

ENROLLMENT APPLICATION

2018-2019 Academic Year



Welcome To The Delta Academy!

The Delta Academy is a fully accredited, **tuition-free** public charter school educating students' grades 6 - 12. The mission of The Delta Academy is to provide a safe and nurturing instructional environment in which students from various backgrounds expand their knowledge base to fulfill academic and personal goals through differentiated instruction and reinforcement of positive character traits. The Delta Academy is the only school in Clark County that utilizes four educational models to meet the needs and goals of students.

These models include:

1. Traditional college preparatory model: Students attend school five days per week.
2. Online model: Students complete their work at home. Teachers are available after school on Mondays, Tuesdays and Thursdays by appointment only. These sessions are held during the evenings from 3:45pm – 5:45pm. Students may attend online school during day school hours with prior approval. You must call and schedule to reserve a space.
3. Hybrid Model: A portion of instruction is presented online and a portion is presented face-to-face with a certified teacher.
4. Dual Credit: at the College of Southern Nevada (CSN), juniors and seniors can take two free classes per semester at CSN.

Enrollment Application:

Complete the attached Enrollment Application and return to us along with the required documents.

- Fill out the Enrollment Application. The applications can be printed from our website www.deltaacademylv.com or you can pick one up in our office
- For multiple students, fill out an additional Enrollment Application
- Once complete, sign, and bring along with completed forms.

Required Documents:

Gather and send additional documents to complete your enrollment file:

1. Copy of Birth Certificate
2. Copy of Current Immunization Records
3. Copy of IEP (if applicable)
4. Copy of Driver's License or ID Card
5. Copy of Utility Bill(address verification)
6. Copy of Withdrawal form from previous school and Transcripts

Deliver Documents to:

Via Fax: (702) 396-0848
Via Mail: The Delta Academy
818 West Brooks Avenue
North Las Vegas, NV 89030

Course Selection:

Upon receipt of your Enrollment Application, The Delta Academy will send you information about selecting your courses for the 2018-2019 school year.



ENROLLMENT APPLICATION

2018-2019 Academic Year

Instructions: Please fill out the form below completely. Gray areas are for school use only.
 NRS 932.165: state law requires enrollment of student by legal name

Student Information					
Students legal name: (last, first, middle initial)				Gender:	Grade:
Home Address:			Zip Code:	Student I.D.:	
Mailing Address/ P.O. Box: (If Different Than Resident)			Zip code:	Restrict Directory Info: <input type="checkbox"/> yes <input type="checkbox"/> no	
Personal Email:		Home Phone: (w/ area code)		Cell Phone Number:	
SSN #		Birth Date:	Birth Place: (City, State)		
Ethnic:	Traditional or On-Line?	On-Line Day Preference	Language:	Special ED Category	
Parent/ Guardian Information: Must be completed by parent/ guardian					
Relationship:	DOB:	Parent Last name:		Parent First Name:	Parent M.I.:
Resides with: <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Phone: (w/ area code)		Cell Phone Number:	
Personal Email:		Parent Employer:			
Occupation:		Employer Phone Number:		Work extension:	Work Hours: To To
Relationship:	DOB:	Parent Last Name:		Parent First Name:	Parent M.I.:
Resides with: <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Phone: (w/area code)		Cell phone number:	
Personal Email:		Parent Employer:			
Occupation:		Employer Phone Number:		Work Extension:	Work hours To To
Non-Custodial Parent/ Guardian Information:					
Relationship:	Parent Last name:		Parent First Name:		Parent M.I.:
Home Address:				Zip Code:	
School Information:					
Has Student Ever Attended A Clark County School? <input type="checkbox"/> Yes <input type="checkbox"/> No			Name And Address Of Last School Attended:		Records Release:
School:			when:		



ENROLLMENT APPLICATION

2018-2019 Academic Year

Instructions: Please fill out the form below completely. Gray areas are for school use only.
 NRS 932.165: state law requires enrollment of student by legal name

