morning.

When transportation staff arrive at the designated pickup location, they will make two attempts to contact the client. Staff will wait a total of **eight (8) minutes**. If the client does not respond or come out within that time frame, the driver will leave, and **transportation will not return**. It will then be the responsibility of the client and their family to arrange transportation to school for that day.

Clients who wish to drive themselves must complete a Vehicle Registration Form, which must be approved by staff and kept on file in the office.

If someone other than staff or parent/guardian is picking up client from school, client must inform parent, guardian and staff. Client needs to secure permission from parent/guardian of said transportation

## Alternate Transportation Authorization

If someone other than The REAL ACADEMY staff or the client's parent/guardian is providing transportation, **the client must inform both their parent/guardian and REAL ACADEMY staff in advance**.

It is the client's responsibility to ensure that **permission is obtained from their parent or guardian** for the alternate driver. Transportation will only be permitted if the parent/guardian has **verbally confirmed approval** with staff

These guidelines help ensure the safety and accountability of all clients during dismissal and transportation.

## Meals and Food Guidelines

**Breakfast and lunch are provided daily** for all clients at The REAL ACADEMY. Clients may also bring their own breakfast, lunch, or snacks from home; however, safety, cleanliness, and consistency must be maintained within the therapeutic environment:

### Restrictions:

- **Clients may not leave campus for lunch** unless accompanied by staff as part of a scheduled outing or treatment-related activity
- **Outside food deliveries** (e.g., restaurant takeout, DoorDash, Uber Eats, etc.) **are not permitted**
- **Food and drinks are strictly prohibited at computer stations** to protect equipment and maintain a clean learning environment.

## Records and Documentation

Upon enrollment, all relevant records must be submitted to The REAL ACADEMY. This includes, but is not limited to:

- Academic transcripts
- Treatment records
- Discipline and behavior reports
- Attendance records
- Any additional documentation requested by staff

Staff will coordinate the exchange of information with the client's home school district and ensure that documentation is appropriately shared with the client and their parent or guardian.

The following records may be provided throughout or upon completion of the program:

- **Daily attendance reports**
- **Academic progress**, including grades and course completion status
- **Enrollment and discharge paperwork**
- **Behavioral or disciplinary documentation** (if applicable)

**Credits earned** while attending The REAL ACADEMY will be sent to the client's home school district for inclusion on their official transcript.

## Technology and Electronic Device Usage

Each client is assigned a computer workstation to support their educational and treatment-related goals. Prior to using any technology, clients must sign a **Technology User Agreement** that outlines acceptable use of devices, software, and internet access. If the client is under the age of 18, a parent or guardian must also sign the agreement.

To maintain a focused, therapeutic environment, **cell phones and personal electronic devices are not permitted during school hours**. All devices must be turned in to staff upon arrival and will be securely returned at the end of the school day.

### Non-Compliance:

- If a client refuses to surrender their device, they will be **dismissed for the remainder of the day**.
- Repeated non-compliance will result in **further consequences** as outlined in the Discipline Policy.

## Communication Protocols:

In the event of an emergency or urgent need, **parents/guardians may contact The REAL ACADEMY** directly to speak with or leave a message for their child.

Clients may request permission to use the school phone when appropriate and as approved by staff.

## Community Service Participation

As part of the REAL ACADEMY program, clients may participate in **supervised community service activities** designed to promote personal growth, social responsibility, and a sense of connection to the larger community. These activities are selected to align with each client's abilities, interests, and therapeutic or educational goals.

### Purpose of Community Service:

- Foster empathy and civic responsibility
- Provide opportunities to develop job readiness and life skills
- Enhance accountability, structure, and teamwork
- Promote engagement in pro-social, recovery-supportive environments

### Program Guidelines:

- Community service participation is voluntary unless assigned as part of a therapeutic or disciplinary intervention plan.
- All service activities will be approved by REAL ACADEMY staff and supervised by qualified personnel.
- Clients must follow all safety guidelines and behavioral expectations while participating in service activities.
- Parents/guardians will be notified of scheduled community service events and may be asked to sign a consent form for off-site participation.

### Examples of Community Service Opportunities May Include:

- Assisting at local food banks or shelters
- Cleaning or beautifying parks or community spaces
- Supporting local charity events or nonprofit organizations
- Preparing care packages or organizing donation drives

We are committed to helping clients discover the value of giving back and making a positive difference in their community as part of their journey toward personal and academic success.

## Visitors

To protect the safety, privacy, and therapeutic environment of all clients, **unauthorized visitors are not permitted** on the premises of The REAL ACADEMY.

**Parents, guardians, and approved individuals** are welcome to schedule appointments to meet with staff as needed. To minimize disruption to programming, we ask that all meetings be arranged **in advance**, with preference given to **before or after school hours** whenever possible.

All visitors must check in with staff upon arrival and may be asked to present identification.

## Medication Policy

To protect the health and safety of all clients, The REAL Academy has established clear guidelines regarding the handling and administration of medications while on campus.

