

THE NEW ACADEMY CHARTER SCHOOL



2500 Jonquil Way, Pittsburgh, PA 15210

412-515-2280

Welcome to The New Academy Charter School for the 2024-2025 school year. This is an exciting time here at the New Academy Charter School and we are looking forward to your involvement throughout the school year.

We have enclosed a few important forms that require your signature. Please read, sign, and return to Penny Tinsley or Melissa Miller.

If you have any questions regarding these forms, please contact Penny Tinsley or Melissa Miller at (412) 515-2280.



Early Dismissal Verification Form

In the event that you are unable to pick your child up for an early dismissal, please indicate below the names of friends or relatives who you permit to pick up your child. Please note that a form of identification is required.

1. Name; _____

Relationship; _____

Home Phone: _____

Work Phone: _____

Cell: _____

2. Name; _____

Relationship; _____

Home Phone: _____

Work Phone: _____

Cell: _____

Parent/Guardian Signature

Date

Please sign and return this page to Penny Tinsley or Melissa Miller. Every student must return this signed page.



Cell Phone Policy

We understand that students will sometimes need to be contacted by their family or guardians. However, the use of cell phones creates a major distraction to the learning process. If a student needs to be contacted, please call our main number at (412) 515-2280.

Students who find it necessary to use a telephone during school hours must obtain permission from a principal or a support staff member. These staff members will grant permission for phone use during emergency situations only.

Students are **not** permitted to bring their cell phone to school unless they have after school activities/obligations that may require them to use a cell phone and have received approval from administration. Administration requires documentation explaining why the student has the cell phone. Students participating in athletic activities will be required to provide a practice and game schedule and a letter/note from the coach with their contact information. Students who bring cellular phones to school who have been granted permission will be required to surrender their phone to staff immediately upon arrival. Students who cooperate with this policy will be permitted to retrieve their phone at the end of the school day from their designated driver at the point of exiting the Academy vehicle at their drop off location.

Students who are found to be using and/or in possession of a phone/mobile device without prior approval or documentation shall be subject to one of three levels of accountability in the order of offense:

- First offense, a warning will be issued, the student will be required to sign a policy violation letter, the parent/ guardian will be contacted, the phone/device will be returned the same day.
- Second offense, the student will have the phone confiscated for three (3) days, will be required to sign a policy violation letter, and the parent/guardian will be contacted.
- Third and subsequent offenses, the phone will be confiscated for seven (7) days.

Any student who refuses to turn in their phone will be immediately suspended for a maximum of three (3) days. Following the suspension, a meeting will be scheduled

with the principal and the parent/guardian to review policies. A parent/guardian may request to retrieve the confiscated device by contacting the Principal at (412)515-2280; under no circumstances will the device be given back to the student during the period of confiscation. The parent/guardian may reclaim the confiscated device during the school day, between 8:00am and 4:30pm.

I have read the *Student Cell Phone Policy* and understand the policy therein.

Student's

Signature X _____

Parent/Guardian

Signature X _____

Grade

Level X _____

Date X _____

Please sign and return this page to Penny Tinsley or Melissa Miller. Every student must return this signed page.



Acceptable Use Policy

The New Academy Charter School uses technology to improve the delivery of instructions. The students are responsible for using this technology in a responsible way. Vandalism will not be tolerated and The New Academy Charter School will seek restitution for all acts of vandalism.

Additionally, the internet is a wonderful source of information. However, it is also full of socially, emotionally, and mentally dangerous websites. The New Academy Charter School monitors all electronic systems, including but not limited to, web browsers, e-mail, and student files saved on the New Academy Charter School servers. The New Academy Charter School also employs the use of filter software to keep the students from inappropriate content for the school environment. The New Academy Charter School staff reserves the right to inspect any student's computer activities at any time.

Included to meet Child Internet Protection Act (CIPA) and other regulations, the following prohibitions are guidelines set forth to maintain a safe, professional, and positive learning environment with regard to internet and computer usage.

- 1) *Downloading, transmission, and/or possession of obscene, pornographic, sexually explicit, discriminatory, and/or inappropriate materials are prohibited.*
- 2) *Transmitting libelous, slanderous, threatening, abusive, other inappropriate messages or any messages that may be construed as such is prohibited.*
- 3) *Sending or otherwise participating in chain letters is prohibited.*
- 4) *Posting to an Internet server or transmitting via Internet e-mail any company or personal information regarding students or staff is prohibited.*
- 5) *The use of media files, including music, pictures, and video files, is prohibited unless specifically approved by a teacher for academic pursuits.*

Failure to comply with the above policy will result in a loss of computer access for a certain period of time. A student will first receive a written warning about their access. A student's second offense will suspend access for a day. A student's third offense will result in a suspension of access for a week. Fourth and subsequent

offenses will result in a suspension of access that is agreed upon by the teacher and Principal. If a student is asked to complete an assignment on a computer when on restricted access, there are three (3) options to be decided by the teacher assigning the work: the student will be given an alternate assignment, the student will be given the chance to complete the assignment at a time when the student is allowed access to the computer, or the student will receive a zero (0) on the assignment.

