Childhelp Non-Public School

Intake Packet
To: Childhelp Non-Public School Parents and Guardians

Re: Intake Procedures, Intake Packet, Immunization Records

Dear Parents and Guardians,

The Enrollment Process with Childhelp Non-Public School requires an Individual Education Plan (IEP) that designates a Non-Public School as the least restrictive environment where the student can be successful, as well as authorization by the student’s current school district to attend Childhelp NPS. The following forms are also required:

- Intake Packet (NPS)
  - Emergency Data Sheet
  - Signed Authorization for Medical Treatment and First Aid
  - Signed Authorization to Dispense Medications
  - Request for Release of Information
  - Notices of NPS Policies and Campus Rules
  - Notice of California Department of Education Policies
  - Permission Slip for Off-Grounds Activities
  - Student Code of Conduct/Parent Notifications

Immunization Records

Enrollment requires copies of your child’s most recent immunization record (often a folded yellow card, or computer print-out from your doctor) or California School Immunization Record (blue record). Please send copies to the Childhelp Non-Public School via your bus driver or you may FAX them to Childhelp at 951-845-3811.

You will be contacted by staff as a follow-up. Failure to provide immunization records could affect your child’s enrollment. Your student may be required to stay out of school until these records are provided. We will work with all families to obtain this information as easily as possible. Your family physician should be able to provide this information for you.

Please call the Non-Public School for more information if you have any questions. 951-845-3155 ext. 252.
Emergency Data Sheet

Student’s Name: ___________________________________________ AKA: _______________________________________
DOB: ______ Race: _________ Hair Color: ______ Eye Color: ______ Ht: ______ Wt: ______
Resident Address: ____________________________________________________________________________________
Mailing Address: _____________________________________________________________________________________
Legal Guardian Name: _____________________________________________________________________________
Student lives with (name/relationship): _______________________________________________________________
Social Worker (if applicable) ______________________________________ Agency: _____________________________
Father’s Name: ________________________________________________________ DOB ___________________________
Address: ____________________ primary phone: __________ alt phone: _______________
Mother’s Name: ______________________________________________________ DOB ___________________________
Address: ____________________ primary phone: __________ alt phone: _______________
Emergency Contacts:
Name: __________________________________________________________ Relationship _________________________
Address: ____________________ primary phone: __________ alt phone: _______________
Name: __________________________________________________________ Relationship _________________________
Address: ____________________ primary phone: __________ alt phone: _______________
Family Physician: ________________________________________________________________
Address: ____________________ Phone: ______________________________
Medical Insurance Coverage—Name: _________________________________________________________________
Group/Policy #: __________________________ Do you have insurance through Medi-Cal? ☐ Yes ☐ No
Current Medical Conditions (seizures, allergies, etc.): __________________________________________________
________________________________________________________________________________________
Current Medications (include dosage): __________________________________________________________________
________________________________________________________________________________________
Does your child receive psycho-therapy or counseling through another provider (i.e.: Department of
Behavioral Health or through private insurance)? ☐ Yes ☐ No
(if yes) Provider Name: ______________________________________________________________
If your child is not receiving psycho-therapy, would you like for your child to be seen by a therapist
provided by Childhelp Non-Public School. ☐ Yes ☐ No
Emergency Medical Authorization

Student Name: ________________________________________________________________

DOB: _______________________ Date of Enrollment: ____________________________

Address: ___________________________________________________________________

Parent/Guardian Name: ________________________________________________________

Address: ___________________________________________________________________

Phone: ______________________ Alt. Phone: ________________________________

We, the Parents/Guardians of the student named above hereby declare:

• That we are the legal parents/guardians of the student named above
• That we understand that certain programs are being conducted for the benefit of the student named above, on and off the campus of the Childhelp Non-Public School, under the direct supervision of qualified personnel of Childhelp Non-Public School.
• That we, as the parents/guardians of the student named above hereby expressly and directly authorize Childhelp Non-Public School to do the following:
  o To make any and all decisions and execute any and all documentation with respect to the health care of the student named above, including but not limited to giving informed consent to any hospital and/or medical practitioner concerning the care and well-being of the student named above, where it is determined, in good faith, based on medical advice in an emergency case in which immediate care is required. It is understood that such an emergency case may come about during the above named student’s participation in an on-campus or off-campus activity being supervised and directed under the auspices of Childhelp Non-Public School.
• It is expressly agree to and understood that we shall be fully responsible for any and all charges, billings, costs, and/or any further forms of cost with respect to the immediate care given to the student named above. We shall fully hold harmless Childhelp Non-Public School from any of said charges, billings, costs, and/or any other forms of cost with respect to the immediate care given to the student named above.

