Alternative Academic Achievement Academy

13801 S Chatham Ave
Blue Island, IL 60406
Phone: 708-206-0000
Fax: 708-957-5324

2025 – 2026

EMERGENCY CONTACT INFORMATION

Student: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Mother's Name: _____

Home Number: _____ **Work:** _____ **Cell:** _____

Email Address: _____

Father's Name: _____

Home Number: _____ **Work:** _____ **Cell:** _____

With whom does the student live? _____

OTHER EMERGENCY CONTACT INFORMATION

PLEASE LIST ONE OTHER PERSON WE CAN CONTACT IN THE EVENT OF AN EMERGENCY

Name: _____

Relationship to student: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Number: _____ **Work:** _____ **Cell:** _____

Office use Entry Date:__/__/____ *"All Children Are Worth Saving"*

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SEARCH POLICY

I, _____ (Parent or Guardian), have received notification from AAA Academy that the staff will search the person and effects of my child, _____.

I understand such searches will be conducted whenever there is suspicion that he or she may be in possession of any weapon, drugs, or other dangerous or unlawful items.

I understand that such suspicion may be based on circumstantial, third party, or hearsay information, as well as direct observation.

I understand that such a search is done to protect the safety and well-being of my child and others.

Also, I understand that any illegal items or controlled substances found in such a search will be turned over to the local police so that they make take the appropriate steps.

Signature: _____ Date: _____
(Parent/Legal Guardian)

I, _____ (student), have read and understand the above procedure signed by my parent/guardian and agree to comply with the procedure.

Signature: _____ Date: _____
(Student)

Signature: _____ Date: _____
(Witness)

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August 1, 2025

Dear Parent:

RE: Student Handbook

Enclosed is a copy of the ***Alternative Academic Achievement Academy 2025-2026 Student Handbook***. In the next day or two please read the handbook with your child and make sure that he or she has a thorough understanding of the rules and regulations. If either you or your child have any questions, please feel free to contact me by calling 708 206-0000.

The Academy has implemented a software program (Praxi School) which will enable you to access student information including grades and attendance. Please review the updated section of the handbook (page 16).

Again, sign and return the bottom portion of this letter ***after*** you and your child have read and discussed the rules.

Thanks very much for your cooperation.

Yours truly,

Robin Guthrie/ David Millman
Principal

****

Student 2025-2026 Handbook Acknowledgment
Please return by Monday August 11, 2025

_____ _____

Parent's Signature Date

_____

Student's Name

_____ _____

Student's Signature Date

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To: Parents/Guardians

From: David Millman/ Robin Guthrie
Principals

Date: August 1, 2025 Re: Attendance

Students enrolled at the Alternative Academic Achievement Academy are of compulsory school age. Whoever has custody of a child is responsible for their daily school attendance.

Students are considered "truant" when absent without a valid cause. The Illinois School Code defines "valid cause" for absence as follows – observance of a religious holiday, death in the immediate family, family emergency, and shall include such other situations beyond the control of the student as determined by the board of education in each district, or such other circumstances which cause reasonable concern to the parent for the safety or health of the student. If your child frequently does not feel well enough to attend school, please arrange for them to have a physical immediately. A doctor's statement is needed to support any physical condition resulting in non-attendance.

Please adhere to the procedures for reporting absences as stated in the 2025-2026 Student Handbook.

1. Call AAA Academy Attendance line at (708) 206-0000 before **7:00** a.m. **each** day your child is absent.

2. Parents must send a ***written note*** to school on the same day that your child returns to school.

In the event that the student misses the bus/van, it is the responsibility of the parent/guardian to arrange for their transportation to the Academy. **The student is to be escorted to the main office by the parent/guardian or the person who transported them to school.** A completed tardy slip will be the student's admittance to class.

Thanks so very much for your cooperation.

I have read and understand the attendance policy.

Parent/Guardian Signature: _____ Date: _____

ROBIN GUTHRIE — PRINCIPAL
DAVID MILLMAN — PRINCIPAL
FREDA MCARTHUR — EXECUTIVE DIRECTOR
SHELTON FLOWERS — DIRECTOR

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TRUANCY POLICY

Truancy is defined as an accumulation of unexcused absences that total more than 5% of the days in the current school year. The Compulsory Attendance Law requires that all children aged 7 – 17 must attend school and that it is the responsibility of the Parents/Guardians to see that they attend.

Please note that the Illinois School Code defines "valid cause" for absence as follows – *observance of a religious holiday, death in the immediate family, family emergency, and shall include such other situations beyond the control of the student as determined by the board of education in each district, or such other circumstances which cause reasonable concern to the parent of the safety or health of the student.*

When the student is absent for more than five (5) consecutive days without an excuse or notice, the AAA Academy will notify the parent that the absences will be referred to the School District for possible legal action.

