



SPACE TECHNOLOGY AND ARTS ACADEMY

STAR ACADEMY ENROLLMENT PACKET 2011-2012

Airport Campus K-3rd
2520 Airport Road
Colorado Springs, CO 80910
719-638-6554

Adams Campus 4th-8th
2101 Manitoba Drive
Colorado Springs, Co 80910
719-328-2510

www.staracademycolorado.org

Attached to this coversheet you will find STAR Academy's enrollment packet for the 2011-2012 school year. Classes are filling up quickly and your child's enrollment cannot be fully confirmed until this enrollment package is received by the school.

Once completed, please mail or drop off your completed enrollment package **as soon as possible** to guarantee your child a quality education for this year and years to come. We welcome you to our school community and look forward to working with your child. Please do not hesitate to call us with any questions or concerns; our door is always open. **The checklist below is for your use to make certain all documents are complete and in the order presented. Please fill out one set of the forms for each child and retain a copy of the completed forms for your records.**

Items Included in this packet to be submitted include:

- Student Enrollment Package and Parent Guardian Information (2 pages total)
- Emergency Contact Information
- Parent Request for Release of Student Records
- Certificate of Immunization
- Volunteer Form
- Photograph/Videotape Permission form

Copies of other essential documents that must be submitted with the enrollment package:

- Birth Certificate
- Copy of the actual Social Security Card
- Copy of Immunization Record
- Proof of Residency (utility Bill, Tax Record, Lease)
- Attendance History
- Behavior History
- Academic History (CSAP, DIBELS, Report Card, etc.)

Additional documents to be submitted ONLY if they apply to your child:

- IEP *if applicable* (Must have copy before enrolling)
- Application for Free and Reduced Lunch *if applicable*

The schools decision as to whether to accept my child's enrollment is dependent upon my truthful response to all question asked herein. In the event that STAR should subsequently determine that one or more answers provided were untruthful, this conditional admission may be revoked by STAR Academy in its sole discretion. Providing false or misleading information on the enrollment packet may cause a forfeit of the students' enrollment status. Enrollment shall be on a conditional basis, pending receipt of all necessary documents

If you have any questions regarding this procedure or need assistance completing the forms please contact Ms. Melissa Blair, Registrar or Ms. Perla Castro at 719-638-6554 or email us at: mblair@staracademycolorado.org or pcastro@staracademycolorado.org.

FOR OFFICE USE ONLY

Process Date: ___/___/___ Student's First Day of School: ___/___/___ Student's Last Day of School ___/___/___
Letter to Release Records sent: ___/___/___ School Records Received: ___/___/___ Sp. Ed. Records Received ___/___/___
Student ID # _____ State ID # _____

Enrollment Package

(Required by State)

All student information is protected by the Family Educational Rights to Privacy Act for the purpose of protecting student confidentiality.

Student Information

Last Name		First Name		Middle Name	
<input type="checkbox"/> Male	Date of Birth MM-DD-YYYY	Must Provide Birth Certificate	Social Security Number	Must Provide Social Security Card	Age
<input type="checkbox"/> Female					
Primary Language of Student	Student Ethnicity:	<input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> African American (Non-Hispanic) <input type="checkbox"/> American Indian / Alaskan Native			

Student Address Information

Street Address Where Student Lives	Street	
	City, State, Zip	
Mailing Address <input type="checkbox"/> Same as Above or Use:	Street	
	City, State, Zip	
Home Phone	Email	School District of Residence

Must Provide Proof of Residence (Utility Bill, Tax Record, Lease)

The following question is intended to address the McKinney-Vento Act.

Your response will help administrators determine residency documents necessary for enrollment of this student.

Student lives	<input type="checkbox"/> in a house <input type="checkbox"/> in an apartment <input type="checkbox"/> in a shelter <input type="checkbox"/> in a motel, car, campsite <input type="checkbox"/> in a house with more than one family <input type="checkbox"/> with friends or family other than parent/guardian
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Student Education Information

Name of Most Recent School		
Address of Former School	Street	School District
	City, State, Zip	
Previous Grade	Has your child ever been retained in any grade? <input type="checkbox"/> Yes Grade: ___ <input type="checkbox"/> No	
Current Grade	<input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th	

Has your child received Special Education Services? No Yes Other Education Related Services? No Yes
If yes, do you have your child's special education records (IEP)? No Yes If yes, attach copy

Must Provide Academic Record and Attendance Record

Student Behavior Information

Has your child been suspended from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes - Please Explain →
Has your child been expelled from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes - Please Explain →

Must Provide Behavior Record

The information provided on both sides of this form is true and accurate:
Parent/Guardian Signature: _____ Date _____

SURVEY

Where did you hear about STAR Academy?