_________________________ _____________________________
Parent/Guardian Signature Date

_________________________ _____________________________
Parent/Guardian Signature Date
Authorization for First Aid

Student’s Name: _________________________________________ DOB: _______________________

I, the parent/legal guardian of _________________________________, hereby authorize the staff of Childhelp Non-Public School to dispense first aid to the student for minor illness and/or injury.

Student may be given (circle all that apply):

- Tylenol
- Motrin
- Ibuprofen
- Chloraseptic Spray/Strips
- Tums
- No Medication

Known food or medication allergies: _______________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Please list any physical limitations that may apply to the student: ______________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

___________________________________________________________

Parent/Guardian Signature Date

___________________________________________________________

Parent/Guardian Signature Date
Parental Request for Administration of Medication

Student’s Name: _________________________________________ DOB: _______________________

I/we, ______________________________________________________, the parent(s)/guardian(s) of
(Student’s Name)_____________________________________________, request that Childhelp Non-
Public School staff administers the following medication to my child during school hours, as prescribed
by the designated doctor.

____________________________________________________________________________________

Parent/Guardian please initial and sign below:

Please initial that you have read and understand the following medication procedures at Childhelp Non-
Public School.

_____ For a medication change: At any time, if a medication changes, even if the change is to dosage or
time, a new Medical Doctor Approval for Administration of Medication form must be completed by the
medical doctor/staff and delivered to the Childhelp Non-Public School office before a change of
medication can be administered by Childhelp staff.

_____ For a “Stop Medication” request: At any time, if a parent/guardian requests that Childhelp Non-
Public School staff stop administering a medication, the parent/guardian must make a request in writing
stating the student’s name, the start date to discontinue the medication, and a written statement
requesting that the specific medication be discontinued. This written statement must be delivered to
the Childhelp Non-Public School office before a medication can be discontinued by Childhelp Non-
Public School staff.

_____ I understand that California Education Code (EC Section 49423) states that “if your child must
take medicine while at school, give the school a written note from you and a written note from your child’s
doctor or other health care provider who is licensed to practice in California. Provide new updated
notes at the beginning of each school year and whenever there is a change in the medicine, instructions
or doctor.”

_____ As the parent/guardian, you must supply the school with all the medicine your child must take
during the school day. You or another adult must deliver the medicine to school. All controlled
medicine must be counted and recorded on the medicine log when delivered to the school. You or
another adult who delivered the medicine should verify the count before signing the log.
Each medicine your child must be given at school must be in a separate container labeled by a pharmacist licensed in the United States. The container must list your child’s name, doctor’s name, name of the medicine, and instructions for when to take the medicine and how much to take.

It is the parent/guardian’s responsibility to obtain and provide the school with the signed authorized health care provider’s written statement for medication administration in school.

________________________________________________
Parent/Guardian Signature

________________________________________________
Relationship to Student

________________________________________________
Date
Medical Doctor Approval for Administration of Medication

Student ________________________________________________ DOB ____________________

Date ____________________

This portion below is to be filled out by your child’s medical doctor/staff.

The following information must be identical to what is written on the prescription bottle in order for Childhelp NPS staff to administer.

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dosage</th>
<th>Time to be Administered</th>
<th>Method</th>
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<tbody>
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<td>5.</td>
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</tbody>
</table>

For medications prescribed on an as-needed basis (PRN), the specific symptoms that necessitate administration of medications, the allowable frequency for administration, and indications for referral for medical evaluation.

