#### Joyce M. Spears, Program Coordinator

P. O. Box 1530 Mansfield, LA 71052 152 Liberty Lane Grand Cane, LA 71032 Phone (318) 871-0493 FAX (318) 871-0496

To: Parent/Guardian

From: Joyce M. Spears, Program Coordinator

Re: Completion of Intake Packet

Parents, the following Intake Packet must be completed prior to your scheduled intake appointment at Grace House. Once you and your child have met with Student Services regarding whether or not he/she will be expelled from the home school, you should contact DeSoto Schools' Grace House and schedule an appointment with Mrs. Whitaker. Due to the outbreak of the Coronavirus, we are making every attempt to provide safety for you, your child, and our staff. Thus, we are asking you to complete the following pages online and bring them with you to the intake appointment. If you have difficulty completing the packet, please call Grace House and someone will give you the necessary assistance.

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#### Dear Parent/Guardian:

This intake packet is part of the process to enroll your child in the Alternative Program. All forms must be completed as accurately as possible. If you need assistance with this packet, do not hesitate to ask. We strongly encourage your participation in monitoring your child's attendance, grades, behavior, and health care during his/her placement in the program. You are welcome to visit our facility at any time and certainly during our parent/student/teacher/conferences.

There are certain guidelines we must follow according to the Center for Disease Control during this COVID-19 outbreak. If your child exhibits any of the following symptoms prior to coming to school, please DO NOT send him/her to Grace House: vomiting, diarrhea, fever, chills, muscle pain, sore throat, shortness of breath or difficulty breathing, chest pain, rash, and/or nausea. These are some of the known symptoms of COVID-19 that your child should be monitored closely for. We want to provide an environment that is safe for the students, staff, and all who visit our campus. We cannot accomplish this without your cooperation. Further, please make sure your child maintains proper personal hygiene. Should your child wear clothing that is obviously soiled, or he/she has body odor, please take care of these concerns before arriving at Grace House.

Our goal is to assist your child in returning to his/her home school with better grades, a better attitude, and a plan of action prior to exiting the program. We will make every attempt to assist your child emotionally, socially, behaviorally, mentally and academically. Through our Character Education and Leadership Program, VOA counselor and staff serving as mentors, we will assist with any mental and/or emotional concerns your child may be experiencing.

Two weeks prior to your child's scheduled exit conference, I will meet with your child to discuss his/her progress pertaining to grades, attendance, behavior, and any other improvements made in accord with our program's expectations. Failure to demonstrate improvement in the required areas, could result in a longer stay in our program. If your child meets the requirements set forth by the district and the Alternative Program, we will move forward with contacting you and all stakeholders needed for a smooth re-entry at his/her home school.

Respectfully,

Mrs. J. Spears, Program Coordinator

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**Emergency telephone numbers:** Please list these numbers in the order we should call. They might include father's place of employment, relatives, friends, neighbors, etc.

Name & Relationship	Telephone Number(s)
Please list the persons who are allowed to check you	r child out of school. Only those listed will
be granted this privilege.	
Name & Relationship	Telephone Number(s)
MEDICAL EMERGENCIES: In case persons listed above	e cannot be contacted, please sign below
giving your permission for us to have your child treat facility.	ed or transported to the nearest medical
Doctor's Name:	Doctor's Phone #:
Madical Facility	
Medication(s) the child takes currently:	
Medications to which the child is allergic:	
Known physical complications:	
Parent/Guardian's Signature	Date

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following:

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## PARENT CONTRACT

\_\_\_\_\_, have read the student contract and agree to the

*	I will follow the Center for Disease Control guidelines concer- provide a face mask for my child to wear daily keep a check on my child's temperature daily report any and all of my child's health concerns immediat make certain my child maintains proper hygiene daily	C .	
<b>.</b>	I will encourage my child to adhere to the expectations of t reinforce them at home.	the Alternative Program, and	
*	I will attend conferences that are required by DeSoto Parisi those scheduled by the administrator and/or staff at Grace		
*	I will promptly notify the school when my child is absent (w	vithin 48 hours).	
*	I will send the appropriate documentation to the school wh	nen my child has been absent	
*	I will be supportive of the Alternative Program and it activit my child's social, emotional, academic and/or mental deve	-	
*	If your child should become "ungovernable" during his/her placement at Grace House, we will make a referral to FINS and/or recommend Home Study placement.		
Parent	Signature	Date	

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Student's Signature

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# STUDENT CONTRACT

THIS FOR	M IS TO BE SIGNED BY EACH STUDENT WHO IS ASSIGNED TO THE DESOTO SCHOOLS' GRACE
House A	LTERNATIVE PROGRAM
l,	, agree to abide by the following expectations,
rules, an	d policies of the DeSoto Schools' Grace House.
I give an	oath to:
<b>❖</b> A	TTEND CLASSES ON A DAILY BASIS.
<b>❖</b> R	EPORT TO SCHOOL AND CLASS ON TIME.
<b>*</b> A	DHERE TO THE DRESS CODE DURING MY ASSIGNED TIME AT GRACE HOUSE.
<b>❖</b> F	OLLOW ALL RULES AND REGULATIONS OF DESOTO SCHOOLS' GRACE HOUSE.
<b>*</b> C	OMPLETE ALL ASSIGNMENTS ON TIME.
<b>❖</b> P	ARTICIPATE IN THE STUDENT SELF-RESPONSIBILITY SYTEM.
	<ul> <li>MAINTAIN SELF-CONTROL</li> <li>ATTEND COUNSELING SESSIONS</li> <li>DEMOSTRATE A POSITIVE ATTITUDE</li> <li>RESPECT THE RIGHTS AND FEELINGS OF OTHERS</li> <li>TAKE CARE OF OUR FACILITY AND ALL INSTRUCTIONAL EQUIPMENT</li> <li>SUPPORT THE LEARNING PROCESS</li> </ul>
<b>*</b> A	BIDE BY ALL OTHER RULES OUTLINED IN THE STUDENT HANDBOOK.
	RECEIVED A STUDENT HANDBOOK. IF MY HANDBOOK IS LOST OR STOLEN, THERE WILL LACEMENT FEE IN THE AMOUNT OF \$3.00.