### Over-the-Counter (OTC) Medications:

Clients are not permitted to bring or carry any over-the-counter medications, including but not limited to:

- Aspirin
- Tylenol (acetaminophen)
- Ibuprofen (Advil, Motrin)
- Cough drops or cold medicine

**REAL Academy staff are not authorized** to provide, store, or administer OTC medications under any circumstances.

### Prescription Medications:

Non-emergency prescription medications (e.g., for chronic conditions or daily use) **may not be brought to school by the client and will not be administered by staff.**

If a client requires prescription medication during school hours, the following steps must be taken:

- A **parent or legal guardian must deliver the medication** to the school.
- The **parent or guardian must personally administer** the medication to their child.

### Emergency Medications:

For clients who require emergency medications, such as inhalers or EpiPens, parents/guardians must:

- **Notify school staff in advance** of the medical need.
- **Provide a completed Medical Authorization Form.**
- Collaborate with staff to create an **Emergency Action Plan** tailored to the client's needs.

Approved emergency medications will be **stored securely** and made accessible in the event of an emergency.

### Residential Treatment Programs:

Clients enrolled in a residential treatment program affiliated with The REAL Academy will follow the **medication policies and procedures of that specific program.**

These policies are designed to maintain a safe, supportive environment for all clients. If you have questions or need to arrange medication-related accommodations, please contact The REAL Academy staff.

## Health and Illness Policy

At The REAL ACADEMY, the health and safety of our clients and staff are top priorities. To maintain a safe and supportive environment, the following guidelines are in place regarding illness:

- If a client exhibits symptoms of illness—including a fever of 99.6°F or higher, vomiting, or other signs of contagious conditions—a parent or guardian will be contacted and required to pick up the client promptly.
- To reduce the risk of spreading illness, clients **must remain at home until they have been free of fever and vomiting for at least 24 hours without the use of medication.**

This policy helps ensure the well-being of all clients and staff and supports a healthy, productive learning environment.

If you have questions about symptoms, required absences, or when your child can safely return to school, please contact REAL ACADEMY staff for guidance.

## Substance Use and Behavioral Expectations

The REAL ACADEMY is committed to providing a safe, supportive, and recovery-oriented environment. Students are expected to refrain from using or possessing drugs, alcohol, or related paraphernalia at all times while on school grounds or during school-related activities.

### **If a student arrives on campus in possession of, or under the influence of, drugs or alcohol:**

- Parents or guardians will be notified immediately.
- Local law enforcement or the student's juvenile officer may be contacted, depending on the circumstances.
- The student may be subject to immediate dismissal from the program.
- If emergency medical care is required, staff will act quickly and appropriately to ensure the student's safety.

We recognize that students in early recovery may face challenges, and that certain behaviors may indicate:

- A current relapse
- A heightened risk of relapse
- A lack of engagement in academic or treatment goals

### **Behaviors that may raise concern include (but are not limited to):**

- Frequent tardiness or unexcused absences
- Sleeping during school hours
- Avoidance or refusal to complete academic work
- Disrespectful or inappropriate conduct toward staff, peers, or school policies
- Dishonesty or minimizing risky behaviors

Our team is committed to addressing these concerns through **therapeutic and restorative interventions**. When appropriate, interventions may include increased counseling, parent/guardian meetings, behavioral contracts, or referrals for additional services. If a student continues to use substances despite these supports, **placement in a higher level of care**, such as residential treatment, may be recommended.

Except in cases requiring immediate dismissal, **PFH staff aim to turn setbacks into teachable moments** and growth opportunities. However, in some cases, continued enrollment at The REAL ACADEMY may not be possible if the student is unable or unwilling to meet behavioral expectations necessary for a safe and supportive environment.

## Substance Use and Drug Testing Policy

The REAL ACADEMY supports students in their journey toward recovery by providing a safe, structured, and substance-free environment. Honesty and accountability are essential to the recovery process.

### Self-Reporting Relapse

Students are strongly encouraged to self-report any substance use within 24 hours of the incident. Reporting a relapse is viewed as a responsible and constructive action, demonstrating a willingness to engage in treatment and personal growth.

Failure to report substance use may be interpreted as a lack of commitment to recovery and may result in **immediate dismissal** from the program.

### Drug and Alcohol Screening

If staff suspect substance use based on behavior, mood, appearance, or other indicators, a drug and/or alcohol test may be administered—even if the student denies use. All testing is conducted on-site by trained staff.

Students are required to fully comply with all drug testing protocols. **Refusing to participate in a required drug screen is considered a serious policy violation and may result in dismissal.**

### Testing Results and Confidentiality

All test results are documented and monitored as part of the student's treatment and accountability plan. Results may be shared with the following, as appropriate:

- REAL ACADEMY staff and treatment team
- Parents or guardians
- School personnel, medical providers, and/or legal representatives
- The student's Juvenile Officer, if the student is under court supervision

### Tobacco and Nicotine Policy

The use or possession of tobacco or nicotine products is strictly prohibited on campus. This includes (but is not limited to):

- Cigarettes
- Cigars
- Pipes
- Chewing tobacco and snuff
- E-cigarettes, vape pens, or any vaping devices

Violation of this policy will result in disciplinary action as outlined in the REAL ACADEMY discipline procedures.

## Restorative Response to Substance Use

We understand that recovery is a process and that setbacks may occur. Our restorative approach to substance use is designed to support clients in learning from their choices, restoring trust, and re-engaging in their treatment and education with purpose.