- Mailing
- Website
- Facebook
- Signs
- School Function (please name) _____
- Community Event (please name) _____
- Friend (please name) _____
- Other (please name) _____

Student Information

Last Name		First Name		Middle Name
Birthdate	Age	Grade	ID#	

Student Parent Information

Relationship	Mother/Guardian	Father/Guardian	Step Parent
Name			
Home Phone			
Work Phone			
Cell Phone			
Email			
Military	<input type="checkbox"/> No <input type="checkbox"/> Yes: Branch _____	<input type="checkbox"/> No <input type="checkbox"/> Yes: Branch _____	<input type="checkbox"/> No <input type="checkbox"/> Yes: Branch _____
Contact First: Please check one	<input type="checkbox"/> Mother/Guardian	<input type="checkbox"/> Father/Guardian	<input type="checkbox"/> Step Parent
Student Lives with	<input type="checkbox"/> Both Biological Parents	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father Only <input type="checkbox"/> Legal Guardian
	<input type="checkbox"/> Both Parents Alternately: If both parents alternately, please indicate Custodial Parent: <input type="checkbox"/> Mother <input type="checkbox"/> Father		
Do you need a second mailing to a non-custodial parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If Yes, provide address here	Street _____	
		City, State, Zip _____	

Student Emergency Contact Information

Emergency contacts will be able to pick up students (must be 18 or older)

Emergency Contact Name			
Relationship			
Emergency Home Phone			
Emergency Work Phone			
Emergency Cell Phone			

Student Transportation

How will student be transported to and from school?	<input type="checkbox"/> Parent Driver	<input type="checkbox"/> Parent Walker	<input type="checkbox"/> Walk	<input type="checkbox"/> Bicycle	<input type="checkbox"/> School Bus	<input type="checkbox"/> City Bus	<input type="checkbox"/> Other
Student may also be picked up by (must be 18 or older) :	<input type="checkbox"/> Day Care Van						
Name:		Phone:		Relationship:			
Name:		Phone:		Relationship:			
Name:		Phone:		Relationship:			
Name:		Phone:		Relationship:			
Name:		Phone:		Relationship:			

Student Health Information

Doctor's Name		Doctor's Phone	
Dentist's Name		Dentist's Phone	
Preferred Hospital		Date of Last Physical	
Health Insurance Policy Name and Number		Date of Last Tetanus Shot	
Medical Alert Critical Health Issues (i.e. severe allergies, hemophilia, diabetes, etc.)		Medical Concerns Chronic Health Concerns (i.e. allergies, skin disorders)	

Must Provide Updated Immunization Record

Student Emergency Care Information

Name of child: _____ Age: _____ years _____ months

I hereby give permission to the staff of the school to secure emergency medical treatment for the above named child while under their supervision: Yes No - I do not give permission for the school to secure medical treatment.

In the event emergency medical treatment is required, I give consent for my child to be transferred to the nearest medical facility and if necessary to be treated by a qualified physician. I understand that the school can not transport my child to the nearest medical facility. In the event that I can not be contacted and if my designated emergency contact is not available, I understand and agree that the school staff will telephone 911 for emergency medical assistance.

Signature: _____ Printed name: _____ Date signed: ____ / ____ / ____

CERTIFICATE OF IMMUNIZATION

<u>Last Name:</u>	<u>First Name:</u>	<u>Middle Name:</u>
<u>Child's Date of Birth:</u> ____/____/____	<u>Home Phone:</u>	<u>Parent/Guardian Name:</u>
<u>Home Address:</u>		<u>Grade:</u>

