

STUDENT AND PARENT HANDBOOK

Young Achievers



Christian Academy
Home Of The Warriors

YOUNG ACHIEVERS
CHRISTIAN ACADEMY

We are thankful for the privilege and opportunity to work with you concerning the education of your child. We have committed our lives to providing families the best Christian Education available. Strong linkage between home and school has proven to be one of the most important factors in a child's success in our school. Please review the items in this section to help acquaint you with the policies and procedures used at Young Achievers Christian Academy. If you have questions that are not addressed in these policies, please contact the school office.

Charitta Smith, Academy Director

General Information

Young Achievers Christian Academy's' Parent Code of Conduct

Parent Code of Conduct is a reminder to all parents, guardians and visitors to our school about expected conduct. This is so we can continue to flourish, progress and achieve in an atmosphere of mutual understanding.

The school expects parents and guardians to:

- Respect the caring ethos of the school
- Understand that parents and teachers must work together for the benefit of children
- Demonstrate in their own behavior that all members of the school community should be treated with respect and understand that even if there is conflict due to a member of staff's oversight, parents must remain calm and respectful
- Approach school staff to help resolve issues
- Work with the school to build relationships with its staff
- Know that children cannot be moved on request of the parent
- Seek to clarify a child's version of events with the school's view in order to bring about a peaceful solution in any issue
- Correct their child's behavior, especially where it could lead to conflict
- Avoid using staff as threats to admonish children

In order to support a peaceful and safe school environment the school does not tolerate:

- Disruptive behavior which interferes or threatens to interfere with the operation of a classroom, office or other area of school grounds
- Loud or offensive language, swearing, cursing or displaying temper
- Threatening to do actual bodily harm to a member of school staff, governor, visitor, parent/guardian/staff at the school on Facebook or other social media sites
- Chastising someone else's child
- Smoking, or consuming alcohol or drugs while on school property
- Bringing dogs on school premises

Social Network Sites

Defamatory, offensive or derogatory comments regarding the school or any of the pupils/parents/staff/, at the school on Facebook or other social sites, will not be tolerated and could. If any of these behaviors occur the school may contact the appropriate authorities and, if necessary, ban the offending adult from entering school grounds.

Any concerns you may have about the school must be made through the appropriate channels by speaking to the class teacher or Administration, so that they can be dealt with fairly, appropriately and effectively for all concerned.

Inappropriate use of Social Media Network Site

Social media websites are being used increasingly to fuel campaigns and campaigns and complaints against schools, Head teachers, school staff, and in some cases other parents/pupils. The Governors of Young Achievers Christian Academy considers the use of social media websites being used in this way

as unacceptable and not in the best interest of the children or the whole school community. Any concerns you may have must be made through the appropriate channels by speaking to the class teacher or Administration, so they can deal with fairly, appropriately and effectively for all concerned.

In the event that any pupil or parent/guardian being educated at Young Achievers Christian Academy is found to be posting libelous or defamatory comments on Facebook or other social network sites, they will be reported to the appropriate 'report abuse' section of the network site. All social network sites have clear rules about the content which can be posted on the site and they provide robust mechanisms to report contact or activity which breaks this. The school will also expect that any parent/guardian or pupil removes such comments/materials immediately.

In serious cases the school will also consider legal options to deal with any such misuse of social networking and other sites. Additionally, and perhaps more importantly is the issue of cyber bullying and the use by one child or parent to publically humiliate another parent/pupil or school by inappropriate network entry. We will talk and deal with this as a serious incident of school bullying. Thankfully such incidents are extremely rare.

We would expect that parents would make all persons responsible for collecting children aware of this policy. Thank you for your cooperation to ensure children at Young Achievers Christian Academy remain happy, confident and successful.