Core Principles of the Restorative Response:

- **Accountability without shame**
- **Repairing harm to self and community**
- **Restoring relationships and trust**
- **Reinforcing commitment to recovery**

**If a Client Uses Substances:**

- **Encouragement to Self-Report:**  
Clients are strongly encouraged to report their own substance use within 24 hours.  
Self-reporting is seen as a courageous & healthy step toward continued growth & recovery.
- **Immediate Supportive Response:**  
Upon disclosure or confirmation of substance use:
  - Staff will meet with the client to explore the circumstances that led to the relapse.
  - A non-punitive conversation will focus on understanding triggers, stressors, and decision-making.
  - Clients will be given an opportunity to reflect on how their actions impacted themselves, peers, and the school community.
- **Restorative Plan Development:**  
A personalized restorative plan may be created in collaboration with the client, their family, and treatment team. This plan may include:
  - A written or verbal restoration statement
  - Additional individual or group counseling
  - Engagement in community service or peer mentorship
  - A behavioral or relapse prevention contract
- **Family Involvement:**  
Family members or guardians will be included in the restorative process. Meetings may be scheduled to ensure all key supports are aligned in helping the client get back on track.
- **Reintegration Support:**  
Before returning fully to regular programming (if temporarily suspended), the client may participate in a reintegration meeting. This session will clarify expectations, provide encouragement, and affirm the client's continued place in the program.

**When Restorative Measures Are Not Effective:**

If a client demonstrates repeated use without willingness to engage in restorative or therapeutic interventions, or if safety becomes a concern, a referral to a higher level of care (e.g., residential treatment) may be necessary. In rare cases, program dismissal may be considered.

## Harassment, Sexual Harassment, and Bullying Policy

We are committed to providing a safe, respectful, and inclusive environment where all clients feel protected, valued, and empowered to learn and grow. Harassment, sexual harassment, and bullying of any kind will not be tolerated.

**Harassment** is defined as unwelcome verbal, physical, or visual conduct directed at an individual based on protected characteristics, including but not limited to race, color, religion, sex, national origin, age, disability, or sexual orientation.

Examples of harassment may include:

- Verbal abuse, slurs, or name-calling
- Jokes, stereotypes, or offensive remarks
- Threats, intimidation, or hostile behavior
- Physical gestures or actions meant to demean or intimidate
- Written or graphic material, including emails, texts, or social media posts

**Sexual harassment** includes any unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature.

Examples include:

- Lewd or sexually suggestive jokes, comments, or gestures
- Unwanted physical contact or inappropriate touching
- Repeated and unwelcome sexual advances
- Comments about someone's body or appearance that are sexual in nature

**Bullying** is repeated, unwanted, and aggressive behavior involving a real or perceived power imbalance. It may be physical, verbal, social, or digital.

Examples of bullying include:

- Making threats or intimidation
- Spreading rumors or gossip
- Physical aggression (e.g., pushing, hitting, or shoving)
- Name-calling or verbal abuse
- Social exclusion or isolation
- Cyberbullying via text, email, or social media platforms

**Important: A person's intent does not determine whether behavior is considered harassment or bullying. It is the impact of the behavior and how it is perceived by the individual affected that matters.**

## Harassment, Sexual Harassment, and Bullying Policy, Continued

### Reporting and Consequences

Any student who experiences or witnesses' harassment, sexual harassment, or bullying is strongly encouraged to report it to a staff member. All reports—whether observed or disclosed—will be taken seriously, investigated promptly, and addressed in accordance with program policies.

If an incident is substantiated, consequences may include:

- Corrective action or disciplinary measures
- Parent/guardian notification
- Involvement of law enforcement, depending on the severity
- Dismissal from The REAL ACADEMY, if appropriate

We are committed to protecting the well-being of every student and fostering a culture of **respect, empathy, safety, and accountability.**

### Behaviors That May Result in Corrective or Disciplinary Action

We are committed to maintaining a safe, respectful, and recovery-supportive environment. To achieve this, all clients are expected to adhere to behavioral expectations aligned with academic, therapeutic, and community standards.

Violations of these expectations may result in corrective or disciplinary action, including but not limited to: verbal warnings, loss of privileges, behavioral interventions, parent/guardian meetings, suspension, dismissal from the program, and/or contact with law enforcement.

Below are some examples of behaviors that may lead to disciplinary action include, but are not limited to:

- Being under the influence of drugs or alcohol
- Possession of drugs, drug paraphernalia, or alcohol
- Use of tobacco or nicotine products (including e-cigarettes/vaping)
- Threatening or dangerous behaviors (verbal, physical, or cyber)
- Insubordination or refusal to follow staff instructions
- Possession of weapons or items considered dangerous by staff
- Theft of any kind
- Lying, cheating, or plagiarism
- Excessive absences or tardiness
- Unauthorized use of cell phones or electronic devices
- Refusal to participate in academic or treatment-related activities
- Disrespectful or disruptive behavior, including foul or abusive language
- Sleeping during instructional time
- Leaving school without permission
- Destruction, defacing, or vandalism of property
- Violation of any state or federal laws
- Failure to comply with PFH or REAL ACADEMY rules, regulations, guidelines, or policies
- Other behaviors deemed inappropriate or unsafe by staff

All incidents will be assessed on a **case-by-case basis**. The response will take into account the nature, frequency, and impact of the behavior, with an emphasis on restorative and therapeutic interventions whenever possible.