VACCINE CIRCLE APPROPRIATE ITEM	ENTER MONTH, DAY, AND YEAR EACH IMMUNIZATION WAS GIVEN DOSES				
<i>Diphtheria and Tetanus</i> (DtaP, DTP, Td, or DT)	1) ____/____/____	2) ____/____/____	3) ____/____/____	4) ____/____/____	5) ____/____/____
<i>Polio (OPV or IPV)</i>	1) ____/____/____	2) ____/____/____	3) ____/____/____	4) ____/____/____	
Hepatitis B	1) ____/____/____	2) ____/____/____	3) ____/____/____		
Measles – Mumps – Rubella (MMR)	1) ____/____/____	2) ____/____/____	Or Measles Serology: Date: ____/____/____ titer:		
Varicella (Vaccine or Disease)	1) ____/____/____	2) ____/____/____	Rubella Serology: Date: ____/____/____ titer:		
Other	1) ____/____/____	2) ____/____/____	Mumps disease diagnosed by a physician: <input type="checkbox"/> Yes Date: ____/____/____		

Doses required by law for new school enterers (K or 1st Grade) are shaded in gray.
Age appropriate dose(s) of varicella vaccine or history of disease and 3 doses Hepatitis B vaccine required for entry into 7th grade.

To the best of my knowledge, this child has received the minimum required immunizations. Source: Written Verbal Both

Signed: _____ Date: ____/____/____
 (PHYSICIAN, PUBLIC HEALTH OFFICIAL, SCHOOL NURSE, OR OTHER DESIGNEE)

Statement For Exemption To Immunization Law (If applicable)

MEDICAL EXEMPTION

The physical condition for the above named child is such that immunization would endanger life of health.

Signed: _____ Date: ____/____/____
 Physician's Signature

RELIGIOUS EXEMPTION

Includes a strong moral or ethical conviction similar to a religious belief

The parent or guardian of the above named child adheres to a religious belief whose teachings are opposed to such immunizations. State your reasons for requesting religious exemption: _____

Signed: _____ Date: ____/____/____
 Parent/Guardian Signature

Volunteer Form

Volunteers may be involved in monitoring the playground, student drop-off and pick-up, crosswalk, and assisting with school events. In addition, parents are encouraged to contribute their time and talent to organizing extracurricular activities and community outreach projects. All parents/guardians are expected to volunteer 2 hours each month per parent/guardian in the household. Any family member – parent, sibling, grandparent, or family friend – may complete the hours for the family. Hours may be "banked" by serving several hours at once. A number of volunteer options are available both in the school and from home or work. Volunteer hours are logged and records are kept on file. Contact the school administrative team for volunteer suggestions. Also, refer to the school newsletter throughout the year for ways to be of service. The following is a partial list of ways to fulfill the volunteer commitment.

Please check as many boxes that fit your particular interests and availability.

During School Hours Volunteers May . . .

- Assist with small reading groups *
- Assist with small math groups *
- Share about your work or career
- Help teachers with classroom décor -- posters, boards, hallway art displays
- Help during reading groups, Paragon, and math
- Organize completed work into Friday Folders
- Photocopy homework or project packets
- Supervise children during lunch
- Work in the media center
- Clean school equipment or school grounds
- Type cumulative student records
- Answer office phone any day at mid day
- Volunteer with the student council
- Volunteer with the student choir
- Tutor students after school *
- Pick up and return books from the public library
- Help with Playground supervisor

After School Hours Or From Work Or Home Volunteers May . . .

- Assist teachers in correcting student work
- Contact a paper or printing company and offer to collect outdated or unwanted paper products
- Host a talk at work to promote the school
- Organize a family drive to enlist in Target, Office Depot, or Wal-Mart Card Programs that donate to the school
- Share any fund raising experiences and ideas
- Provide general grounds maintenance
- Buy or send in Paragon supplies
- Organize Scholastic book orders for teachers
- Shop for school supply donations – pencils, pens, paper towels, wet wipes, bleach wipes, Ziploc bags are needed throughout the year
- Request your office to donate art supplies
- Photocopy homework and project packets

* The types of volunteer service noted with an asterisk require successful completion of a criminal background check).

NOTE: Please write in any special interests you may have that you have: _____

NOTE: Please write in any other volunteer activity you feel will contribute to our school community: _____

I understand that Volunteering is expected.

All volunteers must complete a Character Questionnaire, and may be fingerprinted (if required for federal and state clearance). Volunteers receive and must follow all policies and procedures defined by the school. If activity occurs that is not in keeping with the school policies, the Chief Administrative Officer (CAO) reserves the right to relieve the volunteer of his or her responsibilities.