DEMOGRAPHIC INFORMATION SURVEY

Sibling Information			
Sibling At This School:	Grade:	Sibling At This School:	Grade:
Sibling At This School:	Grade:	Sibling At This School:	Grade:
Local Emergency Contact			
A person who may be contacted if the parent/ guardian is unavailable and who is authorized to pick up the student in an emergency			
Emergency Contact Person:	Telephone: (w/area code)	Relationship:	
Emergency Contact Person:	Telephone: (w/area code)	Relationship:	
Home Language Survey			
Parent/Guardian Must Complete			
First Language Learned By Student: <input type="checkbox"/> English <input type="checkbox"/> Other		Language Spoken By Student With Friends: <input type="checkbox"/> English <input type="checkbox"/> Other	
Language Used In Home: <input type="checkbox"/> English <input type="checkbox"/> Other			
Military Department:			
Is either parent on active duty in the military service? (student need not be residing with this parent) <input type="checkbox"/> yes <input type="checkbox"/> no			
School Information:			
Has the student ever received special education services? <input type="checkbox"/> yes <input type="checkbox"/> no			
Does the student have a current accommodation plan (section 504) in school? <input type="checkbox"/> yes <input type="checkbox"/> no			
Has the student ever been expelled? <input type="checkbox"/> yes <input type="checkbox"/> no			
NEW STUDENTS: birth certificate: <input type="checkbox"/> yes <input type="checkbox"/> no immunizations: <input type="checkbox"/> yes <input type="checkbox"/> no			
ALL STUDENTS: one proof of address: <input type="checkbox"/> yes <input type="checkbox"/> no custodial papers (if applicable) <input type="checkbox"/> yes <input type="checkbox"/> no			
Legal Parent/Guardian Signature:			Date:
TITLE 1 HOPE SURVEY:			
Is the student living in one of the following temporary situations due to economic hardship?			
<input type="checkbox"/> Shelter, Transitional Housing or Awaiting Foster Care <input type="checkbox"/> Doubled Up Living with a Friend, Relative, Or Someone Else <input type="checkbox"/> Unsheltered Living in a Car, Park, RV, or On the Street <input type="checkbox"/> Weekly Hotel or Motel			
If the student's living situation does not meet one of the above temporary situations. STOP HERE			
If the student is living in one of the above temporary situations, would like to accept TITLE 1 HOPE services			
Parent/Guardian Name: _____			Date: _____

2018-2019 Academic Year



As required by federal law, The Delta Academy must report student-related data by ethnic group. It is also a federal requirement that the each district survey students/parents to collect this information. Please complete and return this form to your student’s school. If you have more than one student attending a Clark County School District school, please complete a separate form for each student, and return to the appropriate school(s).

Questions about the collection or reporting of data by ethnicity and race may be directed to the principal’s office.

Person completing this form: Parent/Legal Guardian Student The Delta Academy

Please answer both parts of the survey below:

Students Last Name	First Name	MI	Student Number
<p>Is your child Hispanic/Latino? <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, not Hispanic or Latino (choose one only)</p> <p>The Question above is about ethnicity, not race. However if “yes” is chosen above, data for this student will be reported in the Hispanic/Latino category.</p> <p>In addition to answering part 1 (above), <u>please answer part 2 (below)</u> by making one or more boxes to indicate what you consider your student’s race to be</p> <p style="text-align: center;">What is your child’s race? (You may choose one or more.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> American Indian Or Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <p>If “no” is chosen in response to part 1, and if more than one category is chosen in response to part 2, the data for this student will be reported in the multiracial/multiethnic category.</p>			

I choose not to provide the race and ethnicity information. I acknowledge that school personnel will, in accordance with federal guidelines, make the race and the ethnicity selections for my student.

Name of person completing the survey: _____
 Please print (first, last)

Signature: _____ Date: _____

RECORDS RELEASE



Previous School:	
Street Address:	City, State, Zip

2018-2019 Academic Year

The student listed below has enrolled in our school. Please send the cumulative academic records, including transcripts, special education, report cards, test data, guidance record, immunization and health records.

Last Name:	First Name:	M.I.:	Grade:	Date Of Birth:
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If the student left during the school year, please include marks, credits and grade level at time of leaving.

- In the event that my student transfers to a school outside of the Clark County School District, I authorize release of all his/her educational records electronically through facsimile transmission (FAX) or email. I understand and agree that should the records be inadvertently transmitted to an unauthorized recipient, through no fault of the sender, I hereby waive any claim against the sender and agree to hold the sender harmless from any and all responsibility for damages, if any, arising from the faulty transmission.
- I do not authorize release of records through facsimile transmission (FAX) or email.

