**Beyond the Spectrum**

**Returning Student Information**

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

**Please return completed packet to BTS by Tuesday, August 10th**

**Beyond the Spectrum Authorized Pick-Up and Student Release**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beyond the Spectrum (BTS) uses the following criteria to assure each child is picked up or removed from the facility by authorized persons only:

1. ***No child will be released to any person whose name does not appear on this Authorized Pick-Up List***

2. Before any person can remove a child, proper I.D., such as a current Driver's License, must be shown.

3. If there is ever any question as to the identification of any person attempting to remove a child from BTS, the legal parent or guardian will be notified immediately.

4. The legal parent or guardian must give advanced written authorization before any person not appearing on our Authorized Pick-Up List will be allowed to remove a child from BTS**.**

5. In the event of an emergency, the legal parent or guardian may give above stated permission verbally, but only if given directly to the Administrator or authorized office personnel. This new pick up person will not be added on the permanent list unless you specify.

For your child's protection, THEY WILL NOT be released to an unauthorized persons. Approved photo identification (driver's license) will be required.

List below those who have permission to pick up your child, including in the event of emergency:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beyond the Spectrum (BTS) defines a legal parent or legal guardian to be person(s) who enrolled the child and whose signature is found on the enrollment form. In the case where a divorce or legal separation has occurred or is in process, legal court documentation must be presented as proof that he/she has been awarded temporary or permanent custody of the child in question. We will not hesitate to call 911 immediately if any disruptions or disputes develop on school property. The safety of the minor child in our custody will always take top priority in any situation. This also applies to those allowed to pick up the child from BTS. ONLY official court documents, whose authenticity has been verified, will supersede any other documents received or placed on file.

I hereby authorize all above listed names as active and approved people to pick up my child from BTS facility.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_\_

 Mother or Legal Guardian’s Name Mother or Legal Guardian’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_\_

 Father or Legal Guardian’s Name Father or Legal Guardian’s Signature

**Beyond the Spectrum Returning Student Information**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Street City Zip

Enrolling Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pediatrician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child have seizures? Yes No If yes, be sure to complete a seizure protocol form

List any allergies, including food and medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child have an EpiPen that will be kept at school? Yes No If yes, complete a medication form

Will the child be taking any medications during the school day? Yes No If yes, complete a medication form

**Name of Parent(s)/ Guardian(s) Residing with Child**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling Name and age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sibling Name and age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling Name and age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sibling Name and age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Name(s) of Parent(s)** **Residing at a different address (**if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Street City State Zip

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling Name and age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sibling Name and age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling Name and age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sibling Name and age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Beyond the Spectrum: Photography Permission Release Form**

**\*Full Photo Release**

\_\_\_\_\_\_\_\_\_\_I understand and give my permission that my child's photograph/video may be taken while he/she is in the care of BTS personnel for ALL purposes listed below.

**\*OR select individually**

\_\_\_\_\_\_ I understand and give my permission that my child's photograph/video may be used in classrooms or other appropriate areas within BTS, as well as being used in BTS craft/gift projects.

\_\_\_\_\_\_\_ I understand and give my permission that my child's photograph/video may be used for on-campus fundraising projects.

\_\_\_\_\_\_\_ I understand and give my permission that my child's photograph may be used for yearbook.

\_\_\_\_\_\_\_ I understand and give my permission that my child's photograph may be used for school newsletter.

\_\_\_\_\_\_\_ I understand and give my permission that my child's photograph/video may be used in off-campus fundraising/marketing projects

I give my permission for my child's photograph/video to be used on following social media to promote activities, celebrate student work or achievements, etc.

\_\_\_\_\_ On the BTS Facebook Page and other social media, such as Instagram

The main purpose is to improve communication between our school, our parents, and the community. There may be times when we would like to put pictures with your child or share class work that your student has done on our Facebook Page

\_\_\_\_\_ On the BTS Web Page www.beyondthespectrum.org

**\*OR no photos**

\_\_\_\_\_\_\_\_\_ I do not give permission for my child to be photographed at Beyond the Spectrum for any reason

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_\_\_

**Beyond the Spectrum: Seclusion and Restraint Policies**

Seclusion: Beyond the Spectrum, Inc. *prohibits* the use of seclusion – a procedure that isolates and confines a student in a separate, locked area until he or she is no longer an immediate danger to self or others.