C. Smith (Founder, Administrator)

Bullying

Bullying, intimidation, or harassment, whether written or verbal, is not allowed at Young Achievers Christian Academy. Behaviors that place another student in fear of harm, or insult or demean any student or group of students, such as name calling, racial slurs, pushing, crowding, or hitting, pinching, making fun or threatening to hurt someone, shooting the finger at someone, telling mean jokes about someone, or taking things without permission are not allowed. These and other bullying behaviors are prohibited on school premises, at school sponsored, or school related activities, events or functions, where students are under supervision of school personnel.

School Safety Guidelines

Safety awareness and the prevention of accidents are important goals of each school. Children are to follow safety guidelines:

- Do not approach or enter strange automobiles. Invitations to do so should be reported immediately at home and at school.
- Be considerate of smaller children.
- Remain on the school grounds while school is in session.
- Do not attempt to run or walk across Lincoln Blvd.

Care of Personal Property/Communication Devices

Students are responsible for the care of their own personal property and names should be placed on all personal items. The Academy does not carry theft insurance and is not responsible for a student's lost, stolen or damaged personal property. Parents or guardians will be notified at least once each semester of outstanding financial obligations. Students with outstanding obligations may also be prevented from participating in or attending school activities.

Bad Weather Information

If adverse weather conditions affect the decision to open the school, this will be reported to all local News Stations, Class Remind, and School Email.

Student Care/Release

A request for the release of a student will only be honored to authorize persons. Students are only released to the custodial parent/guardian and the non-custodial parent (with written authorization of the pick-up permission form or the custodial parent's designee. It is the responsibility of the custodial parent's designee. It is the responsibility of the custodial parent to notify the school of restrictions related to the release of a child, such as divorce decrees that limits or deny access to school information. The non-custodial parent is responsible for providing mailing information to the school principal. **Photo identification is required for release.**

School Transfers

New students must provide the school with required records. Transfer form or withdrawal form, school report card, test scores, and any information related to the child and school.

Financial Obligations

School Administration may withhold grades, transcripts, withdrawal forms, report cards, or other records of any student who fails to make financial restitution for lost textbooks, library books, and school tuition. Parents are also obligated to pay for uniforms and equipment or damage to school property. Parents or guardians will be notified at least once each semester of outstanding financial obligations. Students with outstanding obligations may also be prevented from participating in or attending school activities.

Student Insurance

Young Achievers Christian Academy does not provide students with health or accident insurance.

Withdrawal Procedures

A written two-week notice is required prior to withdrawing a student to a new school district. The notice will allow sufficient time for students to return books issued and clear outstanding financial obligations. Parents will receive a copy of a Withdrawal Form to use when enrolling at the new school. Enrollment at the new school requires: a copy of the Withdrawal Form, Immunization Records, and Birth Certificate (for lower elementary grades and students new to the district), three (3) working emergency telephone numbers.

Student Attendance

Parents are responsible for their child's attendance and can be fined if they allow children to remain absent from school. Parents are also reminded that regular attendance is critical to academic success. Parents are advised that children are considered present only when they are actually in the classroom. **A child is recorded as absent, whether the absence is excused or Un-excused, when that child is not in the classroom. All absences are recorded on the child's attendance record.**

Excused Absences

Parents must contact the school before 10:00 a.m. **the day a student is absent**, to verify the reason for the absence. Excused absences include: illness or injury; doctor or dental appointments; serious illness or emergency in immediate family. It is the responsibility of the student or the student's parent/guardian to ask teachers for any work missed due to an absence. Work, including missed tests, must be made up within five (5) school days of absence. Failure to make up work with the regular teacher within the allotted five (5) days will result in the student receiving "NG" (No Grade) until the work is made up.

Un-Excused Absences

Ten (10) Un-excused absences during the school year will result in a failure grade (F). Five (5) Un-excused absences during the semester will result in a failure grade (F). A maximum of ten (10) days of activity absences from any one class as a result of school activities is permitted during the school year.