Absences of student from school constitute a hindrance to the student's education. Therefore, parent (s) or guardian (s) is advised to follow the AAA Academy policy in the Student Handbook to assure their child's continual progress.

Student Signature	Parent Signature	Date

Revised: 6/21/22

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School Year 2025-2026

Dear Parents/Guardian:

RE: TRANSPORTATION PROCEDURES

AAA Academy provides a special service to our students. Your child is transported from your home to the school property as a convenience to you, but also to insure their safety. We take pride in helping our students arrive at school in a timely manner and ready to learn.

Our driving staff makes every effort to schedule a pick-up time for your child. To accommodate our growing number of students, throughout the school year, it will be necessary to make changes to the transportation routes. This may slightly alter the pick-up and drop off times.

The morning transportation routes will being at **7:00 am**. Your child should be prepared for pick-up at this time. The horn will signal the driver's arrival. **The child must board the vehicle within 3 minutes.** Students must be in uniform when they board the vehicle **(See "Student Dress Code" in 2025-2026 – Student Handbook).** If your child has not boarded the vehicle within this time, the driver will assume that your child is not attending school on this day and will continue with the route. It then becomes your responsibility to provide transportation for your child this day. Drivers will not return to pick-up students. Drivers are required to give a report when they arrive at the school.

Keep in mind that AAA Academy drivers are picking up your child on an individual route. If your child will not be attending school, please call 708.206.0000 and communicate this information before **7:00 A. M.** the day of the absence to give the driving staff time to adjust their routes.

Thank you in advance for your cooperation.

Yours truly,

David Millman/ Robin Guthrie
Principal

I have read and understand the above information.

Parent/Guardian Signature: _____

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AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

Student: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

As the parent of legal guardian of the above-named student, I herby grant permission to the Alternative Academic Achievement Academy staff to exchange confidential information concerning my child with:

_____

(Agency, School District, Individual, etc.)

- I understand that the purpose of this Authorization is for case collaboration.
- I understand that my permission covers the release of permanent and temporary records, as well as the release of confidential records and reports.
- Also, I understand that I have the right to inspect any copy of school records to challenge the content of the records, and/or limit this consent to specific records of portions of the records which I have designated below:

_____

_____

This authorization terminates one calendar year from the date of permission.

_____ _____

Parent/Guardian Signature **Date**

_____ _____

Student Signature – age 12 and older **Date**

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EMERGENCY MEDICAL RELEASE FOR

ALTERNATIVE ACADEMIC ACHIEVEMENT ACADEMY

I, (Parent or Guardian) _____, give my permission to the **Alternative Academic Achievement Academy** staff to obtain medical care for my child in the event of a serious illness or accidental injury.

Student's Name: _____

Signature: _____ Date: __/___/____

Parent/Legal Guardian

EMERGENCIA DE LIBERACION MEDICA PARA

ALTERNATIVE ACADEMIC ACHIEVEMENT ACADEMY

Yo, (Padre o Guardian) _____, le doy permiso a los empleados de **Alternative Academic Achievement Academy** de obtener el cuidado médico para mi niño en caso de una enfermedad grave o herida accidental.

Nombre de Estudiante: _____

Firma: _____Fecha: ___/___/____

Padre o Guardian

Alternative Academic Achievement Academy

AUTHORIZATION AND PERMISSION FOR ADMINISTRATION OF MEDICATION

13801 S Chatham Ave
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Fax: 708-957-5324

Date: _____ Student Home School: _____ District: _____

Student Name: _____ Date of Birth: _____

School mediations and health care services are administered following these guidelines:

- Physician/Prescriber signed dated authorization to administer the medication.
- Parent signed dated authorization to administer the medication.
- The medication is in the original container, label contains the student name, name of the medication, and direction for use and date.
- Annual renewal of authorization and immediate notification, in writing, of changes.

Physician Authorization:

_____ _____ _____

Medication/Health Care Treatment Dosage Time to be administered

_____ _____

Intended affects of this medication Expected side effects, if any

_____

other medications student is taking

_____

May student self-administer medication under supervision of Health Service personnel or designate?
(A student self-administration form must be completed) (Please circle) YES or NO

Administrative instructions :

_____

_____

_____

_____

Discontinue/Re-evaluate/Follow-up Date (Circle one)

_____ _____

Prescriber's Signature Date

_____ _____

Parent/Guardian Signature Date

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ALTERNATIVE ACADEMIC ACHIEVEMENT ACADEMY
CONFIDENTIAL HEALTH QUESTIONNAIRE

STUDENT'S NAME _____

ROOM NO. _____ AGE _____ GRADE _____

In order to better serve your child's educational and health needs, the following information is requested to keep your child's health records current. This information will only be shared with appropriate staff.

