



STUDENT INFORMATION PACKET 2022-2023 SCHOOL YEAR

Lower School
1 Institute Lane
Kingston, PA 18704

High School
469 Miller Street
Luzerne, PA 18709

570-283-0641
www.thegrahamacademy.com

Please complete all pages and return to the Graham Academy. Thank you.



Parent/Guardian,

The following forms need to be signed and returned to the school office to maintain accurate records and legal protection for your student and The Graham Academy. These forms will replace outdated release forms and are kept with your student's information packet in the school office. Please complete these forms and return them promptly in good condition to not interfere with your student's education at The Graham Academy. Thank you for your help in this task.

Sincerely,

Carol McGrane
Program Director
The Graham Academy

Mission

The mission of Graham Academy is to create brighter futures for our students, regardless of their learning barriers or other challenges they may face. We create an environment that eliminates barriers to student academic and social success and developing a pro-social school through candid relationship development and rapport building.

Our core values are:

- | | |
|-----------------------|---|
| Transparency | Communicate clearly, openly, and directly |
| Decisiveness | Demonstrate a bias for action |
| Humility | Acknowledge and learn from mistakes |
| Accountability | Embrace personal ownership |

1 Institute Lane, Kingston, PA 18704

Phone: 570-283-0641 | Fax: 570-283-1643 | Email: carol.mcgrane@sesischools.com Web: thegrahamacademy.com



Parent/Guardian Contact Information:

Name: _____ Relationship to Student: _____

Address _____ City _____ State _____ Zip Code _____

Home Phone: (_____) _____ Cell: (_____) _____

Email: _____

Work: (_____) _____ EXT: _____

Employer: _____ Occupation: _____

Work Hours: _____ to _____ Work Schedule: Monday - Friday Y/N ___ Other: ___

Spouse/Additional Guardian (if applicable):

Name: _____ Relationship to Student: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell: (_____) _____

Email: _____

Work: (_____) _____ EXT: _____

Employer: _____ Occupation: _____

Work Hours: _____ to _____ Work Schedule: Monday - Friday Y/N ___ Other: ___



Medical History:

Describe any unusual or abnormal conditions or events in your child's life:

Describe any childhood diseases or accidents, any serious illness, high fevers, or other medical problems that your child has experienced:

Allergies:

Has your child ever been tested for allergies? Yes _____ No _____

What were the results?

No allergies _____ Allergy to grass/pollen/dust/etc. _____

Allergies to foods _____ Allergy to drugs _____

_____ My child has allergies that can be life threatening (ex. Anaphylactic shock).

If child has life threatening allergies, please describe specific signs and symptoms of allergic reaction:

Please specify allergy to foods if any:

Does your child have a seizure disorder? Yes _____ No _____

Does your child currently take any medications: Yes _____ No _____

Please specify prescribed medications if any:

For what condition were medications prescribed? _____



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event reasonable attempts to contact me are unsuccessful, I, as parent or legal guardian of _____ (name of student), so hereby authorize: (1) the treatment by a licensed medical physician of my child/ward in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, and (2) the transfer of my child/ward to any hospital reasonably accessible.

Family/Primary Care Physician: _____ Phone: _____

Hospital Preference: _____

Dentist: _____ Phone: _____

Please list any medical conditions (i.e. diabetes, epilepsy, asthma, allergies, etc.):

Please list any medications:

If your child does not have health insurance, free or low-cost coverage is available through Pennsylvania's Children's Health Insurance Program (CHIP). Applications for CHIP are available in the school health office or you may call 1-800-986-KIDS.

I UNDERSTAND AND AGREE THAT ANY MEDICAL INFORMATION MAY BE SHARED WITH APPROPRIATE SCHOOL AND MEDICAL PERSONNEL.

Parent/Guardian Signature: _____ Date: _____

This release form is completed and signed with the purpose of authorizing medical treatment under emergency circumstances in my absence.



EMERGENCY CONTACT INFORMATION FOR SUDDEN ILLNESS OR INJURY

Please list parent/guardian contacts first, then additional contacts in order of preference for the school to call in the event of an emergency.

Contact Name: _____ Relationship: _____
Home Phone: _____
Work Phone: _____
Cellular Phone: _____

Contact Name: _____ Relationship: _____
Home Phone: _____
Work Phone: _____
Cellular Phone: _____

Contact Name: _____ Relationship: _____
Home Phone: _____
Work Phone: _____
Cellular Phone: _____

Contact Name: _____ Relationship: _____
Home Phone: _____
Work Phone: _____
Cellular Phone: _____

Parent/Guardian Signature: _____ Date: _____



TRANSPORTATION RELEASE FORM

Student Name: _____

Name and Phone Number of Parent/Guardian/Designee for transportation if your child refuses to take scheduled transportation.
(Please list in order of preference.)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____



AUTHORIZATION FOR NON-EMERGENCY MEDICAL TREATMENT

Please indicate which items you grant Graham Academy staff to use in non-emergency medical treatment in the prevention of harm to your child or in the treatment of minor injuries by marking the appropriate box with your initials.