Tardy Student/Absence Count

Students are required to be in class on time. Students who enter the classroom after 8:00 a.m. are tardy. Three tardiness will count as one absence. A student who is 15 minutes late is considered tardy. A student who is one hour or more late in the morning will be counted absent for ½ day. A student must be present at least two hours in the afternoon to be counted present for the day. If a student is dropped off after 8:30 a.m. please enter through the front doors and proceed to the office window for a tardy pass.

Truancy

Oklahoma law holds the parent responsible for a child's attendance at school. Parents can be fined if they allow their children to remain absent from school without a legal excuse. Children out of school can be detained by police officers and taken to the nearest THRIVE center. Parents are advised that the 5th absence constitutes truancy and a student will be dropped from the school register after 10 consecutive absences. School officials must report truancy to the office of the District Attorney for Oklahoma County. PARENTS CAN BE FINED UP TO \$100.00 FOR EACH DAY THEIR CHILD IS TRUANT FROM SCHOOL.

Non-Discriminatory Statement

Young Achievers Christian Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies, financial assistance program or other school administered programs.

Immunization Requirements (Pre-K through 12th Grade)

Oklahoma State law requires parents to present proof of immunization for: diphtheria, pertussis, mumps, tetanus, rubeola, rubella, and poliomyelitis, varicella, hepatitis B before a student is admitted or enrolled in any public school. The Oklahoma City Public School Health Services Department monitors and implements the immunization program according to State Law #1210-191

For Daycare	Pre-School	K-5 th grades	6 th grade only	7 th –12 th grades
4<DtaP	4<DtaP	5*DtaP	5DtaP/TD	3 DTP/Td
3 Polio	3 Polio	4*Polio	4*Polio	3 Polio
1 MMR~	1MMR~	2MMR~	2MMR~	2MMR~
1-4 Hib#				
3 Hep B	3 Hep B	3 Hep B		2 or 3 Hep B
2 Hep A+	2 Hep A+	2 Hep A+		2 Hep A+
Varicella^	Varicella^	Varicella^		

- Oklahoma state law requires the 4th dose of the DtaP for the daycare and pre-school enrollment.
- If the 4th dose of DtaP/TD and/or 3rd dose of polio is given after the child's 4th birthday, then the 5th dose of DtaP/TD and/or 4th dose of polio are not required.
- Hepatitis A vaccine must be given on or after the child's 2nd birthday
- A written parental history of a child having varicella disease, which includes the month and year of the disease, is acceptable in place of the varicella vaccine
- Hib vaccine is not required for students in pre-kindergarten through 12th grade, but it is required for daycare~ All MMR vaccine doses must be administered on or after the child's 1st birthday
- Hepatitis B vaccine doses must be administered in the 2 or 3 dose formulation. The 2 doses Hepatitis Vaccine is for children 11 to 15 years of age only. All other children must receive the 3-dose formulation. For further information please call Health Services at 587-0244.

APPENDIX A

COMMON NON-VACCINE CONTROLLED ILLNESSES

Chickenpox (Vaccine Required for Kindergarten and First Grade)

Chickenpox is caused by the varicella-zoster virus and is passed by direct person to person or by airborne respiratory secretions. The rash usually occurs 10 to 21 days after exposure. The child may have a mild fever and/or loss of appetite 1 to 2 days before the rash appears. The rash appears at first as red pimples (papules) and progresses to clear, oval (teardrop) vesicles. The vesicles usually become cloudy 24 hours after eruption and break easily. This eruption of new papules to vesicles continues for 3 to 4 days. The child can return to school when all the vesicles are dry and crusted over. It is important to **NEVER** give **aspirin or aspirin containing medication to children with a viral infection because of the increased developing Reye Syndrome.**

Hepatitis A (Vaccine Required for Kindergarten and First Grade)

Hepatitis A is a disease of the liver caused by the Hepatitis A virus. Symptoms of the disease range from mild to severe and include fever, loss of appetite, nausea, vomiting, darkening of the urine, yellow eyes, and yellow skin. Hepatitis A is passed from person to person by the fecal-oral route. Good personal hygiene, careful hand washing with soap after each bowel movement, or handling soiled diapers, and before preparing food are the most important measures to prevent the spread of this disease. Children must have a signed permission from their doctor to return to school.