I understand and agree that this authorization, if granted, may be rescinded at any time by submitting a revised authorization form to the student's current school of attendance. The District will maintain the privacy of student education records pursuant to the provisions of the Family Educational Rights and Privacy Act (FERPA).

Your signature below authorizes the Electronic Transfer of Records for your student's cumulative academic records.

Printed name of student (first, last)

Signature of student Date

Printed name of parent/guardian (first, last)

Signature of Parent/Guardian Date

ANNUAL RELEASE AND NETWORK ACCESS FORM 2018-2019 Academic Year



Students Name (first, last): _____ School Year: _____

School: _____ Grade: _____ Track: _____ Student ID #: _____

Please read the attached instruction sheet carefully before signing this document. The Parent/Guardian must complete all three sections below. (1) Restrict Release of Directory Information; (2) Media Release; and (3) Computer Network Access

1. Restrict Release of Directory Information (to be completed by the parent/guardian)

FEPPRA allows The Delta Academy to release Directory Information (which is defined in the “instruction sheet”) without the consent of the parent/guardian/ however, a parent/guardian has the right to opt-out of that disclosure. I hereby request that Directory Information for my child NOT to be released to the following agencies or organizations:

Withhold Directory Information from military only Withhold information from all agencies

Withhold Directory information from all agencies, with the exception of allowing the release of Directory Information solely for the purpose of inclusion in printed Delta Academy school publications such as the annual yearbook, playbills, honor roll or other recognition lists, graduation programs, newsletters, and sports activity programs/sheets.

2. Media Release (to be completed by the parent/guardian)

I give do not give permission for the Delta Academy to release my child’s name, photograph, and/or audio/video/film reproduction for use in **INTERNAL** media publications, newspaper articles, television coverage, websites (including www.DeltaAcademyLV.com), newsletters (including school newsletters), video presentations, and/or school presentations. I understand that the material may be reduced to either print or electronic format, and may be utilized in external media sources.

I give do not give permission for the Delta Academy to release my child’s name, photograph, and/or audio/video/film reproduction for use in **EXTERNAL** media publications, newspaper articles, television coverage, websites (including www.DeltaAcademyLV.com), newsletters (including school newsletters), video presentations, and/or school presentations. I understand that the material may be reduced to either print or electronic format, and may be utilized in external media sources.

3. Computer Network Access (to be completed by the parent/guardian)

I give do not give permission for my child to access, produce, video conference, and communicate information on the district computer network resources in accordance with acceptable use policy. Student work, artwork or projects will be identified by first name, grade and school only. Students who do not have a parent/guardian permission to use the districts computer network will be given alternative education activities.

The signature of the parent/guardian below applies to **all three releases** set forth above.

Printed name of Parent/Guardian

Signature of Parent/Guardian

Date

Computer Network Access (to be completed by the student)

I understand I will abide by the Acceptable Use Policy of The Delta Academy. I understand that violating the Acceptable Use Policy may result in the loss of network privileges and/or other District disciplinary measures.

Student Signature

Date



SPECIAL INFORMATION FORM 2018-2019 Academic Year

The Delta Academy's goal is to provide the best possible educational experience for your child. We facilitate this goal by educating children at their own ability levels. To assist us in the process, please complete the following checklist.

1. Does your child have a current IEP? (if yes please provide copy)..... Yes No
2. Has your child ever had an IEP?..... Yes No
3. Special Education assistance in the general education classroom?..... Yes No
4. Special Education assistance in a pull out program?..... Yes No
5. Special Education in a contained program?..... Yes No
6. A 504 accommodation plan?..... Yes No
7. Speech/Language therapy?..... Yes No
8. Occupational/Physical therapy?..... Yes No
9. Is your child under the care of a physician for special needs?..... Yes No
10. Has or does your child receive(d) school counseling?..... Yes No
11. English as a Second Language program?..... Yes No
12. Tested for Special Programs, but did not qualify?..... Yes No
13. Has your child ever been retained?..... Yes No
14. If you answered yes to the above question, which grade?..... _____
15. Has your child ever been expelled?..... Yes No
16. Is your child in the process of being expelled?..... Yes No

If you answered yes to question 15 or 16 please provide any and all information you may have in regards to the expulsion. Please note that The Delta Academy is a public school and must follow the same rules and regulations as CCSD concerning expulsions. Omitting information or falsely representing your child, null and voids this enrollment packet.