## Weapons Policy

To maintain a safe and supportive learning environment, **weapons and dangerous items are strictly prohibited**. This policy applies to **all areas of campus**, including indoor spaces, outdoor grounds, and vehicles.

### Prohibited Items Include (but are not limited to):

- **Firearms** (of any kind)
- **Knives** or blades
- **Sharp objects** (e.g., razors, box cutters)
- **Items made of glass** that could pose a safety risk
- **Spiked, jagged, or heavy objects** that could be used to cause harm
- **Any other item deemed dangerous or inappropriate by staff**

### Consequences:

Any student found in possession of a prohibited item will face **serious disciplinary action**, which may include:

- **Immediate removal from the program**
- **Confiscation of the item**
- **Notification of parent/guardian**
- **Contact with local law enforcement (if necessary)**

The safety and well-being of all students and staff is our top priority. Violations of this policy will be handled swiftly and in accordance with REAL ACADEMY procedures.

## Clothing Policy

Clients are expected to dress in a manner appropriate for both a school and therapeutic setting. This includes all aspects of personal appearance, such as clothing, accessories, and grooming. The purpose of this policy is to support a respectful, recovery-focused, and distraction-free environment for all.

### Clothing and Accessories Must:

- Be modest, clean, and appropriate for participation in academic and therapeutic activities
- Avoid content that promotes or depicts:
  - Tobacco, alcohol, or drug use
  - Gang affiliation or activity
  - Nudity or sexually suggestive imagery
  - Profanity, violence, or hate speech
- Avoid symbols, language, or graphics that may be considered offensive, disruptive, or disrespectful to others

### Additional Guidelines:

- Sunglasses are not permitted inside the building
- Clothing must provide adequate coverage; garments that are excessively revealing, see-through, or otherwise disruptive to the learning environment are not allowed
- Footwear must be worn at all times for health and safety

All attire is subject to review by staff. If a client's clothing is found to be inappropriate, they will be asked to change. Repeated violations of the dress code may result in disciplinary action in accordance with the discipline policy.

## Disciplinary Actions

We are committed to maintaining a safe, respectful, and accountable learning environment. When client behavior does not align with expectations, staff respond with appropriate interventions designed to address the issue while also supporting personal growth and long-term success.

**Disciplinary actions** may vary depending on the nature and severity of the behavior. Possible actions include, but are not limited to:

- Verbal redirection and/or warning from staff
- Phone call to parent/guardian or designated support
- Parent/guardian and staff meeting
- Restorative conversations or mediation sessions
- Behavioral contract or support/intervention plan
- Temporary removal from class or group activities
- Involvement of local law enforcement (when necessary)
- Dismissal from The REAL ACADEMY
- Other responses as determined appropriate by staff

Each situation is evaluated on a **case-by-case basis**, and all decisions are made with the intent to uphold safety, promote personal accountability, and encourage behavioral change in alignment with recovery goals.

## Restorative Practices Philosophy

We are committed to cultivating a learning environment grounded in mutual respect, accountability, and personal growth. As part of this commitment, we actively integrate **restorative practices** into our daily routines, responses to conflict, and overall community culture.

Restorative practices offer a proactive and responsive approach to addressing behavior and building relationships. This philosophy focuses on helping clients:

- Understand the impact of their actions
- Take responsibility in a meaningful way
- Repair harm and restore trust
- Strengthen connections within the school community

Rather than relying solely on punitive measures, restorative approaches provide structured opportunities for reflection, healing, and growth.

### Key components of restorative practices include:

- Restorative conversations between clients and staff
- Circles or facilitated group dialogues to build community or resolve conflict
- Reflective writing assignments or apology letters
- Collaborative problem-solving and planning for future success
- Opportunities for clients to take meaningful ownership of their actions

By engaging clients in restorative work, we not only address specific behaviors—we also help them develop essential life skills such as empathy, communication, accountability, and conflict resolution.

Our goal is to guide clients toward becoming **self-aware, responsible, and resilient individuals**—equipped to contribute positively to their communities, both within and beyond The REAL ACADEMY.



## Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
  - School officials with legitimate educational interest;
  - Other schools to which a student is transferring;
  - Specified officials for audit or evaluation purposes;
  - Appropriate parties in connection with financial aid to a student;
  - Organizations conducting certain studies for or on behalf of the school;
  - Accrediting organizations;
  - To comply with a judicial order or lawfully issued subpoena;
  - Appropriate officials in cases of health and safety emergencies; and
  - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school. For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice).

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## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Preferred Family Healthcare (PFH) is committed to protecting the privacy of your personal health information. This notice outlines our legal duties, your rights, and our privacy practices regarding your medical information.

### Our Legal Duty

PFH is required by law to:

- Maintain the privacy of your health information
- Provide you with this notice explaining our legal duties and privacy practices
- Follow the practices outlined in this notice

We may only release the minimum necessary information needed to fulfill the purpose of the disclosure—unless you:

- Submit a signed authorization for full disclosure
- Request your own records
- Are being treated by a provider requiring access
- Are subject to legal requirements that require full disclosure

We reserve the right to change our privacy practices. If changes occur, we will provide you with a revised notice that applies to all the health information we maintain.