Fifth Disease

Fifth disease, erythema infectiosus, is a mild, moderately contagious disease. The spread may be airborne from respiratory secretions. The incubation period from exposure to development of the rash

is 4 to 20 days. There is a marked red rash on the face (cheeks). A lace-like rash can occur on the trunk, arms, thighs, and buttocks. The rash can last from 2 to 30 days and can recur later as a result of temperature or exposure to sunlight. Children are not excluded from school because of this rash. Good hand washing with soap; provides the best control measure to prevent the spread of this disease.

Facts about Head Lice

Understand the problem before it becomes one.

1. Lice are tiny insects that survive on human blood. They are about the size of a sesame seed. Lice eggs are called nits.
2. Nits are very small, yellowish or grayish white appearance and teardrop shaped. They attach to strands of hair and will not wash out or blow away.
3. Lice do not jump or fly, they crawl. They are usually passed from person to person by shared combs, brushes, hats, coats, sweaters, scarves, or other personal items.
4. The most common sign of lice infestation is constant itching. If your child is constantly itching, check the scalp for lice. Live lice can be difficult to find. They move quickly and do not like bright light. Use a bright light or bright natural light to check your child's scalp. Check each strand of hair for eggs (nits).
5. If lice are found, use a lice-killing shampoo. Carefully follow the package directions. Be sure to apply the shampoo to a dry scalp. No treatment will kill all of the eggs (nits). Nit removal is the key to effective treatment. It is best to remove the eggs by combing the hair with a special nit comb.
6. The affected child should be retreated 7-10 days after the first shampoo. Be sure to check all members of the family during this period of time for additional infestations.
7. Personal items (combs, brushes, coats, caps, etc.) and household surfaces, combs, brushes, headgear, and bed linens must be washed in hot water. Items, which cannot be washed, must be sealed in plastic bags for 14 days. Carpets, sofas, mattresses must be vacuumed (including corner, around seams, etc.). It is not necessary to buy special detergents or pesticides.
8. It is a good idea to check your child weekly for any signs of lice infestation.
9. If a child is found to have head lice, he/she will be excluded from school. The child must be seen by a health care professional and found to be free of live and nits before reentry into school. Remember that successful treatment must include removal of all nits. It just takes one nit, left on the hair to hatch, to start another infestation. If you have any questions, please check with your doctor's office.

CERTIFICATE OF EXEMPTION

Please read instructions on the reverse of this certificate before completing.
All entries must be legible or form will be returned. Please print unless signature is required.

Name of Child (Last, First, MI) _____ Birth Date _____ Birth Country _____ Birth State _____

Parent or Guardian's Name _____ Mother's Maiden Name _____ Parent's Street Address _____

County _____ City _____ State _____ Zip Code _____ Parent Phone Number _____

Name of School, Child Care Facility or Head Start _____ School District _____ School Year _____ School Grade _____ Facility Phone Number _____

Race (select up to 3): Alaskan Native or American Indian Asian Black or African American Native Hawaiian or Pacific Islander White Other

Ethnicity (select 1): Hispanic or Latino Not Hispanic or Latino

Child's Gender: Male Female

TYPE OF EXEMPTION (Complete either section 1, 2 or 3 and sections 4 & 5)

1. MEDICAL CONTRAINDICATION:

I hereby certify that the immunization(s) specified below are medically contraindicated for the above-named child.

Immunization(s) _____ State the condition that would endanger the life or health of the child. _____

Printed name of Physician _____ Signature of Physician _____

Address of Physician _____ Phone number of Physician _____

2. RELIGIOUS OBJECTION:

I hereby certify that immunization is contrary to the teachings of the above-named child's religion.