If you answered "YES" to any of the above questions, please give Delta Academy a copy of any paperwork you may have. This will assist us in knowing your child's educational background and special needs. Please use the space below for any additional information you feel would benefit your child and his or her teacher regarding the above information.

Parent/Guardian Signature: _____ Date: _____



HEALTH INFORMATION REQUEST

2018-2019 Academic Year

In order to ensure the safety of your child while at The Delta Academy, a record of your child's health information needs to be completed every school year. This form is part of the registration and must be completed and signed. It will be incorporated into your child's permanent record. Please explain any problems that you have identified.

Student Name: _____ **Date of Birth:** _____

Grade: _____

HEALTH PROBLEMS

Please circle any identified health problem(s) if any apply, or circle NO KNOWN DISABILITY

- | | | | |
|---|-------------------------------------|---|--|
| Z | No Known Disability | V | Visual Impairment _____ |
| A | Asthma/Airway Disorder | H | Hearing Impairment (R) _____ (L) _____ |
| B | Blood Disorder | J | ADD/ADHD |
| C | Food Allergy to: _____ | K | Cancer (Type) _____ |
| P | Potential Severe Reaction to: _____ | M | Multiple Disabilities |
| Q | Environmentally Sensitive to: _____ | N | Neurological Disease _____ |
| D | Diabetes | O | Orthopedic Problem _____ |
| E | Seizures (Type) _____ | T | Heart Problem _____ |
| F | Genetic Syndrome _____ | U | Other _____ |
| | | X | Exempt from Physical Screening |
| | | G | Emotional/Behavioral Disorder |
| | | | Specify: _____ |

Please explain problems: _____

When was the last time your child was seen by a Licensed Health Care Provider for above problems?

Name of Licensed Health Care Provider _____ Phone Number: _____

Emergency Contact/Phone # _____

Able to take PE? YES _____ NO _____ (Physician verification is required if child not able to take PE)

Does your child take medication regularly? YES _____ NO _____ If YES, what kind? _____

**Medication can NOT be given at school.

Parent/Guardian Signature: _____ Date: _____

SCHOOL UNIFORM POLICY AND APPEARANCE

2018-2019 Academic Year



All Delta Academy students are required to wear uniform shirts. Uniform colors are determined by grade and are as followed:

12 th Grade	Black
9-11 th Grade	Dark Blue
6-8 th Grade	Light Blue
Online Students	White

Khaki colored uniform bottoms are optional for all grade levels. Student dress, personal appearance, and conduct are required to be of such character as not to disrupt or detract from the educational environment of the school. Any style that tends to diminish instructional effectiveness or discipline control by a teacher is not acceptable. The Delta Academy dress code is in accordance with CCSD Regulation 5131. The school administration shall have the right to designate, which types of dress, fashion, fads, or appearance disrupt or detract from the educational program and may be a potential safety hazard. The specific requirements and prohibitions are:

1. Require the wearing of shoes with soles (no house slippers).
2. Require the wearing of shirts or blouse appropriately buttoned in accord with the design of that shirt or blouse. Length must extend beyond the belt level with **no skin showing between bottom of shirt/blouse and top of pants or skirts.**
3. Prohibit wearing crop tops, and clothing that is strapless, low-cut or has slits, or tops and outfits that provide minimum coverage or that are transparent.
4. Require that all attire be at least one inch above the knee. If shorts are worn, they must be hemmed and without fraying. **NO CUTOFFS!**
5. No spaghetti straps are permitted; all sleeveless shirts must have straps at least three inches wide and cover the shoulder.
6. Prohibit the wearing of sunglasses in the building.
7. Prohibit the wearing of hats/headgear on campus except for designated areas.
8. Prohibit slogans or advertising on clothing, which by their controversial (i.e. Iron Cross) or obscene nature disrupt the educational setting. (This includes any clothing that advertises racial bigotry and sexual activities, cigarettes, alcoholic beverages, or drugs) jewelry, wallet chains, or any gang-related clothing.
9. Coats, mittens, and scarves must be removed upon entering the classroom.
10. Prohibits the wearing of pants in a sagging fashion that displays private undergarments, or any attire that is not conducive to the educational setting. No undergarments may be displayed.