Additional Information:
_____________________________________________________________________________________
_____________________________________________________________________________________

These medications are prescribed by the following Medical Doctor, and in case of an emergency, the doctor’s office contact information is:

<table>
<thead>
<tr>
<th>Healthcare Provider Name (print):</th>
<th>Healthcare Provider Phone Number:</th>
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<tbody>
<tr>
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<tr>
<th>Healthcare Provider Address:</th>
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<table>
<thead>
<tr>
<th>Prescribing Doctor’s Signature:</th>
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</table>
Request for Release of Information

To: __________________________________________
   __________________________________________
   __________________________________________

Re: Student Name: ______________________________ DOB: ________________________

As the Parent/Legal Guardian for the above named student, I hereby authorize and request release of the following information:

— Medical
— Health
— Psychological
— Educational
— Behavioral
— Clinical
— Discharge
— History
— Case Management
— Other: __________________

Please forward the information to:
Childhelp Non-Public School
14700 Manzanita Park Rd., Beaumont CA 92223
OR Fax 951-845-3811

__________________________________________
Parent/Guardian Signature

__________________________________________
Date
Notice to Parents/Guardians

Student Name: ____________________________________________  DOB: ____________________

___________________________________________School District/County Office of Education/SELPA
(Special Education Local Plan Area) has contracted your child, __________________________, to be
educated in a non-public school.

Your local school district is responsible for the education of your child and has entered into a contract
with our non-public school to provide the needed services. This contract for educational services is
solely between the local school district and Childhelp Non-Public School and does not obligate any other
school district or public agency to continue to provide these services.

Failure to notify Childhelp Non-Public School of a change in your residence may result in you being
responsible for payment for the educational services provided.

I have read this notice and understand that failure to notify Childhelp Non-Public School of a change in
address may result in my having the responsibility for the non-public school’s cost.

Dispute Resolution

All students at Childhelp Non-Public School and their parents are required to arbitrate any and all claims
and disputes under the dispute resolution rules of the American Arbitration Association and not by
lawsuit. By agreeing to resolve disputes through arbitration, you and Childhelp Non-Public School are
giving up the right to have a dispute decided in a court of law, before a jury, or seek punitive damages.

_______ (initial)

________________________________________________                     _________________________
Parent/Guardian Signature                                      Date

________________________________________________                     _________________________
Parent/Guardian Signature                                      Date

________________________________________________
Childhelp Non-Public School Representative Signature
Behavior Management Plan and “Time-In” Procedures

Our behavior management plan is designed to provide structure within which the student can receive positive reinforcement for modifying his/her behavior and exercising impulse control, thereby increasing his/her self-esteem. The system encourages and rewards improved relationships with peers and adults. The Treatment Program encourages students to earn privileges. Consistent positive reinforcement for appropriate and active participation in the program is accomplished through a point based level system. Each student’s progress is documented daily by a point system and point sheet, taking into consideration the student’s behavior while in the classroom, but also taking into account behavior on the school bus and behavior at breaks and during lunch period. Weekly points are tabulated each Thursday to determine the weekly level and participation in reward activities.

We at Childhelp Non-Public School use “Time-In” as a therapeutic technique to decrease the frequency of problem behaviors such as aggression, self-harm, destruction of property or severe tantrum behaviors. While “Time Out” implies punitive isolation, the basic idea of “Time-In” is to remove the child from the classroom environment to spend one-on-one time with a dedicated staff member in an effort to de-escalate the situation as quickly and safely as possible. Many disruptive behaviors are utilized to gain attention from peers, and removing the student from their audience instantly removes the reward they were seeking for their behavior. Instead, they are given the undivided attention of a caring adult who will listen to the reasons for their outburst, then redirect them back to the classroom when they have returned to baseline and are demonstrating appropriate behavior. A dedicated room is provided with gliding recliners, beanbags and a generally calming environment, but “Time-In” can occur while walking the campus, sitting under a tree, or just stepping outside the classroom. Both the length of time needed and the location of the “Time-In” will be dependent on the circumstances and the needs of the individual child, but will always be the shortest duration possible while maintaining safety.

Use of Protective Holds

There may be occasions when a student will need to be placed in a Protective Hold by staff members. All staff members are trained in PRO-ACT, the Professional Assault Crisis Management Training approved for use by the state of California. The training focuses on crisis communication, de-escalation techniques and evasion, and includes physical training for a Standing Hold, Escort (hold that moves the child from an unsafe location to a safe location), Seated Hold, Wall-Assisted Hold and Floor-Assisted Hold. All holds require two trained staff members who together must double the weight of the student in order for the hold to be performed safely, all holds are designed to use the least amount of force possible with primary attention to the physical well-being of the student, and are only utilized in events of aggravated assault and/or behavior that poses an immediate and eminent risk of harm to self or others. Protective Holds are never initiated as a punitive measure, and the student is released as soon as the crisis has passed and he/she no longer poses a danger to self and others. The majority of incidents
can be resolved without physical intervention, and Protective Holds are initiated only as a last resort and with Administrative approval.