Parent/Guardian Signature

_____/_____/_____
Date

Photograph/Videotape Permission

Dear Parent:

From time to time school staff records student activities through the use of photography and/or videotape. Generally the resulting material is used internally to serve as a form of documentation of school/student activity and as a learning tool for both students and faculty. On occasion photographs and/or videotapes may be used for advertising purposes to promote enrollment at our school or as a backdrop to employment recruitment efforts.

In order for the school to produce materials for both internal and external uses we need your permission to use photo and/or video images of your child. Please put a check in the appropriate box and sign below to indicate your preference of permission for the following:

1. I **(do)** give permission for my child to be photographed/videotaped and the resulting photographs/videotape to be used and displayed within the school as well as, to be used for public display and/or published for the benefit of the school.
2. I **(do not)** give permission for my child to be photographed/videotaped and the photographs/videotape to be publicly displayed and/or published.

Please Note: There is no payment or any other form of compensation for use of your child's image if a photograph and/or video image of your child is used either internally or externally as explained in the examples above.

Please Print:

Student's Name: _____

Grade: _____ Teacher's Name: _____

Parent/Guardian Name: _____

Sign Below

Parent/Guardian Signature

_____/_____
Date Signed



Colorado Springs School District 11

New Student Enrollment Form

Special Services Information / Home Language Survey

For Office use Only

Student Name	_____
School	_____
Grade	_____ Student ID _____

Special Services

Does your student currently have any of the following plans? If yes, please provide a copy to the school. Yes No

- Individual Education Plan (IEP) for Special Services?
- Modifications or accommodations under a 504 plan?
- Individualized Literacy Plan (ILP)?

Has your student participated in any of the following programs? Yes No

- Gifted and Talented? SAIL?
- International Baccalaureate (IB)? AVID?
- English Language Learner (ELL) Program? Other special programs? (specify) _____

Contact at previous school for further information about special services your student received:

School: _____ Name of person to contact: _____
 Contact Phone: _____ Contact Email: _____

Home Language Survey

1. What language(s) did your child use when he/she first began to talk? _____
2. What language(s) does your child speak with you at home? _____
3. What language(s) do you use when you speak to your child at home? _____
4. Do the adults in your home speak to each other in a language **other** than English daily? Yes No

If Yes, what language(s) are spoken? _____

- Does your child understand the conversations? Yes No
 Does your child participate in the conversations? Yes No

Parents: The information on this form will assist us in meeting your child's needs. Based on the information given, we may need to assess your child for appropriate support as English language learner using the state approved assessment tool (CELA). This is done to ensure that your child's rights are protected. By signing below, you acknowledge that your child will be tested if a second language is indicated.

Parent or Guardian Signature _____ Date _____

Agricultural Survey

Did you or your family move within the last three years (36 months)? Yes No

Was the primary purpose of your move to seek temporary or seasonal agricultural work? Yes No

- Examples:** Farming, irrigating, or ranching Meat and food packing plant Preserved and canned foods Green houses
 Food Processing Feedlots Dairy or dairy products Other activities related to Agriculture/Fishing
 Poultry and eggs Orchards Planting, hoeing, or harvesting
 Dried and dehydrated foods Tree Processing/Forestry Vegetable or fruit seeds

Do you or anyone in your family have prior history of moving to perform temporary or seasonal agricultural work? Yes No

Parent/Guardian Signature _____ Date _____

SPACE, TECHNOLOGY AND ARTS ACADEMY - STAR Academy

Mosaica Education, Inc. opens portals of opportunity. The following pillars, the tenets of our model, create these openings that give each school its unique personality and customized attributes, its portals.

Student Achievement - Teachers instruct students in reading including phonics for K-2, writing mathematics, science and social studies everyday using research-based curricula and best teaching practices, including to the Multiple Intelligences - a foundation for recognizing and making the most of individual student's different abilities and talents.

Professional Development - Teachers are qualified, experienced individuals with a strong commitment to instilling a love of learning in their students. Mosaica's teachers consider themselves to be life-long learners, who keep abreast of current research, tools and educational strategies. Mosaica provides 15 - 20 days of professional development each year - twice the number of most public schools.