Any student violating the dress code **will not** be allowed to attend class. Continuous violations will result in Required Parent Conferences and/ or suspensions. The principal shall retain the authority to grant exceptions for special occasions and/or conditions.

Printed name of student (first, last)

Signature of student

Date

Printed name of parent/guardian (first, last)

Signature of parent/guardian

Date



ITEMS PROHIBITED AT SCHOOL 2018-2019 Academic Year

No student iPods, laser lights, radios, headphones, ear buds, TV's, tape recorders, roller skates, Roller Blades, water pistols, Walkman-type radios, video or digital cameras, chains (including wallet chains), mace, spiked leather necklaces/bracelets, sunglasses, or toys are permitted on campus. School personnel will confiscate these items, and they will not be returned until the end of the school year. Since these items should not be on campus, the school will not be held responsible if they are lost or stolen.

ELECTRONICS:

- No cell phones to be used during school day. If one is brought to school it must be turned off and stored out of sight.
- No MP3/CD players, radios, or any other personal electronic devices including but not limited to TV,PSP, Game boy, etc... Must be turned off and stored out of sight.
- No headphones or ear buds – all items must be stored in your backpack
- These items will be confiscated and returned only to parent/guardian.

CAFETERIA:

The Delta Academy has a designated place for students to have lunch. All students can bring their own lunch daily or they can eat a prepared lunch in the lunchroom. Students that are eligible for free or reduced lunches will also be served daily. All trash must be placed in the trashcan immediately following lunch. Students are not permitted to order lunch to be delivered without special permission from the administration. Students are not permitted to leave campus for lunch or to go and get lunch to bring back.

SCHOOL HOURS:

Middle School	
Breakfast: 7:30am – 8:00am	Monday, Tuesday, Thursday and Friday 8:00 AM – 3:08 PM Wednesday 8:00 AM – 12:30 PM
High School	
Breakfast: 7:30am – 8:00am	Monday, Tuesday, Thursday and Friday 8:00 AM – 3:08 PM Wednesday 8:00 AM – 12:30 PM
Online	
Monday, Tuesday and Thursday 3:15 PM – 6:15PM Wednesdays and Fridays By appointment only	

TRANSPORTATION:

- Student transportation is not provided.
- Pickup and drop off must be coordinated with parent/guardian.

Student Signature

Date

Parent Signature

Date



CODE OF HONOR

NEVADA DEPARTMENT OF EDUCATION

2018-2019 Academic Year

There is a clear expectation that all students will perform academic tasks with honor and integrity, with the support of parents, staff, faculty, administration, and the community. The learning process requires students to think, process, organize and create their own ideas. Throughout this process, students gain knowledge, self-respect, and ownership in the work that they do. These qualities provide a solid foundation for life skills, impacting people positively throughout their lives. Cheating and plagiarism violate the fundamental learning process and compromise personal integrity and one's honor. Students demonstrate academic honesty and integrity by not cheating, plagiarizing or using information unethically in any way.

What is cheating?

Cheating or academic dishonesty can take many forms, but always involves the improper taking of information from and/or giving of information to another student, individual, or other source. Examples of cheating can include, but are not limited to:

- Taking or copying answers on an examination or any other assignment from another student or other source
- Giving answers on an examination or any other assignment to another student
- Copying assignments that are turned in as original work
- Collaborating on exams, assignments, papers, and/or projects without specific teacher permission
- Allowing others to do the research or writing for an assigned paper
- Using unauthorized electronic devices
- Falsifying data or lab results, including changing grades electronically

What is plagiarism?