Students placed in a Non-Public School often present with very challenging behaviors that have made it impossible for the student to be successful in a less restrictive environment and therefore incidents do occur. Parents/Guardians of students who have been involved in a Protective Hold will be contacted as soon as is reasonable after the event. However, no other parents/guardians will be contacted. If your child reports witnessing a Protective Hold of another student, which they may not understand, feel free to direct all concerns or questions to the Non-Public School office. While we will never disclose the private information of another student, we would be more than happy to reassure any concerns presented. Because Protective Holds are a measure of last resort, no Protective Hold is optional, and the outcome without the intervention would have been significantly more traumatic for all involved.

As the Parent/Legal Guardian of __________________________________________, I understand and authorize the use of the procedures outlined herein.

________________________________________________
Parent/Guardian Signature

________________________________________________
Date
Transportation Policy

Student Name: ___________________________________  DOB: __________________

While being transported to school in designated Childhelp vehicles, appropriate behavior is expected at all times. The following is a guideline for appropriate behavior:

1. Students will converse in normal speaking tones, directed only to persons inside the vehicle.
2. Students will cooperate with the driver or aide’s requests/directives. A list of specific Van Safety Rules is reviewed with and signed by each student prior to their first day or as soon as possible after enrollment.
3. Students and staff will not eat or drink (other than water in a closed container) in the vehicles.
4. Students will conduct themselves in a non-disrupting, non-distracting, and non-threatening manner.
5. Per California law, no person may smoke in a vehicle with a minor. No student or staff member may smoke in the vehicles. Childhelp Non-Public School is a non-smoking campus.

When students demonstrate inappropriate behavior in school vehicles, staff may impose one of several consequences:

1. Students will not earn points used toward earning privileges and rewards.
2. Students may be suspended from the Transportation Program for a designated period of time.
3. If a student’s behavior is interpreted as jeopardizing the driver’s concentration or otherwise creating a hazard to the safety of the passengers, the vehicle will be stopped and the parent/guardian and/or school staff will be notified for assistance. A decision to remove the student from the vehicle would be a measure of last resort utilized only if there is no other safe alternative available.
4. In significant or chronic cases, a student may be excluded from the Transportation Program, and would either be assigned an alternate means of transportation, or the student’s parent/guardian may be required to assume responsibility for transportation.

I understand and agree to the above guidelines and conditions, and shall hold harmless Childhelp Non-Public School/staff in the event my student’s inappropriate behavior results in any and all consequences, including but not limited to temporary or permanent removal from the transportation program.

________________________________________________  ______________________
Parent/Guardian Signature                                  Date
Authorization for Off-Campus Activities

I understand that it is the general practice at Childhelp Non-Public School for staff members to take students, individually or in groups, off-campus for a variety of educational and reward outings. These may include, but are not limited to: educational field trips, utilizing public libraries, visiting landmarks of significance, shopping in community stores, purchasing food in restaurants, attending intramural sports contests, treating students to food or other rewards at other sites (i.e.: other schools, parks, etc.), hiking in nearby hills, etc.

I hereby authorize and give permission as the Parent/Guardian for _________________________________ (student name) to participate in off-campus activities while attending Childhelp Non-Public School.

________________________________________  __________________________
Parent/Guardian Signature                        Date

Authorization for Student to Participate in Swimming Pool Activities

During the months of May through August, or as the weather permits, Childhelp Non-Public School students have the opportunity to utilize the on-campus swimming pool. For swimming pool activities, students must bring their bathing suit, towel, and have clean, dry clothes for after they swim. Swimming suits will be set out to dry and will be sent home to be washed.

I, ________________________________________ (parent/guardian name), the Parent/Guardian of _________________________________ (student name), do hereby give permission for _________________________________ (student name) to participate in swimming pool activities at the Childhelp Non-Public School, under the direct supervision of trained staff.