Date

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# **CLASS CONTRACT**

l,	, HAVE BEEN ASSIGNED TO
DESOTO S	SCHOOLS' GRACE HOUSE. I WILL OBEY THE FOLLOWING RULES:
<b>*</b> 1\	WILL FOLLOW ALL SCHOOL RULES AND POLICIES.
<b>*</b> 1\	WILL BE ON TIME.
<b>*</b> 1\	WILL STAY ON TASK.
<b>*</b> 1\	WILL USE APPROPRIATE LANGUAGE AT ALL TIMES.
<b>*</b> 1\	WILL FOLLOW THE TEACHERS' INSTRUCTIONS.
<b>*</b> 1\	WILL PARTICIPATE IN CLASS ACTIVITES.
<b>*</b> 1\	WILL TREAT OTHERS AS I WANT TO BE TREATED.
<b>*</b> 1\	WILL BE TOTALLY HONEST WITH MYSELF AND OTHERS.
I UNDERS	STAND DISCIPLINARY ACTION WILL BE TAKEN IF THIS CONTRACT IS VIOLATED.
	STUDENT'S SIGNATURE
	PARENT'S SIGNATURE

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### Bus Rules for DeSoto Schools' Grace House

- 1. Students must be on time at their designated bus stops.
- 2. Students must respect and obey the directives of the bus driver.
- 3. There is "zero tolerance" for misbehaving on the bus.
- 4. Rules pertaining to dress-code policy, use of tobacco products, drug use, electronic devices, etc., apply on the bus as well as on the Grace House campus.
- 5. No loitering at bus stops. Parents should drop-off and pick-up students on time.
- 6. Grace House students are NOT permitted inside their home schools for any reason before or after school! There are specific locations on the campus you are to wait for or exit your bus.
- 7. Students MUST remain in uniform while on the bus.
- 8. Students are expected to follow COVID-19 guidelines as set forth by the Center for Disease Control and implemented by the DPSB Transportation Department.

	PLEASE RE	AD CAREFULLY BEFORE PROVI	DING INFORMATION	BELOW:
:	Student's f	ull name:		
I	Physical ho	me address:		
	Telephone	number:	Grade:	Bus #
	Bus Driver'	s name:		
****	*****	********	******	*******
If stude	nt rides a b	us to-or-from a location OTHE	R THAN HOME, comp	lete all sections below:
	Morning pi	ck-up address:		
	Bus #	Driver's name:		
	Afternoon (	drop-off address:		
	Bus #	Driver's name:		
Driver's Signatu	ire		Date	
Parent/Guardia	n's Signatuı	re	Date	
Student's Signat	ure		Date	

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Parent/Guardian's Signature

Phone (318) 871-0493 FAX (318) 871-0496

Date

152 Liberty La	ne Grand Cane, LA	71032	FAX (318) 871-04	96
August 3, 2020	)			
То:	Bus Drivers, DeSoto Students.	o Schools' (	Grace House Students, and Parents of Grace Hou	se
From:	Larry Hall, Transpor	arry Hall, Transportation Coordinator		
Re:	Transferring to-and-from buses and loading regular buses in the afternoon			
Please accept	this as an official let	ter of notif	ication to all DeSoto Schools' Grace House	
students. If yo	u are found violating	g rules of tr	ransferring to-and-from buses, your riding privile	ge
will be suspen	ded on the 1st Offer	nse as listed	d below:	
	1 <sup>st</sup> Offense	2	2 Weeks	
	2 <sup>nd</sup> Offense	1	1 Semester	
	3 <sup>rd</sup> Offense	1	1 Year	
	For morning loading	g:		
	Students sh	ould load a	t their loading areas.	
	For afternoon loadi	ing:		
	Students should load their assigned buses as soon as they arrive on campus.			
Students shou	ld take care of healt	th and perso	onal needs before arriving on campus and will no	t
be allowed in	the buildings or wall	kways.		
Student's Sign	ature		Date	

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### **CORPORAL PUNISHMENT CONSENT**

I have read and understand that I have the right to choose whether or not corporal punishment may be used in disciplining my child(ren).

{ } I hereby authorize the use of corporal regulations for the following child(ren):	punishment under th	ne conditions outlined in
{ } I do not wish for corporal punishment	to be administered t	o the following child(ren):
Parent Signature	 Date	Phone #

This authorization is valid as long as said child(ren) are attending DeSoto Schools' Grace House. It may be revoked at any time by submitting a new form to the appropriate school official(s).