Plagiarism is a common form of cheating or academic dishonesty in the school setting. It is representing another person's works or ideas as your own without giving credit to the proper source and submitting it for any purpose. Examples of plagiarism can include, but are not limited to:

- Submitting someone else's work, such as published sources in part or whole, as your own without giving credit to the source
- Turning in purchased papers or papers from the Internet written by someone else
- Representing another person's artistic or scholarly works such as musical compositions, computer programs, photographs, drawings, or paintings as your own
- Helping others plagiarize by giving them your work

All stakeholders have a responsibility in maintaining academic honesty. Educators must provide the tools and teach the concepts that afford students the knowledge to understand the characteristics of cheating and plagiarism. Parents must support their students in making good decisions relative to completing coursework assignments and taking exams. Students must produce work that is theirs alone, recognizing the importance of thinking for themselves and learning independently, when that is the nature of the assignment. Adhering to the Code of Honor for the purposes of academic honesty promotes an essential skill that goes beyond the school environment. Honesty and integrity are useful and valuable traits impacting one's life.

Questions or concerns regarding the consequences associated with a violation of the Code of Honor may be directed towards your child's school administration and/or the school district.

Student Signature _____

Student Number: _____

Printed name of student (first, last) _____

Date: _____



EDUCATIONAL INVOLVEMENT ACCORD NEVADA DEPARTMENT OF EDUCATION 2018-2019 Academic Year

PARENT

I understand that as my child's first teacher my participation in my child's education will help his/her achievement. Therefore, to the best of my ability, I will continue to be involved in his/her education by:

- Reading to my child or encouraging my child to read;
- Being responsible for my child's on-time attendance;
- Reviewing and checking my child's homework;
- Monitoring the activities of my child, such as the amount of time spent watching television, using a computer, playing video games, etc.; and
- Contributing at least 5 hours of time each school year in the area such as:
 - Attending school-related activities;
 - Attending organized parent meetings, such as PTA, PTO, or parent advisory committees;
 - Attending parent-teacher conference(s);
 - Volunteering at the school;
 - Chaperoning school-sponsored activities;
 - Communicating with my child's teacher(s) regarding his/her progress, as needed.

Parent/Legal Guardian Signature: _____ Date: _____

Print Name: _____

STUDENT

I realize that my education is important. Therefore, I agree to carry out the following responsibilities to the best of my ability by:

- Arriving at school each day on time and being prepared;
- Showing effort, respect, cooperation, and fairness to all;
- Using all school equipment and property appropriately and safely;
- Completing and submitting homework in a timely manner; and
- Reading each day before and after school.

Student Signature _____ Student Number: _____

Print Name: _____ Date: _____

TEACHER AND SCHOOL STAFF

We understand the importance of providing a supportive, effective learning environment that enables the children at our school to meet the State's academic achievement standards through our role as educators and models. Therefore, staff agrees to carry out the following responsibilities to the best of our ability by:

- Ensuring that each student is provided high-quality curriculum and instruction, supervision and positive interaction;
- Maximizing the educational and social experience of each student;
- Carrying out the professional responsibility of educators to seek the best interest of each student; and
- Providing frequent reports to parents on their children's progress, and providing reasonable access of staff to the parents and legal guardians of students to discuss their concerns.

School Staff Designee Signature _____ Date: _____

Staff Printed Name: _____



ATTENDANCE ALERT 2018-2019 Academic Year

The Delta Academy Attendance/Make-up Work Policies Regulation 5113:

The Federal No Child Left Behind Act requires that in order to achieve Adequate Yearly Progress, schools must attain a standard of 90 percent attendance. Regular attendance is critical to the student mastering the standards for each course of study and the number one predictor of student success.

The Delta Academy strictly adheres and enforces attendance and truancy regulations as defined in **NRS 329.122** (see page 18). The limitation of absences is ten (10) per semester. A student will receive a semester grade of “F” in any course where he/she exceeds ten (10) absences in a semester. Parents may arrange an absence in advance, of the absence in writing up to ten (10) days per year. Arranged absences and approved absences for which make up work has been completed may not count toward the limitation of absences.

After an absence, a secondary student is required to initiate contact with the teacher(s) to obtain make-up work within (3) days immediately following the absence. Students shall be allowed a minimum of three (3) days to complete make-up work.

According to Nevada State Law, when your child is absent a note **MUST** be received within three (3) days of your child returning to school. If a note is not received within three (3) days, the absence will be unapproved. An unapproved absence is considered truancy. Upon the third truancy, a student may be cited to court (**NRS 392.130**).

Nevada Revised Statutes does not distinguish between truancy resulting from an action of the student (i.e., cutting class, failing to bring an absence note) and that of a parent or legal guardian.