________________________________________  __________________________
Parent/Guardian Signature                        Date
Student Code of Conduct and Parent/Guardian Notifications

The following pages will be separated from the Intake Packet and given to the Parent/Guardian/Placing Representative for reference.

By initialing the blanks and signing below, I hereby state that my student and I have received, read, understood, and agree to comply with each section:

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<tr>
<td></td>
<td>Items not to bring to school/Student Safety/Demonstrating Respect</td>
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<tr>
<td></td>
<td>Childhelp Non-Public School Electronics Policy</td>
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<tr>
<td></td>
<td>Notification of Student right to Confidential Communication with IEP Team</td>
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<td>Van Safety</td>
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<td>Childhelp Non-Public School Dress Code/Dress Code Interventions</td>
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<td>Sexual Harassment Policy</td>
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<td>School Threats/Threat Assessment</td>
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<td>Procedures on Calling the Childhelp Non-Public School</td>
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_________________________________________________________  ________________
Parent/Guardian Signature  Date

_________________________________________________________  ________________
Student Signature  Date

_________________________________________________________  ________________
Witness/Childhelp Representative Signature  Date
Guidelines for Student Behavior

Items NOT to bring to school:

- Possession of any kind of weapon or dangerous object is prohibited. This includes but is not limited to guns, knives, ammunition, fireworks or other explosives, tools, kitchen utensils, letter openers, lasers, and chains. Imitations, such as a toy gun, will be treated as the genuine article.
- Electronic games, cell phones, music boxes, Walkmans/MP3 players, trading cards, or any type of toy or object that can cause distractions are not permitted at school. Exceptions may be made for treatment purposes by the Principal or designee. If confiscated, these items will be sent to the office and released only to a parent or guardian.
- Harmful substances, like tobacco, alcohol, drugs, or things that look like alcohol, tobacco or drugs are not allowed at school.
- Skateboards and roller blades are not allowed at school.

Student Safety

- No fighting, hitting pushing, or play-fighting at school. This includes on the way to and from school.
- Instances that include instigating, promoting or encouraging students to fight are not permitted.
- Students are required to follow all safety rules while riding on any Beaumont Unified or Childhelp NPS bus.
- Students may not carry medication on campus.
- Verbal or physical threats of any manner will not be tolerated.
- Students will be required to follow all playground rules and walk on the playground. “Tag” is never permitted.
- Students are expected to line up for class in an orderly fashion without pushing, yelling or causing a disturbance. Students need to wait quietly for their teacher to meet the line.
- Students should always walk on campus.

Demonstrating Respect and Responsibility

- Racial or ethnic slurs, name calling, sexual harassment, and bad language will not be tolerated.
- Show respect to all staff members and all adults on campus.
- Gum chewing is not permitted on campus. All food should be eaten in the cafeteria, multipurpose room, or at the outside tables. Carbonated drinks are not permitted.
- Take care of all assigned school materials and school equipment, including textbooks, computer/tablet, playground equipment, and any other school property.

Classroom and campus rules are framed positively for posting in the classroom as a part of the campus treatment plan. Copies are available upon request.
Childhelp Non-Public School Electronics Policy

Upon enrollment in Childhelp Non-Public School, students must comply with the Childhelp Non-Public School Electronics Policy and are not permitted to bring any electronic devices on campus at any time, unless noted in your child’s Childhelp School Behavior Support Plan.

Electronic devices include but are not limited to:

- Cellular/digital phones
- iPods, MP3s, CD Players or other music/tape player, headphones
- PSPs, Gameboys or other Electronic Games/Devices
- Beepers/Pagers/Radios

Any electronic device that is brought to Childhelp Non-Public School campus may be confiscated by any faculty or staff member. The item(s) will be turned in to Administration for pickup by the parent or guardian.

We appreciate your support in maintaining a structured learning environment.

Notification of Student Right to Confidential Communication with IEP (Individual Education Plan) Team Members

All students have the right to have private and confidential communication with any member of their IEP team. If your child wishes to speak to anyone of the team members privately, arrangements will be made as soon as possible and may occur immediately, if available. All students are valuable members of their Individual Education Plan Team and will be treated as such. Typical IEP Team Members include the Student, Principal, Parent/Surrogate Parent/Legal Guardian, School District Psychologists, School District Program Specialists, Therapists, Case Managers, Mental Health Specialists and Teachers.