Integrated Technology - Mosaica provides students with unprecedented access to computers, to the Internet and to other technological tools that significantly enhance learning.

Extended Learning Time - Mosaica's approach to improving student learning includes extending the school day by one hour and the school year by 20 days. The extended school day and school year enables our students to graduate from High School with the equivalent of nearly four years more school than other children.

Parent Involvement - Mosaica believes and worldwide studies concur that a close connection between home and school is crucial to student performance.

Secure Environment - Mosaica provides emotionally and physically safe learning environments. We recognize that effective instruction requires an orderly environment focused on learning and that schools have an important role to play in supporting parents' efforts to teach their children principles of excellence.

Community Support - Mosaica partners with the community - neighbors, cultural centers, universities, school districts and local businesses - and enlists their insight, professionalism, and commitment to providing world-class education for all children. Eight times each year, the community is invited to Paragon Night - student performances illuminating the historical era studied in Paragon. These inspiring nights quickly become a source of joy and pride in each school community.

Paragon Curriculum - This is Mosaica's own integrated humanities and social studies curriculum. Through content rich, hands-on learning, Paragon looks to the past to prepare students for the future, providing students with a solid understanding of history by exploring the literary, artistic, mathematical, scientific, social, political, and philosophical ideas that have culminated in our contemporary cultural climate.

Curriculum STAR Academy

The morning session is dedicated to mastery of essential skills in reading and writing.

READING - Children are most successful when they learn through a balance of literature and explicit, systematic phonics instruction. Mastering phonics skills enable students to get beyond the distractions and mechanics of decoding words so they can focus on the goal of reading: comprehension. That's why STAR Academy uses SRA/McGraw-Hill and the Open Court Reading approach to reading instruction.

MATH - Real Math is a program designed to enable the children to continually build upon their basic foundation skills as they learn new concepts.

SCIENCE - The science program, Harcourt Science gives students a solid foundation of knowledge about life, earth, physical and health science. At the same time, students master the scientific thinking processes necessary to solve problems.

ARTS, TECHNOLOGY, AND SPANISH - Rotating classes in arts, technology, and Spanish occur weekly and feature integration of the unique Paragon® Curriculum.

PHYSICAL EDUCATION - All students at STAR Academy are required to participate in the school's physical education program unless prevented from doing so for medical reasons.

PARAGON® CURRICULUM - Mosaica's unique Paragon® Curriculum is more than just a social studies curriculum. It helps students achieve academic and personal excellence. Students learn about character, ethics, empathy and self-esteem implicitly by studying the world's greatest thinkers, both canonical and unsung, and by stepping into the shoes of great historical figures, both real and imaginary.

Paragon® teaches rich content through hands-on study that addresses student's learning styles. Through this engaging curriculum, students gain historical information, and come to understand the expansive potential open to them if they can identify with early clarity their individual strengths and sense of purpose. Paragon® students contemplate questions that have captivated thinkers for millennia: What makes a "Hero"? What makes me unique? How can we learn from the past? How do we apply that knowledge to the future?

Rather than teach history in bits and pieces in arbitrary sequence, Paragon's fully integrated, chronological approach demonstrates to students how one idea builds on and evolves into another. The curriculum illustrates how sweeping cycles repeat and leads students to understand the evolutions of world cultures.

In Paragon®, students study history across continents, which demonstrate the manner in which many ideas develop at the same time in independent cultures unaware of the other's breakthroughs. Through this, students develop a larger picture of history and the associated interrelationships. Rather than memorize names, dates, and events in isolation, students recall the sequential circumstances surrounding these events and remember more readily both factual information and conceptual relevance.