If you have any questions regarding the District’s attendance regulation, please contact them at (702) 799-6040 (x4035).

Your signature below acknowledges receipt of this information.

Signature of student

Date

Signature of Parent/Guardian

Date



EDUCATION CONTRACT 2018-2019 Academic Year

LIST GRADUATION REQUIREMENTS AND WHAT IT TAKES TO MATRICULATE.

Grading Criteria		
A - 100% - 90%	C - 79% - 70%	
B - 89% - 80%	D - 69% - 60%	F—Below 60

STUDENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

Pursuant to NRS 389.1545 the Independent Study student and teacher will meet or otherwise communicate with each other at least once a week to discuss student's progress until competency is demonstrated. Revised (08/14/2009)

I attest that the above statements are true to the best of my knowledge. I understand that if any information was misrepresented it may jeopardize my child's enrollment at The Delta Academy.

CONSENT AND AUTHORIZATION FOR ELECTRONIC COMMUNICATION (EMAIL) 2018-2019 Academic Year

Email is an easy and effective way to communicate with parents and guardians. I hereby give The Delta Academy authorization to communicate with me about my students' attendance, grades, eligibility, and any other information deemed necessary by the administration via email. E-mail communication will be treated with the same degree of confidentiality and privacy as all other means of communication.

Printed Name of Guardian

Signature of Guardian

Date



ONLINE ATTENDANCE COMPLIANCE POLICY 2018-2019 Academic Year

NRS 392.040: Attendance required for child between 7 and 18 years of age; minimum age required for kindergarten and first grade; waiver from attendance available for child 6 years of age; developmental screening test required to determine placement; effect of military transfer of parent of child.

Attendance in a distance education program is measured weekly, not daily. As such, students are deemed in attendance for the week if evidence is provided of work progression towards a passing grade in each course as documented through the electronic learning management system. The Delta Academy requires a minimum of 6% progress in each subject weekly. Students who do not sufficiently progress in each course, each week will be deemed absent for that week. The Online Facilitator records official attendance.

TRUANCY AND STUDENT COMPLIANCE

The Delta Academy is obligated to keep an accurate record of daily attendance and progress in accordance with Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC). **A Delta Academy student will be considered absent/ truant if he/she fails to adequately progress in each of his/ her classes through verified work submission after five consecutive school days (Monday-Friday) and, if he/she fails to attend at least one on campus class sessions per week.** A Delta Academy student may subject to disciplinary action for one or more of the following reasons as determined on a case-by-case basis:

- Failure to attend/participate in The Delta Academy Online Orientation Sessions
- Failure to submit work for each course each week. This is considered truancy or absence.
- Failure to respond to teacher/administrator phone calls, E-mails, and/or intervention meeting requests
- Failure to participate in state-mandated testing
- Failure to communicate change of address, phone number(s) or other contact information to the Registrar's Office
- Failure to maintain Academic Integrity (i.e., plagiarism, taking assessments multiple times in a short period)
- Failure to follow Individual Education Plan (IEP)
- Failure to follow other Delta Academy policies

I understand the Online Attendance Policy at Delta Academy. I acknowledge that I agree with the policy. I understand and agree to disciplinary action in the event that the Truancy Policy is violated

Printed name of student (first, last)

Signature of student

Date

Printed name of parent/guardian (first, last)

Signature of Parent/Guardian

Date



APPROVED CONTACTS 2018-2019 Academic Year

Please provide a list of contacts for your child, should they need to be picked up early from school by someone other than the Parent/Guardian. We will not release students to anyone that you have not approved for pick-up.

First Name	Last Name	Phone #
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

Signature of student Date

Signature of Parent/Guardian Date



FOOD SERVICES 2018-2019 Academic Year

FOOD SERVICES

In the spirit of working together, the Clark County School District Food Service Department is committed to acknowledging parent inquiries within a 24 hour period. A Food Service Supervisor or another department employee will respond to your concern and resolve the matter as soon as possible. Food Service would like to ensure that your child receives tasty, nutritious meals and you receive the assistance you require in a timely manner. Please call (702) 799-8123, Ext. 5205 if you have any questions or concerns.