________________________________________________  ________________________
Student Signature                      Date
Van Safety Rules

In order to safely transport all students to and from school, it is important for everyone to follow the rules. Students must sign and honor this contract to participate in the Transportation Program.

I, ___________________________________________ (print name), agree to the following:

1. Seat belts must be worn at all times. No exceptions. It’s the Law.
2. Students must stay in their assigned seat.
3. Keep hands and feet to yourself.
4. No cursing, foul language, or verbal abuse of any kind. No crude jokes, sexual comments, racial slurs or hate speech will be tolerated.
5. Music is used as an incentive and will not be allowed unless all students in the vehicle are behaving appropriately.
6. No rap music, or music with inappropriate lyrics or themes will be played at any time.
7. No student may leave the van except at their designated stop.
8. Students must show respect for one another, as well as for the van driver and aide.
9. No littering.
10. No waving, hand gestures or other attempts to communicate with people in other vehicles on the road.
11. Keep away from van safety equipment.
12. Stay seated until the van comes to a complete stop.
13. No spitting.
14. No eating/drinking in the van.
15. Doors and windows are to be opened by staff only.
16. In the event of an accident, students will follow the directions of staff, they will exit the van at the nearest door, check for traffic, and go to the nearest curb.

If I fail to comply with the above rules, I may be subject to disciplinary action, including being taken back home, at the driver’s discretion.

I have read the rules, or had someone read and explain them to me, and I understand the van safety rules for students.

________________________________________________  __________________________
Student Signature                                   Date

________________________________________________  __________________________
Campus Director Signature                           Date
Childhelp Non-Public School Dress Code

All residents, elementary, middle and high school students need to be dressed and groomed in a manner that will not detract from the educational, instructional or therapeutic process. Student/resident dress should not disrupt instruction or create an unnecessary or unreasonable risk of injury or harm to any student/resident or staff. The following guidelines are consistent with the Beaumont Unified School District and all districts Childhelp Non-Public School contracts with for services.

1. Halter tops, low-cut shirts, spaghetti straps, half-shirts, tube tops, muscle shirts, leotards, and large net garments are not to be worn. Top straps must be at least two (2) fingers in width. Mid-section of stomach should be covered at all times, including when the hands are raised above the head.

2. Any clothing that excessively reveals your body or undergarments (underwear, thongs, bra, men’s undershirts) that are clearly visible is inappropriate for school and is not permitted.

3. Shoes must be worn at all times. Sandals must have a strap around the heel of the foot. Flip-flops and open-toed shoes are not permitted. Platform shoes or heels are not permitted.

4. Shorts and skirts with shorts or “skorts” are okay. Length should be no shorter than the middle finger when arms are resting by your sides.

5. Clothing that has been intentionally ripped or shredded may not be worn.

6. Hats and hoods may be worn outside only. Hats may not be worn backwards or sideways.

7. Clothing, hats and personal belongings with gang-related language or images, foul language, language or images that depict drugs, alcohol, tobacco, or are otherwise offensive will not be permitted. These include excessively baggy and hanging pants or shirts or excessively long belts. Pants must be worn at the waist and all belts must be appropriately sized.

8. Chains of any kinds or size are not permitted on campus. This includes wallet change and large link necklaces.

9. Fake fingernails may not be worn. Outrageous hairstyles and colors will be considered individually on the basis of their distractibility. Make-up, hairspray and perfume are not allowed on campus. Students/residents will be asked to wash off inappropriate make-up and non-permanent hair color. Make-up and hair products are not to be brought to school.

10. Hoop or dangle earrings may not be worn at school as they pose a safety hazard. If the student/resident’s index finger fits through the loop, they may not be worn.

11. Temporary tattoos are not permitted. Students/residents will be asked to wash them off.

12. Pajamas are not appropriate for school.

13. Bathing suits are not appropriate to wear to school. During summer months, when approved, students are to bring bathing suits in a bag. Residents will wear their bathing suits for all scheduled water-based activities only.
Student Dress Code Interventions

When a student comes to school dressed inappropriately, any of the following interventions may be used:

1. Parents may be contacted and asked to bring appropriate clothing to school.
2. Students may be required to sit in the office until parents can provide appropriate clothing.
3. Students may be asked to reverse their shirts or cover them with other clothing.
4. Items such as sunglasses and hats may be taken away when worn at inappropriate times. These items need to be picked up by a parent from the teacher or site administrator.
5. Students who continue to dress inappropriately may be assigned recess, lunch or after school detention. Behavior/Dress Code Contracts will be used when appropriate.
6. The Principal or designee will be responsible for making the final determination as to whether clothing or apparel interferes with or disrupts the educational or instructional process.