Seclusion does *not* include, as the Board of Directors at Beyond the Spectrum allows, the following situations:

* A staff member trained in the use of de-escalation techniques or restraint is physically present in the same, unlocked room as the student
* Student-requested breaks in a separated location in the room, or in a separate room within the line of sight of the teacher or supervising adult
* Time-out procedures, as defined below

Time-Out – a behavioral intervention in which the student is temporarily removed from an activity. Time-out is appropriately used when:

* The setting used for time-out is non-locking, appropriately lighted, ventilated, and temperature controlled
* The duration of the time-out is reasonable in light of the purpose of the time-out as well as the age of the student
* The student is reasonably monitored by an attending adult who is in reasonable physical proximity of the student and has sight of the student while in time-out
* The time-out space is free of objects that unreasonably expose the student or others to harm

Chemical Restraint: The Board of Directors at Beyond the Spectrum prohibits the use of chemical restraint – any medication that is used to control violent physical behavior or restrict the students’ freedom of movement that is not prescribed treatment for the students’ medical or psychiatric condition.

Mechanical Restraint: The Board of Directors at Beyond the Spectrum prohibits the use of mechanical restraint – the use of any device or material attached to or adjacent to a students’ body that is intended to restrict the normal freedom of movement and which cannot be easily removed by the student.

Physical Restraint: The Board of Directors at Beyond the Spectrum prohibits the use of physical restraint – direct physical contact from an adult that prevents or significantly restricts a student’s movement, *except* in those situations in which the student is an immediate danger to self or others, and the student is not responsive to less intensive behavioral interventions, including verbal directives or other de-escalation techniques. Physical restrain as a form of discipline or punishment is strictly prohibited.

The Board of Directors at Beyond the Spectrum prohibits the use of any physical restraint that restricts the flow of air to a student’s lungs. Any method of physical restraint in which pressure is applied to the student’s body that restricts the flow of air into the student’s lungs, including face-down, face-up, or on the side, is prohibited.

Physical restraint does *not* include, as the Board of Directors at Beyond the Spectrum allows, limited physical contact and/or redirection to promote student safety or to prevent self-injurious behavior, providing physical guidance or promoting when teaching a skills, redirecting attention, positioning during skill acquisition, providing guidance to a location, providing comfort, or providing limited physical contact as reasonably needed to prevent imminent destruction to school or another person’s property.

Beyond the Spectrum, Inc. shall utilize the following procedures for the use of physical restraint:

* All physical restraint must be immediately terminated when the student is no longer in immediate danger to self or others, or if the student is observed to be in severe distress
* Parents shall be provided, at least annually, with information regarding the policy for use of physical restraint
* Annual training for select faculty and staff on the use of physical restraint as well as the Beyond the Spectrum Seclusion and Restraint policy. Only trained staff can engage in reactive protocols, including
	+ Use of physical restraint
	+ Techniques to prevent the need to use physical restraint
	+ De-escalation techniques
	+ Maintain written or electronic documentation on training provided, and a list of participant present for each training session
* Written parental notification when atypical physical restraint is used with their child within one school day of the incident
* The use of physical restraint shall be in the presence of a minimum of two adults, and must be documented by the staff or faculty participating in or supervising the restraint for each student, in each instance, in which the student was restrained
* Annual report to the Board of Directors at Beyond the Spectrum on the use and documentation of physical restraint, as well as any prohibited use of seclusion, chemical, mechanical, or physical restraint

Construction of Policy: Nothing in this policy shall be constructed to prohibit an employee of Beyond the Spectrum, Inc. or any of its program employees, from any of the following:

* Use of any other classroom management techniques or approaches, including a student’s removal from the classroom, that is not specifically addressed in this policy;
* The right of school personal to use reasonable force as permitted under the Code of Florida Department of Education statute 1003.573 or modifies the rules and procedures governing discipline under the Code of Florida;
* Reasonable actions to diffuse or break up a student altercation or fight;
* Reasonable action to obtain possession of a weapon or other dangerous objects on, in possession of, or in control of a student
* Discretion in the use of physical restraint to protect students or others from imminent hard or bodily injury. Nothing in this policy shall be constructed to create a criminal offense or private cause of action against Beyond the Spectrum, Inc., or its programs, agents, or employees
* In instances in which a student is an immediate danger to self or others, the school or program must determine when it becomes necessary to seek assistance from law enforcement and/or emergency medical personnel. Parents must be promptly informed when their child is removed from the school or program setting by emergency medical or law enforcement personnel.

Please sign below in acknowledgement of the policy as described above

Parent/ Guardian 1 Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_

Parent/ Guardian 2 Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_