### When We May Use or Disclose Your Health Information WITHOUT Your Written Authorization

#### Treatment

We may use or share your health information to provide you with care. For example, to administer medication or plan your treatment.

#### Payment

To receive payment for services, we may submit a bill that includes your diagnosis and the services provided.

#### Health Care Operations

We may use your information to improve service quality, evaluate staff performance, or assess care effectiveness.

#### As Required or Permitted by Law

We may release health information when required by law, such as in cases of abuse, neglect, domestic violence, or in response to a court order.

#### Health Oversight Activities

We may share information with agencies that monitor healthcare systems, such as licensing boards or accreditation bodies.

#### Public Health Activities

We may disclose information for public health purposes, such as disease control, reporting of births and deaths, or preventing work-related injuries.

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## Coroners, Medical Examiners, and Funeral Directors

Health information may be shared to identify a deceased individual or determine the cause of death.

## Organ, Eye, and Tissue Donation

We are required to release relevant health information to facilitate donation.

## Research

With special permissions and safeguards in place, your information may be used to support research studies (e.g., program outcomes, treatment effectiveness).

## To Avert Serious Threats to Health or Safety

We may disclose information to prevent a serious and imminent threat to your health or public safety.

## National Security, Military, and Law Enforcement Custody

If you are involved in military, national security, or are in custody, we may share health information with appropriate authorities in compliance with the law.

## Workers' Compensation

We must release information as needed to comply with workers' compensation or disability laws.

## Involvement in Your Care or Payment for Your Care

We may share limited health information with family members, close friends, or others involved in your care or payment for your care—unless you object. This may include your general condition, location, or death. In emergencies or when you are unable to respond, PFH will use its professional judgment in determining whether to release such information.

## Your Rights Regarding Your Health Information

You have the right to:

- Request access to your health records
- Request amendments to your information
- Request restrictions on how your information is used or disclosed
- Receive an accounting of disclosures

File a complaint if you believe your rights have been violated

If you have any questions about this notice or wish to exercise any of your rights, please contact your PFH provider or our designated Privacy Officer.

## Authorization for Release of Information

Except for the situations described in this notice, PFH must obtain your specific written authorization before releasing any other part of your personal health information.

If you choose to sign an authorization form, you have the right to withdraw your authorization at any time, provided the request is made in writing. Please note that your withdrawal will not apply to any information already released based on your prior authorization.

To withdraw your authorization, please send a written request to:

PFH Privacy Officer  
1111 Glenstone  
Springfield, MO 65802  
Phone: (417) 869-8911

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## Your Rights Regarding Your Health Information

As a client of Preferred Family Healthcare (PFH), you have the following rights concerning your personal health information:

### Inspect and Copy Your Health Information

You have the right to request access to review and obtain a copy of your health records. This right does not apply to psychotherapy notes or information compiled in anticipation of legal proceedings. A nonrefundable fee may apply for copies of your records.

### Request an Amendment or Correction

If you believe the information in your records is inaccurate or incomplete, you may request a correction. Requests must be submitted in writing and include the reason for the requested amendment. PFH may deny the request if we did not create the information or if we believe the existing record is accurate and complete.

### Receive a Record of Disclosures

You may request a list of disclosures of your protected health information made by PFH after April 14, 2003. This list will exclude disclosures made for treatment, payment, or health care operations, as well as those made for national security, law enforcement, or oversight activities. The list will include the date, a description of the information disclosed, the recipient, and the purpose. The first request in any 12-month period is free; additional requests may incur a fee.

### Request Restrictions on Use or Disclosure

You may ask us to restrict how your health information is used or disclosed—even if the restriction affects your treatment, payment, or health care operations. You may also request limits on disclosures to family members, friends, or disaster relief agencies. While we will consider your request, we are not required to agree to it.

### Request Confidential Communication

You may request to receive your health information in a specific format or location. For example, you may ask for written communication instead of phone calls, or request that discussions occur in a private setting.

### Receive a Paper Copy of This Notice

You have the right to receive a paper copy of this Privacy Practices Notice, even if you previously agreed to receive it electronically.

### File a Complaint

If you believe your privacy rights have been violated, you have the right to file a complaint with:

- PFH (contact the Privacy Officer at the address listed earlier), and/or
- The U.S. Department of Health and Human Services (HHS)

You will not be penalized for filing a complaint.

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## Client Rights and Responsibilities

At Preferred Family Healthcare (PFH), we are committed to providing services that respect the dignity, individuality, and rights of every client. As a participant in our programs, you are entitled to the following rights and are expected to uphold certain responsibilities.