Printed name of Religious Leader or Parent/Guardian _____ Signature of Religious Leader or Parent/Guardian _____

3. PERSONAL OBJECTION:

I hereby certify that immunization is contrary to my beliefs. As the parent or legal guardian of the above-named child, I request an exemption to the immunization requirements for School, Child Care Facility or Head Start attendance. I have written a brief summary of my objections in the space provided below. **I understand that lost records are not grounds for an exemption.**

REQUIRED: Summary of Objections: *(Limited to 600 characters.)*

4. Please check which immunizations this exemption applies to:

- | | | |
|---|--|---|
| <input type="checkbox"/> DTaP/Td/Tdap (Diphtheria, Tetanus & Pertussis) | <input type="checkbox"/> Hib (Haemophilus Influenzae type B) | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> MMR (Measles, Mumps and Rubella) | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Pneumococcal | <input type="checkbox"/> All |

5. Acknowledgement

I understand that in the event of a disease outbreak in the School, Child Care Facility or Head Start, my child may be excluded for his/her protection and for the protection of other children in the School, Child Care Facility or Head Start.

Printed name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____

ATTENTION: Please mail this completed form to the Immunization Service.

Oklahoma State Department of Health
Immunization Service
123 Robert S Kerr, Suite 1702
Oklahoma City, Oklahoma 73102-6406

This section reserved for use by OSDH.

INSTRUCTIONS FOR COMPLETING THE CERTIFICATE OF EXEMPTION

Oklahoma law requires that parents of all children attending School, Child Care Facilities, and Head Start in this state submit documentation of immunization. This documentation is required before the child is allowed to enter or attend School, Child Care or Head Start. Children with specific medical contraindications to any or all immunizations may be allowed to attend if the medical reason is stated and this statement is signed by a licensed physician and submitted to the School, Child Care Facility or Head Start. Children whose parents have objections to immunizations based on religious teachings or personal beliefs may seek an exemption.

Copies of immunization records and any Certificate of Exemption must be on file with the School, Child Care Facility or Head Start, and available for review.

FORM REQUIRED: Children enrolled in School, Child Care or Head Start.

FORM NOT REQUIRED: Children *not* enrolled in School, Child Care or Head Start.

- **This form must be fully completed and signed.**
- **This form must be submitted to Immunization Service.**
- **The School, Child Care Facility or Head Start will keep a copy of the completed form.**
- **Parent understands that lost records are not grounds for an exemption.**

LOST IMMUNIZATION RECORDS

Lost immunizations records are not grounds for an exemption to the immunization requirements. Parents who have lost their child's records should contact their local health department or family physician. The nurse or doctor can interpret past immunization history, provide any needed immunizations, and create a record for the parent that can then be submitted to the School, Child Care Facility or Head Start and transcribed for the student's record.

EXCLUSION DURING A DISEASE OUTBREAK

A disease outbreak in a School, Child Care Facility or Head Start may result in exposure of children attending on the basis of an exemption. These children may be susceptible to the diseases, and therefore may be excluded for the duration of any outbreak for their own health and for the health of other children. Parents should be informed of this possibility before signing a Certificate of Exemption.

*A completed copy of the Certificate of Exemption may be submitted to the
Oklahoma State Department of Health Immunization Service either directly or through the local school.*

Revised Jan 2024.

Health Services

Permission Form for Prescribed and Over the Counter Medications

Servicios de Salud

Formulario de Permiso para Recetas Médicas

DATE FORM RECEIVED BY SCHOOL <i>Fecha recibida por la escuela</i>			
RESIDENT SCHOOL <i>Escuela</i>		PHONE <i>Teléfono</i>	FAX <i>Fax</i>
STUDENT NAME <i>Nombre del Estudiante</i>		BIRTHDATE <i>Fecha de Nacimiento</i>	
GRADE <i>Grado</i>	TEACHER/CLASSROOM <i>Maestro/Salón de Clase</i>		

TO BE COMPLETED BY THE PHYSICIAN OR AUTHORIZED PRESCRIBER *Para ser llenado por el doctor ó la persona autorizada*