FREE/REDUCED MEAL BENEFITS

Applications for meal benefits must be completed each school year and only one application is needed per household. If you wish to apply, applications can be completed online at www.myschoolapps.com or by paper available at elementary, middle, outlying high schools most local high schools as well as main Food Service Department Office located at 6350 East Tropical Parkway, Las Vegas, NV 89115. Processing of an application takes 7-10 operating days, to reduce the processing time we encourage you to apply online which takes 2-3 operating days. For more information call the Free and Reduced Food Service Office at **(800) 819-7556** or email myschoolmeals@nv.ccsd.net.

FOOD SERVICE ONLINE PAYMENT CHANGE

In a continuing effort to improve customer service to students and parents, the Food Service Department has changed the payment website to www.myschoolbucks.com. Many new features have been added.

FOOD SERVICE ONLINE PAYMENT CHANGE

The Mission of the Food Service Department is to Serve Nutritious Meals with Outstanding Customer Service While Maintaining Cost Effectiveness.



Attendance Policy:

[NRS 392.122](#) Minimum attendance requirements; school district authorized to exempt medical absences from requirements; notice and opportunity for parent to review absences before credit or promotion is denied; information to parents concerning duty to comply.

1. The board of trustees of each school district shall prescribe a minimum number of days that a pupil who is subject to compulsory attendance and enrolled in a school in the district must be in attendance for the pupil to obtain credit or to be promoted to the next higher grade. The board of trustees of a school district may adopt a policy prescribing a minimum number of days that a pupil who is enrolled in kindergarten or first grade in the school district must be in attendance for the pupil to obtain credit or to be promoted to the next higher grade.

2. For the purposes of this section, the days on which a pupil is not in attendance because the pupil is absent for up to 10 days within 1 school year with the approval of the teacher or principal of the school pursuant to [NRS 392.130](#), must be credited towards the required days of attendance if the pupil has completed course-work requirements. The teacher or principal of the school may approve the absence of a pupil for deployment activities of the parent or legal guardian of the pupil, as defined in [NRS 388F.010](#). If the board of trustees of a school district has adopted a policy pursuant to subsection 5, the 10-day limitation on absences does not apply to absences that are excused pursuant to that policy.

3. Except as otherwise provided in subsection 5, before a pupil is denied credit or promotion to the next higher grade for failure to comply with the attendance requirements prescribed pursuant to subsection 1, the principal of the school in which the pupil is enrolled or the principal's designee shall provide written notice of the intended denial to the parent or legal guardian of the pupil. The notice must include a statement indicating that the pupil and the pupil's parent or legal guardian may request a review of the absences of the pupil and a statement of the procedure for requesting such a review. Upon the request for a review by the pupil and the pupil's parent or legal guardian, the principal or the principal's designee shall review the reason for each absence of the pupil upon which the intended denial of credit or promotion is based. After the review, the principal or the principal's designee shall credit towards the required days of attendance each day of absence for which:

- (a) There is evidence or a written affirmation by the parent or legal guardian of the pupil that the pupil was physically or mentally unable to attend school on the day of the absence; and
- (b) The pupil has completed course-work requirements.

4. A pupil and the pupil's parent or legal guardian may appeal a decision of a principal or the principal's designee pursuant to subsection 3 to the board of trustees of the school district in which the pupil is enrolled.

5. The board of trustees of a school district may adopt a policy to exempt pupils who are physically or mentally unable to attend school from the limitations on absences set forth in subsection 1. If a board of trustees adopts a policy pursuant to this subsection:

(a) A pupil who receives an exemption pursuant to this subsection is not exempt from the minimum number of days of attendance prescribed pursuant to subsection 1.

(b) The days on which a pupil is physically or mentally unable to attend school must be credited towards the required days of attendance if the pupil has completed course-work requirements.

(c) The procedure for review of absences set forth in subsection 3 does not apply to days on which the pupil is absent because the pupil is physically or mentally unable to attend school.

6. A school shall inform the parents or legal guardian of each pupil who is enrolled in the school that the parents or legal guardian and the pupil are required to comply with the provisions governing the attendance and truancy of pupils set forth in [NRS 392.040](#) to [392.160](#), inclusive, and any other rules concerning attendance and truancy adopted by the board of trustees of the school district.