Does your child have a health history of the following:

	YES	NO	COMMENTS
ASTHMA			
ALLERGIES*			
EPI PENS			
SEIZURES			
HEART DISEASE			
EAR INFECTIONS			
HEARING			
DIABETES			
ADHD			
SURGICAL HISTORY			
MEDICATIONS **			
OTHER			

Does your child wear: GLASSES _____ CONTACT LENSES _____

(Please check) For: Constant Wear ____
Distance ____
Reading only ____
Close work ____

*Doctor's note required.
** If your child needs to receive medication during the school day, a permission form **must** be signed by prescriber and parent/guardian.

_____ _____
Signature of Parent/Guardian Date

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Office Use: Nurse Verified___/___/___

Alternative Academic Achievement Academy

SCHOOL TECHNOLOGY
STUDENT/PARENT AGREEMENT

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Please read, sign and return this form to AAA Academy. If not returned, the student will not be permitted access to the Internet until this signed Agreement is received.*

Student Name: _____
Please Print

Date: _____

While using the Internet, I am responsible for everything I write and do. I agree to be considerate and civil. I will follow the school's rules and guidelines for proper use of all technology as outlined below:

Using obscene language or graphics
Insulting, harassing, or threatening others
Sending, displaying, or downloading offensive messages or picture
Damaging any computer, computer systems, or computer parts
Changing any computer, printer, etc. configurations
Violating any laws
Using other user's passwords
Opening, changing, deleting, etc. others files, folders or work
Wasting school owned resources

I understand that misconduct and/or misuse of any technology, including the Internet, will result in the following consequences in part or all:

1. *Warning;*
2. *Loss of computer use;*
3. *Additional disciplinary action to be determined by the Principal*
4. *Legal action, when applicable*

*Student Signature: _____ Date: _____

My child does have my permission to access the Internet under the supervision of his/her Computer Resource Teacher.

*Parent Name: _____
Please Print

*Parent Signature: _____

Date: _____

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MUTUAL RELEASE AGREEMENT FORM

Mutual release executed on the _____ day of_____, _____,
Month **Year**

between the Alternative Academic Achievement Academy (the first party) 13801 Chatham, Blue Island, Illinois 60406 and Parent/Guardian (the second party).

The parties have agreed to execute this mutual release agreement of photographs and/or information concerning _____,
Child's Name

_____
Parent/Guardian's Name

_____
Address, City, State, Zip Code

_____
Phone Number

Photographs and/or information concerning _____
Child's Name

will be solely used for the purpose of promotion and/or marketing of services provided by the Alternative Academic Achievement (the first party) at 13801 Chatham, Blue Island, Illinois 60406.

Freda McArthur

Freda McArthur, Director **Date**

_____ _____

Parent/Guardian Signature **Date**

Revised: 6/21/22 cw

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PraxiSchool Parent Portal Access Request Form

Praxi School is an innovative tool that allows parents to access their student's academic Information twenty-four hours a day, seven days a week, via a secure internet website. PraxiSchool provides comprehensive student data that includes the following:

- Coursework
- Attendance
- Behavior Information

Our new technology will allow parents the ability to monitor their student's academic progress on a daily basis. The Parent/Guardian is required to complete a "PraxiSchool Parent Portal Access Request Form prior to being granted.

AAA Academy will provide the **School ID** and **Parent ID** information. The Parent/Guardian will create a unique password. **AAA Academy does not have access to password information.**

To register for the Parent Portal, please provide the following information below and return this form

PraxiSchool Parent Portal Access Request Form:

Parent/Guardian Name:_____

(Please Print) Parent E-Mail address: _____

Student Name: _____

Contact Number: _____

Parent/Guardian Signature: _____ **Date:** _____

A Welcome to the Parent Portal e-mail will be sent to the e-mail provided when the request has been completed. The welcome e-mail will come from Office – AAA Academy and will provide the login instructions. Please allow 5 business days to process. Please contact AAA Academy at 708-206-0000, should you have any questions.

***Note: This system is intended to promote a better home/school connection and not intended to report absences, complaints and criticism. Phone calls should be made directly to the school for such matters.**

Office Use: Date Received _____ **Staff Initials** _____

***1. Completed form: Student file. 2. Copy sent to Directors Admin and Asst. Principal**

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