### You Have the Right To:

- Be treated with dignity and respect at all times.
- Enjoy the same legal rights and responsibilities as any other citizen, unless you have a legal guardian or your rights are otherwise legally limited.
- Receive services regardless of race, religion, marital status, national origin, sexual orientation, disability, age, genetic information, or veteran status.
- Be informed of and access legal counsel or receive a referral, as appropriate.
- Be free from abuse, neglect, humiliation, exploitation, or retaliation.
- Receive services and supports that are meaningful and individualized to your needs.
- Consent to or refuse services, unless a legal guardian has authority to decide for you.
- Understand the rules, expectations, services, and supports provided by PFH.
- Receive information about services in a clear and understandable way.
- Access your records and determine who else may have access to them.
- Have your records kept confidential and your services delivered in a private, respectful setting.
- Ask questions or file complaints without fear of punishment or negative consequences.
- Provide input into the selection of staff members who work with you.
- Request an investigation and resolution if you believe your rights are not being honored.
- Refuse participation in research or surveys. Receive a copy of the "Request for Change" form and assistance completing it if needed.

### Your Responsibilities Are To:

- Communicate openly about problems or concerns as they arise.
- Ask for what you need or want. You may speak with your staff, team leader, coordinator, or director, or use the "Request for Change" process.
- Review and sign (along with your guardian, if applicable) that you have been informed of your rights and responsibilities.
- Actively participate in your service plan.
- Treat PFH staff and others with dignity and respect at all times.

# REAL ACADEMY Technology & Computer Use Agreement

## Purpose:

The REAL ACADEMY provides access to computers and internet-connected devices for academic and therapeutic use. All clients are expected to use technology responsibly, respectfully, and in a way that supports their treatment and educational goals.

## Client Expectations

While using school-provided computers and technology, I agree to:

- ✓ Use devices only for approved academic and treatment-related activities
- ✓ Follow staff directions at all times when using technology
- ✓ Handle all technology with care and report any issues or damage immediately
- ✓ Use respectful language and behavior while online
- ✓ Keep my login credentials and passwords private
- ✓ Log off properly when done

I understand that I am **not permitted to:**

- Access social media, games, music, or entertainment websites unless permitted
- Use messaging or chat features unless directed by staff for treatment purposes
- View, share, or download inappropriate, violent, or explicit content
- Attempt to bypass security filters or access unauthorized sites
- Tamper with or damage school equipment
- Use another person's account or impersonate anyone online
- Access or share personal, private, or confidential information online

## Monitoring & Consequences

- All computer and internet usage is monitored by staff.
- Inappropriate use may result in restricted access, disciplinary action, or loss of technology privileges.

## Acknowledgment & Agreement

By signing below, I acknowledge that I have read, understand, and agree to follow the rules and expectations outlined in this agreement. I understand that failure to follow these rules may result in loss of access to school technology and/or other disciplinary action.

**Client Name (Printed):** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

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

**Parent/Guardian Name (Printed):** \_\_\_\_\_

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

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

**Staff Witness (Printed):** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

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



# Request for Change

*The Request for Change is a tool designed to enable persons served, family members, employees, and other stakeholders to express concerns and receive a timely, written response. There will be no retaliation for using this process. You will receive a written response within two weeks of submitting this form.*

Please describe the requested change(s):

Printed Name of Person Requesting Change: \_\_\_\_\_

First Name MI Last Name

Printed Name of Person Completing Form: *(If different than person completing the form)* \_\_\_\_\_

First Name MI Last Name

Signature of Person Requesting Change: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Response to request:

Signature of supervisor responding to request: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Signature of Senior Leadership: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

***I have received the response to my request:***

Signature of person making request \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Person submitting request was not available; response was mailed. Date: \_\_/\_\_/\_\_

***If you are not satisfied with the response to your Request for Change, you may appeal your request to:  
The Resource Team at P.O. Box 1277, Springfield MO 65801-1277***



**Signature Page**  
PFH REAL ACADEMY Services

**I have received and agree to:**

- 1. REAL ACADEMY Student Handbook.
- 2. Instruction on proper Emergency/Evacuation procedures of any REAL ACADEMY facility in which I meet.
- 3. Information on REAL ACADEMY Attendance Policy.
- 4. Information of PFH's Notice of Privacy Practices.
- 5. Information on Your Rights and Responsibilities.
- 6. Information on PFH's Request for Change process.
- 7. Authorization to Exchange Information (from PFH members' area).
- 8. Information on FERPA (Family Educational Rights and Privacy Act).

My signature below indicates I do \_\_\_ or I do not \_\_\_ give permission for any and all medical attention to be administered in the event of accident, injury, sickness, etc. I also assume the responsibility for the payment of any such treatment.

I understand I may ask questions about anything I may need clarity on or want more information about. I understand that if I have trouble speaking up for myself that someone can help me say what I want to say. I understand that if I want things to change I can ask for the changes I want and I will be provided an answer timely.

**Student Printed Name**  
\_\_\_\_\_

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

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

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

**Parent/Guardian Printed Name**  
\_\_\_\_\_

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

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

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

# Signature Page

## PFH REAL ACADEMY Services

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### Acknowledgment of Receipt and Agreement

I acknowledge that I have received, reviewed, and agree to the following documents and policies related to my participation in the REAL ACADEMY program:

- REAL ACADEMY Student Handbook
- Instruction on Emergency and Evacuation Procedures for any REAL ACADEMY facility I attend
- REAL ACADEMY Attendance Policy
- PFH Notice of Privacy Practices
- Client Rights and Responsibilities
- PFH Request for Change Process
- Authorization to Exchange Information (as applicable through PFH’s Member Services)
- Information regarding FERPA (Family Educational Rights and Privacy Act)

By signing below, I confirm that the information has been explained to me, I have had the opportunity to ask questions, and I understand my responsibilities and expectations of participation in the REAL ACADEMY program.