Sexual Harassment Policy

Childhelp Non-Public School is committed to providing a learning environment that is free of discrimination. In keeping with this commitment, Childhelp Non-Public School maintains a strict policy that prohibits unlawful harassment, including sexual harassment.

This policy prohibits harassment in any form, including verbal, physical and visual harassment. It covers students interacting with each other as well as students interacting with staff.

If you, at any time, feel that you are being sexually harassed by anyone during your school day, report the incident to a staff member with whom you feel comfortable.

If anyone believes you are sexually harassing him/her, they may report it to a staff member with whom they feel comfortable.

_________________________________________________________  ____________________________
Student Signature  Date

_________________________________________________________  ____________________________
Campus Director Signature  Date
Student Name: ___________________________ Date of Birth: _____________

Childhelp Non-Public School (NPS) is proud to provide a safe and neutral learning environment for all students that we serve, and is committed to the safety of all our student population. Due to the rise in school-violence in the news, there has been an increase of students making threats of gun violence with the intent to harm or injure school personnel and/or other students. A threat is defined as any expression of intent to do harm or act out violently against someone or something. Threats may be spoken, written, drawn, symbolic, posted on the internet (Snapchat, Facebook, etc.) or made by gesture only. Threats maybe direct, indirect, conditional or veiled.

Childhelp NPS has taken steps to assure the safety of our school and student population. The school has adopted the following policy and procedural safeguards in the event a threat of violence is made by a student while on school grounds or during school hours:

- Threat Assessment Team (TAT) will be activated for immediate safety and security of the school.
- The student making the threat will be immediately detained for preliminary interview and proper assessment.
- When deemed necessary, there will be an immediate school lock down, followed by search of the student, classroom, school grounds and the immediate vicinity.
- Parent(s) or guardian(s), school district(s) and Riverside County Sheriff will be contacted and notified immediately of a credible threat, per school policy.
- Depending on the severity of threat, school administrators might initiate evacuation to a safer location.

The purpose of the Threat Assessment Team (TAT) is to determine the level of risk the student poses, discuss how best to support high-risk students so that their behavior does not become hurtful or destructive, and to provide the student with the necessary monitoring and help. In the event that a student has behaved in a threatening way, please be assured that the school will take necessary and appropriate measures to deal with the situation in a positive and proactive manner for the safety and protection of all students. All parent(s) or guardian(s) will be notified when a threat of serious incident is deemed substantiated.

Please note that the Childhelp NPS has “zero tolerance” for threat or violence of any nature. Our goal is to take all threats seriously by responding to all high-risk situations in a professional manner that provides for a healthy and caring learning environment. Childhelp NPS will take disciplinary action against students who make such threats in the form of school suspension, or school/district expulsion. The student may be held legally accountable and must be aware that there is a high probability of substantial consequences with law enforcement agencies and the legal system as a result of threatening behavior.
Procedures on Calling the Childhelp Non-Public School

If you are calling after hours, you will receive an automated machine. You can punch in 252, the school extension, and transfer over to the SCHOOL PHONE to leave a message there.

If you do not transfer over, the message you leave will be left with the Childhelp General Mailbox and may not be received until the next business day AFTER 8:00 PM.

Please follow the instructions below when calling before or after school hours:

Call 951-845-3155

If a person answers the line, ask for extension 252, for the Childhelp Non-Public School.

If no live person answers and you receive the automated machine, you can punch in 252 and you will be transferred directly to the school phone to leave a message.

Please feel free to call in the evening or early morning and leave a message regarding your child if you do not need Transportation Pick-Up. There is someone at the school office after 6:30 AM to receive those messages and can attempt to relay the information to the Van Driver. Please call and leave a message when your child is absent, including the date and the reason for absence.

Thank you for your assistance in this matter. Please feel free to call us if you have any questions.