Approve: Decline:

Provide and apply sunscreen to my child if they are unable to apply it themselves.

Provide and apply insect repellent to my child if they are unable to apply it themselves on field trips.

Use over the counter medicine, such as anti-biotic ointment, burn cream, sting relief, to treat minor wounds that do not require emergency treatment.

Please list any exceptions to treatment:

As the parent/guardian of _____ (name of child), I hereby release The Graham Academy and all of its officers and employees of and from any and all liability in law for any damages either I or my child may suffer as a result of this request. I do hereby agree to indemnify and hold harmless the said Graham Academy and its employees and officers against any, and all, actions, claims, demands, losses, damages, and expenses which the said Graham Academy, its employees, and officers, may suffer or be obligated to pay by virtue of carrying out the foregoing direction.

Parent/Guardian Signature: _____

Date: _____

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NOTIFICATION FOR USE OF EMERGENCY SAFETY PROCEDURES

The Graham Academy is committed to providing a safe and healthy environment for all students and staff within our school. The primary focus of The Graham Academy is to teach students alternative methods to managing triggers within themselves and the environment which precipitate verbal or physical aggression. We strive to develop a culture among the students that is positive and proactive. There are times, however, that a student's behavior cannot be de-escalated by way of self or assisted de-escalation techniques and the student becomes a possible danger to him/herself or others.

An ESPI is a measure of last resort and may be used only in an educational program after less restrictive measures, including de-escalation techniques, have been used by personnel. The use of physical intervention is limited to controlling acute or episodic aggressive or self-injurious behavior including property destruction when the student is acting in a manner as to be a clear and present danger to himself, to other students, or to employees, and only when less restrictive measures and techniques have proven to be less effective. ESPIs are not to be used for punishment or incidents of non-compliance that do not pose a clear and present threat of harm to the student or others.

The Graham Academy will notify the parent(s) of the use of an ESPI and schedule an IEP team meeting within 10 school days of the use of the ESPI in the educational program; an IEP team meeting invitation should be issued to the parent for that purpose. During the meeting, the IEP team shall consider the need for a new or revised functional behavioral assessment and positive behavior support plan, reevaluation, or a change of placement to address the inappropriate behavior. LEAs should not be proposing that the parent(s) waive these meetings as a matter of course. The parent(s) may agree in writing to waive the IEP team meeting; however, the written notice provided by the LEA should not influence a parent's decision to waive the meeting.

For more information, please refer to pacode.com (Title 22 CHAPTER 14 § 14.133) Graham Academy staff receive ongoing training by an instructor certified in *JKM Training's - Safe Crisis Management*.

I, _____, the parent/legal guardian of _____ (child's name) have been informed of the above procedures for use of Emergency Safety Physical Interventions in the event of a behavioral emergency.

Parent/Guardian Signature: _____ Date: _____

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INTERNET CONSENT AND WAIVER

Technology has become an intricate tool in education, and The Graham Academy strongly embraces any resources that may have a valuable impact on our students' academic journey. At times, teachers request that students use the internet to research information to complete an assignment. Students also have the opportunity to earn time through positive behavior to use computers as they choose. Computers are available in all classrooms for students to use and teachers provide a list of approved websites for their students to view based on their classroom's needs. Graham Academy staff are present during students' computer usage. The Graham Academy does employ technical methods to regulate students' internet access in accordance with the Children's Internet Protection Act of 2000, however, those methods do not guarantee a student's compliance with the school's Internet Safety Policy.

Graham Academy Internet Safety Policy:

The Graham Academy Internet Safety policy includes technology protection measures to block or filter internet access to information or audio/visual material that may be considered obscene, explicit, pornographic, or otherwise harmful to minor children. The Graham Academy makes no guarantees with respect to The Graham Academy Network System, and specifically does not guarantee or assume responsibility for the following:

1. Interruptions of internet connection due to circumstances out of the school's control (i.e., inclement weather or unexpected equipment failure).
2. Graham Academy staff monitors students' use of classroom computers but cannot guarantee that students comply with the school's Internet Safety Policy.
 - a) Students are not permitted to search sites outside of the provided a list of approved websites. The Graham Academy cannot guarantee that each student will follow expectations and therefore, failure to follow school expectations may result in termination of internet privileges.
 - b) Students are prohibited from downloading programs or games onto school computers.