### Medical Authorization and Acknowledgment of Self-Advocacy Rights

My signature below indicates that:

I do                       I do not  
give permission for any and all necessary medical attention to be administered in the event of an accident, injury, illness, or other medical need while participating in REAL ACADEMY programming. I understand that I am responsible for the cost of any such medical treatment.

I acknowledge that:

- I may ask questions at any time if I need clarification or more information.
- If I have difficulty speaking up for myself, I have the right to ask for help in expressing my needs and concerns.
- If I would like something to change, I have the right to make that request and to receive a timely response.

Client Name (Print): \_\_\_\_\_  
Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_  
Parent/Guardian Signature (if applicable): \_\_\_\_\_  
Date: \_\_\_\_\_

Staff/Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION TO EXCHANGE INFORMATION

*Complete all shaded sections*

**Preferred Family Healthcare/REAL Academy**

(Add name of Division to release and/or receive information)

**2120 Parkway Dr.**

(Street Address)

**St. Peters, MO 63367**

(City, State, Zip code)

**636-332-5835**

(Phone)

**636-327-0845**

(Fax)

(Name of person and agency to release and/or receive information)

(Street Address)

(City, State, Zip code)

(Phone)

(Fax)

I (we), the undersigned, do hereby authorize the above named persons, educational institutions, firms, physicians, clinics, hospitals, companies or agencies to use and/or disclose the following confidential information in written, verbal or electronic form:

Specific description of information to be disclosed <i>(please check either Y for Yes or N for No for EACH category).</i>			
<input type="checkbox"/> Y <input type="checkbox"/> N	Family history/intake information	<input type="checkbox"/> Y <input type="checkbox"/> N	Medical treatment information
<input type="checkbox"/> Y <input type="checkbox"/> N	Assessments/Evaluations	<input type="checkbox"/> Y <input type="checkbox"/> N	Psychological testing/evaluation information
<input type="checkbox"/> Y <input type="checkbox"/> N	Educational placement/remediation	<input type="checkbox"/> Y <input type="checkbox"/> N	Individualized Treatment Plan
<input type="checkbox"/> Y <input type="checkbox"/> N	Progress Notes (counselor, group, shift summaries)	<input type="checkbox"/> Y <input type="checkbox"/> N	Any information relevant to assist in working with the family
<input type="checkbox"/> Y <input type="checkbox"/> N	School Transcripts	<input type="checkbox"/> Y <input type="checkbox"/> N	Disciplinary records
<input type="checkbox"/> Y <input type="checkbox"/> N	Immunization records	<input type="checkbox"/> Y <input type="checkbox"/> N	Any information on consumer health and well being
<input type="checkbox"/> Y <input type="checkbox"/> N	Court Records/Criminal Records	<input type="checkbox"/> Y <input type="checkbox"/> N	Employment Verification
<input type="checkbox"/> Y <input type="checkbox"/> N	Vocational Information	<input type="checkbox"/> Y <input type="checkbox"/> N	Certification of Program Eligibility
<b>Other (specifically identify)</b> _____			

The above information is obtained, released, used or for the following purpose(s) only. Any other use is forbidden.

<input type="checkbox"/> Employment Preparedness/Job Search	<input type="checkbox"/> Case Services Coordination	<input type="checkbox"/> Counseling/Mental Health Services	<input checked="" type="checkbox"/> Other <b>Educational Services</b>
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I understand that my records are protected by state and federal law, and cannot be disclosed or re-disclosed without my written consent unless otherwise provided for by law. I also understand that if I revoke this authorization I must do so in writing on the back portion of this form. I understand that the revocation will not apply to information that has already been released in response to this authorization. If applicable, I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

**Unless otherwise revoked, this authorization will expire on the following date. (not to exceed one year):**

**Expiration Date:** \_\_\_\_\_ *(Not to exceed one year from date signed)*

I want the agency listed above to accept a copy of this form as a valid consent to share the information referenced above on an as needed basis to assist with service coordination and treatment planning. I understand that authorizing the disclosure of this information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to ensure treatment/services. I understand that I may inspect or obtain a copy of the information to be used or disclosed, as provided in CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my information, I can contact PFH's Privacy Officer. If I do not sign this form, information will not be shared. I hereby release any person, educational institution, firm, physician, clinic, hospital or agency from any liability for information furnished pursuant to this authorization.

My signature below indicates that I have read and understand this document. The information to be released and/or received has been discussed with me.

Print/Type Name: _____	Telephone: _____ ( ) _____
Complete Address: _____	
SSN#: _____	Date of Birth: _____
Signature _____	Date: _____
Witness Signature _____	Date: _____
Parent/Guardian's Signature _____	Date: _____ <i>(if appropriate)</i>

## Revocation of Consent to Authorize Exchange of Information

I am exercising my right to revoke this Authorization to Release Information. I understand this Authorization Form can be revoked by the person giving authorization by signing and dating the revocation statement below except to the extent that action has been taken in reliance thereon.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I revoke  
this Authorization to Release Information at \_\_\_\_\_ : \_\_\_\_\_ \_\_\_\_\_AM or PM.  
*(hour) (minute) (circle one)*

\_\_\_\_\_  
Client or Legal Representative Signature

\*If Authorization for Release of Information is revoked, staff is required to write "VOID" in RED across release and complete "revocation" portion of the release, and then fold the paper so that the revocation portion is showing.

