



SPACE TECHNOLOGY AND ARTS ACADEMY

STAR ACADEMY **ENROLLMENT PACKET** **2012-2013**

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 2012-2013 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 (If a copy of the shot records is include than this form is not needed)
- Volunteer Form
- Photograph/Videotape Permission form
- Special Services/ Household information
- Agricultural Survey
- Home Language Survey

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 ___/___/___
Student # _____ Enrollment Code: _____ Previous School ID # _____ Previous School Student # _____
Letter to Release Records sent: ___/___/___ School Records Received: ___/___/___ Sp. Ed. Records Received ___/___/___
Code of Conduct Acknowledgment Returned: Yes Evidence of Enrollment Received: Yes

Enrollment Application

(Required by State)
PLEASE PRINT

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 <input type="checkbox"/> Female | Date of Birth MM-DD-YYYY ____-__-____ | Must Provide Birth Certificate | Social Security Number ____-__-____ | Must Provide Social Security Card | Age |
| (If applicable) Country of Origin: | | | Date Student Entered USA: | | |

Is there a primary language other than English spoken in the home: Yes No If yes, what language?

Does your child speak a language other than English? Yes No if yes, what language?

| | |
|-----------------------------|---|
| 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)

Student Education Information

| | | |
|----------------------------|--|-----------------|
| Name of Most Recent School | | |
| Address of Former School | Street | School District |
| | City, State, Zip | |
| Current Grade | Has your child ever been retained in any grade? <input type="checkbox"/> Yes Grade: ___ <input type="checkbox"/> No | |
| Grade Level in 2012-2013 | <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 | |

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 in this application is true and accurate:

Parent/Guardian Signature: _____ Date _____

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 | Street | |
| | If Yes , provide address here: | 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

Release of Student Records Form

Today's Date: / /
Mth Day Year

Student's Date of Birth: / /
Mth Day Year

Child's Full Name (please print) _____
First Name Middle Name Last Name Appendage (i.e. Jr.)

Parent/Guardian Name _____

Parent/Guardian Signature _____

Parent/Guardian Address _____

Resident School District Name: _____

Check appropriate box and provide name of former school where indicated below.

Student Entering Grades 1st - 8th in 2012-2013

Whereas my child is currently enrolled in *STAR Academy* for the 2012-2013 academic-year, I give my permission to:

(School most recently attended by student)

Address: _____ Phone: _____ Fax: _____

to release my child's academic records to *STAR Academy*. Please include all relevant records including special education, academic testing, official school records, medical records, and academic or disciplinary interventions. ***Please FAX any Special Education or Behavior Records to 719-638-2246 ASAP.***

Please send the information to: **STAR Academy**
Melissa Blair, Registrar
2520 Airport Rd
Colorado Springs, CO 80910

Resident School District Notification of Student Entering Kindergarten in 2012-2013

Whereas my child is currently enrolled in STAR Academy for the 2012-2013 academic-year,

I hereby notify _____
(Resident School District)

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

Special Services

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

If yes please mark all that apply:

- 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: _____

Household Info

Language preferred for letters from school to home: English Spanish

- Student resides with: (Check one)**
- Both parents same household Both parents different household
 - Father only Father\Stepmother Legal Guardian Relative
 - Mother only Mother/Stepfather Foster Parent Non-Relative

Our current living situation is: (Check one)

*The following questions address the McKinney-Vento Act 42 U.S.C. 11435.
The responses help us determine if your student is eligible for additional services.*

- We rent/lease/own our own apartment/condo/house
- We live in a temporary shelter such as New Hope Shelter, Colorado House, Interfaith Hospitality Network, Dale House, Urban Peak, etc. **OR** in "temporary assisted housing" being paid for partially or completely by an organization like Partners In Housing due to an emergency economic situation.
- We are living "doubled up" due to economic emergency - not to save money or for cultural preference
- We are living in a hotel/motel as a guest - not because we own it or work there
- We are living in a situation due to economic emergency not described above (please specify)

Do you have any other children between the ages of 3 and 5? Yes No

Other District 11 students living in household:

| Last Name | First Name | School | Grade |
|-----------|------------|--------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

Agricultural Survey



Student(s) Name(s) _____

School(s) _____

Parent Name _____

Address _____

Phone _____

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

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

Examples:

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

STOP: If you answered two “yes,” please continue; if not, you are finished with this form.

Yes No Does this type of work play an important part of your families’ livelihood?

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

Yes No Did you or your family move across school district boundaries?

Yes No Are you or anyone in your family between the ages of 0 – 21?

Yes No Is your move to this residence temporary?

School Staff: Send completed forms to: Multilingual/Migrant Office

10/2008

Form #88444

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.

STAR Academy Curriculum

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.