STAR Academy

Airport & Circle Campus (K-3rd)

2520 Airport Road
Colorado Springs, CO 80910
Ph # (719) 638-6554
Fax # (719) 638-2246

School Hours: 7:45am-3:15pm
Breakfast- 7:15am

CAO- Joe Torrez
BIS- Matt Borchers
CIS- Ying Wang
AA- Perla Castro
Registrar- Melissa Blair

SPED- Alice Mosher
Speech- Michelle Croom
Occupational Speech- Jamie McFadden
CNA- Sara Coddington
Nurse- Barbara Hawley
Building Manager- Chuck Brian
Assistant Building Manager- Chester Rogers

Kindergarten- Suzanne Martinez
Kindergarten- Eric Warner
Kindergarten- Kristen Weidner
First Grade- Katie Colsen
First Grade- Charity Garner
First Grade- Jaime Mitchell
Second Grade- Debra Paul
Second Grade- Dawn Atwater
Second Grade- Kari Tooke
Third Grade- Jason Alvarado
Third Grade- Petra Newlandgadea
Third Grade- Tamera Whitton

Art- Pamela Quarles
PE- Mariah McAfee
Spanish- Joseph Rodriguez

Para Professional- Alysha Loma
Para Professional- Valerie Hatten
Para Professional- Ariana Lopez

John Adams Campus (4th-8th)

2101 Manitoba Dr
Colorado Springs, CO 80910
Ph# (719) 328-2510

School Hours: 8:00am-3:30pm
Breakfast- 7:30am

Secretary- Marie Pizzolatto

Fourth Grade- Michael Whitton
Fourth Grade- Brad Haas
Fourth Grade- Diane Holmes
5-8th ELA- Yvonne Peru
5-8th Science- Bret Murray
5-8th Math- Steven Blocher
5-8th Paragon- Angela Lovisolo

SCHOOL BOARD

Willie Breazell- President
J. Charles Chisholm- Treasurer
Samuel Otero- Secretary
Shirley Brown- Director
Rev. Albert Loma- Director
Toby Norton- Director
Eddie L. Macklin- Director

School Uniforms – Revised June 16, 2010

To help create an environment conducive to learning, students at **STAR Academy** are required to wear simple uniforms. To provide an atmosphere for learning, it is our belief that students should be dressed appropriately and in good taste. Students' dress and appearance, along with conduct, have a definite influence on class discipline and achievement. This policy is designed to permit students to focus their attentions on academics and on those aspects of their personalities that are truly important.

STAR Academy's dress code adopted by the Board of Directors includes:

Tops: Light blue, navy blue, red or white polo shirts or shirts with a collar. Turtlenecks may be worn under an appropriate uniform top and coordinate with the colors worn. No logos or emblems are allowed on turtlenecks. Shirts or tops must cover the shoulders and midriff. Shirts must be tucked into pants/shorts/skirts.

Bottoms: Navy blue or khaki pants/shorts/skirts/jumpers (**no denim jeans or cargo pants**). Girls must wear bicycle shorts under skirts, jumpers or dresses. The hemline in skirts, jumpers and shorts will not be shorter than **two inches above the knee**.

Belts: Belts must be worn with pants that have belt loops. Buckles should be plain and belts should be in basic colors (black, brown or navy). Belts are optional for kindergarteners.

Shoes: Shoes and shoelaces should be in basic colors: black, brown, navy or white, same color on both feet and conservative in style. Shoelaces must be tied at all times. No wheels or flashing lights on shoes. Open-toed shoes, "heelies," mules, and "croc" or lights on shoes are not permitted. Snow boots may be worn to school, but uniform approved shoes must be worn once inside the classroom.

Socks: Socks/leggings (No Footless leggings) should be solid white or navy. Khaki socks can be worn with pants only. Socks should not have patterns, polka dots or stripes and nylon stockings are not allowed. Children may only wear leggings with feet.

Other details: Students are to present a neat appearance and clothing may not have holes or tears. All uniform items should be an appropriate size for the individual. **Students are not permitted to wear hats inside the building. Students may not wear makeup.** Students are allowed a maximum of one earring per ear. No other piercing jewelry will be allowed (ex. Eye brow, nose, lip, etc.). Necklaces, bracelets or rings should not be a distraction and may need to be removed for safety during some activities. The school is not liable for any losses.

Items not covered above, but considered inappropriate, unsafe, or a distraction from the learning environment are subject to review by the administration and teachers. Cheerful, consistent compliance is expected. The CAO will determine if a student's dress is distracting or not in compliance with the dress code.

On the first offense, parents will be notified by phone and a warning note sent home.

On the second offense, the student will be sent home to change and return to class.

On the third offense, the student will be sent home for the day.

Suggestions for retail options/brand are:

-Target (French Toast seasonal and Cherokee)

-Wal*Mart

-Kohl's (Sonoma)

- JC Penny