## Consent for Services and Consent for Limited Release of Information

The \_\_\_St. Charles School District\_\_\_ (school name) has an agreement with Preferred Family Healthcare (PFH) to provide school-based education group to students in the district. School-based education groups will be provided by \_PFH REAL Academy (Recovery Enhanced Alternative for Learning) \_.

I, \_\_\_\_\_ Parent/Legal Guardian of \_\_\_\_\_ give consent for school-based education group services to be provided by PFH. In connection with such services, I authorize and agree that PFH may make limited release and disclosure of personal information to \_\_\_\_\_ (school name) personnel for such purposes as education, service planning, and/or coordination/integration of services.

**Confidentiality:** I understand that all information obtained by school-based staff is confidential except under the following circumstances:

- A. Disclosures mandated by federal, state, or local law (I.e., suspicion or knowledge of child abuse/neglect.)
- B. Disclosures specially ordered by a court of law.
- C. Disclosures to prevent a serious threat to health or safety, for example, when there is imminent risk or serious threat of physical harm to self or others (including suicidal or homicidal thoughts).

**In addition:**

- D. For education services provided in a group session, PFH will inform participants of the need to respect the privacy rights of all other participants and will stress that there should be no disclosure to others of information learned or acquired during the course of a group session. I understand that PFH cannot control the conduct or actions of other group members; and hence makes no representation or agreement concerning their conduct.
- E. For confidentiality as it relates to Quality Improvement activities of the agency, PFH uses outcome questionnaires and surveys to measure the impact and benefit of services. Clients and staff complete these measures at varying intervals depending on the services being provided. All data collected is maintained in a secure, confidential manner. The results from outcome measures are used to continuously monitor progress, to assess areas of risk, and to ensure clients are receiving the greatest possible benefit from services. Summarized client information and statistical data are also used for reports to PFH stakeholders, for grant writing, and employee training. In addition, because PFH are funded primarily through the St. Louis county Children’s Services Fund (CSF), client demographic data may be released and used by the CSF and its subcontractors for the purposes of measuring client satisfaction with services. In such cases no client records or case documentation will be released without this written consent.
- F. For confidentiality as it relates to cellular phone conversations, PFH acknowledges that there may be times when school-based PFH staff needs to speak with a parent/guardian and either the PFH staff or the parent/guardians may use a cellular phone. Understanding that cellular phones are less secure in the transfer of information than landlines, the PFH staff will make every effort to conduct these calls in a private place and only discuss necessary and pertinent information.
- G. I understand that I may revoke this consent at any time, except to the extent that disclosures have already been made in reliance on this or any other consent. Revocation may be accomplished per written request and may be for specific items or the entire release.
- H. This consent will automatically expire 1 year from date of signature unless there is a different specification of date, event, or condition noted. \_\_\_\_\_
- I. I understand that Preferred Family Healthcare may not generally condition these services on whether I sign a consent form.

\_\_\_\_\_  
Signature of Parent/Legal guardian

\_\_\_\_\_  
Print Names of Parent/Legal guardian

\_\_\_\_\_  
Date



**CITY OF ST. CHARLES R-VI SCHOOL DISTRICT**

**A PROUD PAST - AN ENLIGHTENED FUTURE**

**CONSENT FOR RELEASE OF INFORMATION**

I, the parent or guardian of \_\_\_\_\_, Date of Birth \_\_\_\_\_,  
attending \_\_\_\_\_ school (Grade \_\_\_\_ ) do hereby give my consent  
for the release of records AND/OR sharing of information including the following:

**School Records (cumulative file)**

- Diagnostic/Evaluation Reports
- IEPs
- IEP Meeting on \_\_\_\_/\_\_\_\_/\_\_\_\_
- Eligibility Determination/Re-evaluation
- Meeting on \_\_\_\_/\_\_\_\_/\_\_\_\_
- Medical Reports, Diagnoses, Other Health Information
- Audiological Reports
- Psychological Reports/Diagnoses
- Other: \_\_\_\_\_

**TO/FROM:**

**The School District of the City of St.  
Charles**

**Office of Special Services**

**400 North Sixth Street**

**St. Charles, MO 63301**

**Phone: 636-443-2905**

**Fax: 636-443-4067**

**TO/FROM:**

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

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

**Phone #: \_\_\_\_\_**

**Fax#: \_\_\_\_\_**

**This information is requested/to be RELEASED OR SHARED for the following reason(s):**

- **Background information pertinent to educational concerns**
- **Transfer of student to this/another district**
- **Enrollment/Re-enrollment**
- **Contractual Placement**
- **IEP/Diagnostic Review**
- **Other:** \_\_\_\_\_

**This authorization will expire on:** \_\_\_\_\_  
**Date**

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

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

**Note: Parent/Guardian has the right to withdraw consent at any time.**