ART, MUSIC, AND SPANISH - Rotating classes in art, music, 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

www.StarAcademyColorado.org

Joe Torrez, CAO

Airport Campus (K-3rd)
2520 Airport Road
Colorado Springs, CO 80910
(719) 638-6554
(719) 638-2246 fax

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

CIS - Ying Wang
AA - Perla Castro
Registrar - Melissa Blair

Kindergarten - Allie Byrne
Kindergarten - Sarah Cole
Kindergarten - Samantha Weinke
Kindergarten - Julie Headle
First Grade - Katie Colson
First Grade - Charity Garner
First Grade - Berna Keating
Second Grade - Debra Paul
Second Grade - Dawn Atwater
Second Grade - Petra NewlandGadea
Third Grade - Jason Alvarado

Music - Eric Warner
Art - Pamela Quarles
PE - Richard Deems
Spanish - Margarita Madrid

SPED - Alice Mosher
ELL - Brystal Bodenheimer
Speech - Michelle Croom
Occupational Therapy - Jamie McFadden
CNA - Sara Coddington
RN - Barbara Hawley
Building Manager - Chuck Brian
Assistant Building Manager - Julian Martinez

Adams Campus (4th-8th)
2101 Manitoba Drive
Colorado Springs, CO 80910
(719) 328-2510
(719) 328-2505 fax

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

CIS - Martha Kasper
Secretary - Marie Pizzolatto

Fourth Grade - Kari Tooke
Fourth Grade - Sheila Bushner
Fifth Grade - Mike McGrady
5th-8th ELA - Megan Evans
5th-8th Science - Bret Murray
5th-8th Math - Eric Choate
5th-8th Paragon - Angela Lovisolo

SCHOOL BOARD

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

School Uniforms

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 collared shirts or polo. Shirts or tops must cover the shoulders and midriff and must be tucked in.

UNDER UNIFORM SHIRT

Solid White or matching uniform shirt color tank, short or long sleeved crew or turtleneck.

OVER UNIFORM SHIRT

Solid Red or Navy blue pullover, button, or zippered vest or sweater. Navy blue blazers are allowed. No hoodies, No hats, No coats, No jackets are allowed to be worn inside the building.

BOTTOMS

Navy blue or Tan trousers or Bermuda shorts: Girls may wear jumpers or skirts with bicycle shorts underneath. Trousers, shorts and skirts must be waist-fitted. Shorts, jumpers and skirts should reach the top of the kneecap when standing and worn at the waist. No denim jeans (unless a designated day) or "five-pocket pants" No cargo pockets, No capris, No knits, No sagging or baggy pants or shorts, No low-rise/hip-fitted pants or shorts.

BELTS

Solid Black, Brown or Navy blue belts must be worn with pants, shorts, or skirts that have belt loops. Buckles should be plain. Belts are optional for kindergarteners. Studding is not allowed.

SHOES AND SHOELACES

Black, Brown, Navy blue 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. Boots, open-toed shoes, "heelies", mules, and "cros" are not permitted. Snow boots may be worn to school, but uniform approved shoes must be worn once inside the classroom.

SOCKS

Solid White, Navy blue, or Tan crew or tube socks, tights or leggings. Socks should not have patterns, polka dots or stripes. No nylon stockings, No lace are allowed.

HAIR/ACCESSORIES/JEWELRY

Only naturally occurring hair colors allowed. Shaved hair patterns are not allowed. Students are allowed a maximum of one earring per ear. Hoops must be smaller than a quarter. No dangling earrings. No other piercing jewelry will be allowed. Hair accessories, 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. Students may not wear makeup or artificial nails.

OTHER DETAILS

Students are to present a neat appearance. Clothing must be clean and may not have holes or tears. All uniform items should be an appropriate size for the individual. No other colors than those listed for each item may be worn, No patterns, No prints, No emblems, No imprints, No trim, No decorations, No words printed or written are allowed. Logos must be smaller than 1"x1".

DRESS DOWN DAYS

Blue jeans must meet the standards for uniform pants. All other aspects of the uniform code remain in effect for uniform shirt, belt, socks and shoes unless otherwise noted.

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.

Enforcement and Consequences

1. Classroom teachers will be the first line of enforcement. Teachers will look for uniform policy violations at the beginning of the day and report them to the office staff.
2. Any staff member may report a uniform violation to the student's teacher.
3. After the first violation, all further violations will be reported to parents and require a parental response.
4. The office staff will track all violations.
5. The administration is provided latitude in assigning consequences. The administration need not employ all the consequences in a given group before selecting one from another group in disciplining any student.

Consequences for Non-Compliance, per School Semester

(Steps 1-3 apply to Kindergarten-3rd grade)

1. First violation- Verbal warning. Student remains in classroom.
2. Second violation – Student is pulled from the classroom. Office staff notifies parents of violation. Student returns to the classroom.
3. Third violation – Student is pulled from the classroom. Office notifies parents of violation and asks them to bring appropriate uniform attire to school immediately. Parent and student meet with the administrator; or his designee, and sign a Uniform Violation Report and a Uniform Agreement as part of the student's Uniform Remediation Program. Student returns to the classroom properly attired if possible but will serve a lunch detention for the uniform violation.
4. Fourth Violation – Student is pulled from the classroom. Office staff notifies parents of violation and asks them to bring appropriate uniform attire to school immediately. Parent and student meet with the administrator, or his designee, and sign a Uniform Violation Report. Student returns to the classroom properly attired if possible but will serve an after school detention for the uniform violation. If parent is unavailable, parent must accompany student to school the following day to complete the UVR.
5. Fifth Violation – Student is pulled from the classroom. Office staff notifies parents of violation and asks them to bring appropriate uniform attire to school immediately. Parents are informed that the student will serve the rest of the day in an in school suspension for the uniform violation. Parent and student meet with the administrator, or his designee, and sign a Uniform Violation Report. If parent is unavailable, parent must accompany student to school the following day to complete the UVR.
6. Sixth violation – Student is pulled from the classroom. Office staff notifies parents of the violation and asks them to pick up student who is being sent home for an out of school suspension for the uniform violation. Parent and student meet with the administrator, or his designee, and sign a UVR.

Suggestions for retail options/brand are:

Target (French Toast seasonal and Cherokee)

Kohl's (Sonoma)

Walmart