A student's access to school computers and the internet are a privilege which can be revoked at any time due to their misuse or any other negative behavior.

I understand and agree to The Graham Academy's computer and internet usage terms and Internet Safety Policy as outlined above and in the Parent Handbook.

Student Name (print) _____

Student Signature _____ Date _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature: _____ Date: _____

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ACKNOWLEDGEMENT OF USE OF AUDIO AND VIDEO SURVEILLANCE

The Graham Academy's first concern is the safety, health, and welfare of all of the students at our school. In order to provide the best possible care to our students, the school uses video cameras to monitor activity within the school's hallways, gymnasium, cafeteria, and classrooms. No cameras are installed in bathrooms or any other private areas.

Video and audio footage is used to document student activity in order to accurately assess their progress. It may also be used to train Graham Academy staff in conflict resolution and help determine if better security measures are necessary. Video cameras are also used to monitor visitors.

I, _____, (Print Name) as the parent or legal guardian of _____, (Print Name) acknowledge that the Graham Academy uses video and audio surveillance to monitor staff, students, and visitors inside the school.

Parent/Guardian Signature: _____ Date: _____



PUBLICATION OF STUDENT PHOTOGRAPHS, WORK PRODUCTS, AND NAMES

Students involved in classroom activities and school events may be photographed by school staff. Photos of students and samples of student work may be reproduced and published on any school sponsored media. Types of school sponsored media may include but are not limited to: **School webpage, Social Media Pages (Facebook), Local Publications, School Publications, Videos and DVDs of the school year, Local news outlets and Art/Writing contests both locally and nationally.**

The school reserves the right to post group photography but will strive to make accommodations for restrictions of student photo publication. Parents can access photos and publications by visiting any of our social media pages. If you object to a photograph used by the school, please contact the school office to request that the photograph be removed. The photograph will be removed promptly if possible or removed from any future publication usage. Contact the school office if you have any questions regarding this policy.

Student's Name: _____

Please select **ONE** of the following options:

1. _____ Yes, I **give permission** for my child to be included in school sponsored media including, but not limited to, media types above. I allow for the following to be included:
 - **STUDENT NAME** _____
 - **PHOTOGRAPH** _____
 - **WORK SAMPLES** _____
2. _____ I **give permission** for my child to **ONLY** be included in the school yearbook, Talent Show DVD, and End of Year Celebration DVD.
3. _____ No, I **DO NOT** want my child's name, photo, or work samples to be included in any school sponsored media types listed above.

Parent/Guardian Signature: _____ Date: _____

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OBSERVATION RELEASE FORM

Throughout the school year, people request to see our academic program being conducted in the classroom. Generally, parents/guardians take a tour of The Graham Academy before they enroll their child in our school. During those tours, parents/guardians are welcomed into the school to view the style of teaching being administered in our classrooms, how our teachers and staff interact with students, and what children are learning. For some parents, seeing the dedication of our staff and how they motivate our students to learn has helped them decide to send their child to The Graham Academy.

The Graham Academy not only promotes education in our classrooms, but we collaborate with local universities and colleges to provide opportunities for their students. During classroom observations, students also have a chance to view the style of teaching being administered, how our teachers and staff interact with students, and what children are learning. These observations may fulfill a college student's academic requirements to earn a degree in their chosen field of study.

During observations, visitors are always accompanied by Graham Academy staff and at no time is any personal information about students shared with them.

I, _____, (Print Name) as the parent or legal guardian of _____, (Print Name) acknowledge that my child may be observed in the classroom by visitors to The Graham Academy such as the parents of current or prospective students, college students, school district representatives, or others who come to the school for informative tours.

Parent/Guardian Signature: _____ Date: _____



TESTING RELEASE FORM

Dear Parents and Guardians,

The Graham Academy would like to understand your child to the best of our ability so that we can understand and appropriately address their cognitive and academic needs. The Graham Academy completes a battery of tests of both academic and cognitive nature on each student. The tests would include, vision and hearing screenings, auditory processing testing, math and reading baseline testing, picture vocabulary and language development. If you have any questions regarding these tests, please feel free to call The Graham Academy for further information at 570-283-0641.

I, _____ give my consent to The Graham Academy to evaluate and test _____ (child's name) through the course of the school year.

I, _____ do not give my consent to The Graham Academy to evaluate and test _____ (child's name) through the course of the school year.

Parent/Guardian Signature: _____ Date: _____

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