Reason For Medication <i>Razón del medicamento</i>					
Name of Medication <i>Nombre del medicamento</i>					
Form of Medication/Treatment (please select one) <i>Forma del medicamento/tratamiento</i>					
Tablet <input type="checkbox"/> <i>Pastilla</i>	Liquid <input type="checkbox"/> <i>Líquido</i>	Inhaler <input type="checkbox"/> <i>Inhalador</i>	Injection <input type="checkbox"/> <i>Inyección</i>	Nebulizer <input type="checkbox"/> <i>Nebulizador</i>	Other <i>Otro:</i>
Instructions <i>Instrucciones</i> (Schedule and dose to be given at school) <i>(Horario y dosis que será suministrado en la escuela)</i>					
Start Date <i>Fecha de inicio</i>		Stop Date <i>Fecha Final</i>		For episodic/emergency events only <input type="checkbox"/> <i>Para eventos episódicos/emergencia solamente</i>	
Restrictions and/or important side effects: None anticipated <input type="checkbox"/> <i>Restricciones y/o importantes efectos secundarios: No Anticipado</i>			If yes, please describe: <i>Si, por favor descríbalo</i>		
Special Storage Requirements <i>Requisitos especiales para guardarlos</i>			None <input type="checkbox"/> <i>No</i>	Refrigerate <input type="checkbox"/> <i>Refrigerar</i>	
Physician's Name <i>Nombre del Doctor</i>					
Signature <i>Firma</i>					
Phone Number <i>Teléfono</i>		Fax Number <input type="checkbox"/> <i>Número defax</i>			

TO BE COMPLETED ONLY FOR LIFE THREATENING CONDITIONS *Para ser llenado solamente en casos de condiciones de amenaza de vida*

This student is both capable and responsible for self-administering this medication <i>El estudiante es capaz y responsable de suministrar su propio medicamento</i>		
No <input type="checkbox"/> <i>No</i>	Yes-Supervised <input type="checkbox"/> <i>Sí – Bajo Supervisión</i>	Yes-Unsupervised <input type="checkbox"/> <i>Sí – Sin Supervisión</i>
This student may carry this medication on his/her person <i>El estudiante puede guardar este medicamento</i>		No <input type="checkbox"/> Yes <input type="checkbox"/> <i>No Sí</i>
Physician's Name <i>Nombre del Doctor</i>		
Signature <i>Firma</i>		
Phone Number <i>Teléfono</i>		Fax Number <input type="checkbox"/> <i>Número de Fax</i>

TO BE COMPLETED BY PARENT OR GUARDIAN *Para ser llenado por el padre/tutor*

The district shall incur no liability as a result of any injury arising from your child self-administering medication at school. <i>El distrito no será responsable como consecuencia de cualquier daño que resulte de la auto-administración de la medicina del niño en la escuela.</i>	
Parent Signature: <i>Firma del Padre:</i>	Date <i>Fecha</i>

TO THE SCHOOL *Para la Escuela*

Please report concerns about medications or disease to the above physician. <i>Favor de reportar cualquier preocupación sobre el medicamento ó enfermedad al doctor, mencionado en la parte de arriba.</i>

TO BE COMPLETED BY THE PRINCIPAL *Para ser llenado por el director*

Date <i>Fecha</i>	Name of School Employee(s) designated by principal or nurse to administer medication: <i>Nombre del empleado de la escuela designado por el director ó enfermera para suministrar el medicamento</i>
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TO BE COMPLETED BY THE PARENT OR GUARDIAN *Para ser llenado por el padre/tutor*

I give permission for (name of child) _____ to receive the above medication at school according to standard school policy. <i>Autorizo para que (nombre del estudiante) _____ reciba el medicamento, descrito en la parte de arriba, en la escuela, de acuerdo a la exigencias del reglamento de la escuela.</i>	
Medication must be brought to school in the original container. <i>El medicamento debe ser traído a la escuela en el recipiente original</i>	
Parent Signature <i>Firma de los Padres</i>	Date <i>Fecha</i>