Student's

Signature X _____

Parent/Guardian

Signature X _____

Grade

Level X _____

Date X _____

Please sign and return this page to Penny Tinsley or Melissa Miller. Every student must return this signed page.



Acceptable Use of Technology and Computers Policy Contract

I have read and will abide by the Acceptable Use Policies, inclusive of Child Internet Protection Act (CIPA) requirements. Failure to comply will result in accountability outlined in the Progressive Discipline Guidelines.

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____

Please sign and return this page to Penny Tinsley or Melissa Miller. Every student must return this signed page.



THE NEW ACADEMY CHARTER SCHOOL

PERMISSION SLIP/RELEASE FORM

Dear Parents/Guardians of and/or Student: _____

While your Student is attending the New Academy Charter School, in addition to advancing his/her education, (s)he will have the opportunity to participate in many activities, including but not limited to field trips and community service opportunities. Additionally, (s)he may be photographed or videotaped in these activities. We are therefore requesting that you and your student consent to these activities, as well as the taking of pictures or videos, and release the New Academy Charter School from liability. **Please read the following carefully before signing it.**

I hereby give permission for my **child** _____ (or my consent if for myself), to participate in extracurricular activities at the New Academy Charter School, including but not limited to field trips and community service opportunities. I have read this Permission Slip and Release form and fully understand its terms. I acknowledge that I am signing the document freely and voluntarily.

I hereby grant the New Academy Charter School, and its agents, subsidiaries and partners, the unlimited right and privilege to record, reproduce, publish, telecast, re-telecast, and utilize in any other manner reasonably connected with my or my child's appearance in programming and/or publication for the New Academy Charter School. I represent and warrant to the New Academy Charter School that my or my child's appearance will not violate any copyright, trademark or service mark owned by another party nor will it violate any contract to which my child or myself are a party.

I hereby fully and forever agree to release, discharge, indemnify and hold harmless the New Academy Charter School (and any related company) and its affiliates, officers, directors, agents, employees, successors, heirs and assigns from all liability for any injuries and damages to my child (or myself), and child's heirs and assigns, based upon claims, causes of action or obligations of every nature whatsoever, whether known or unknown, arising out of or relating to student's enrollment at the New Academy Charter School.

This Consent and Release form shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania. The Allegheny County Court of Common Pleas and/or the United States District Court for the Western District of Pennsylvania shall have exclusive jurisdiction and venue over all controversies arising out of the student's enrollment and each party irrevocably consents to such exclusive and personal jurisdiction. In the event any provision of this Permission Slip/Release Form shall be declared invalid or unenforceable, all other provisions shall survive and be enforceable.

Signature of Parent/Legal Guardian
Date

Signature of Student **Date**

PRINT Name of Student

PRINT Phone Number of Student

PRINT Street Address of Student

PRINT City of Student

PRINT State and Zip Code of Student

PRINT Last 4 Digits of Student's Social Security Number



STUDENT/PARENT PLEDGE

It is important in establishing a positive school and home partnership that the parents, staff and students have a common understanding of the rules and regulations of the New Academy Charter School. We ask that you sign and return this pledge page after reading the statements below.

I have read the *Important Policies, Procedures, and Parent/Guardian Forms* and understand the policies and programs therein. In addition, I will discuss the policies and procedures with my child.

Parent/Guardian Signature _____

Student Signature _____

Grade Level _____

Date _____

Please sign and return this page to Penny Tinsley or Melissa Miller. Every student must return this signed page.

The New Academy Charter School

2500 Jonquil Way * Pittsburgh, PA 15210

(412) 515-2280 * (412) 515-2299 (fax)

www.theacademysystem.com



The New Academy Charter School

School Health Services

Dear Parent/Guardian:

Welcome to the new school year! In an attempt to improve school health services, this healthcare packet is being sent to everyone. Please take the time to **read through everything** and have your child return the appropriate papers in the envelope provided to Penny Tinsley as soon as possible. If you have any questions, please do not hesitate to call.

Emergency information sheet:

- v This information is vital in case of illness or an emergency with your child. Without emergency contact information, staff are only able to contact a parent/guardian at their cell or home phone number. Without your signature on the medical release, it is extremely difficult to get emergency care for your child in your absence. Remember to keep this information updated if cell, home or work phone numbers change (all you have to do is call!).
- v Included is also permission to give your child ibuprofen, acetaminophen, and antacids. This must be signed in order for your child to be administered any medications by trained staff.
- v **No student is permitted to carry any type of medication (prescription or nonprescription) on their person** unless it is cleared through the nurse. If your child needs to carry any medications (including inhalers) please have them see Penny Tinsley so that she can make note of it.
- v Please fill in the medical information on this sheet. It is important to know if your child is taking **any** medications or is under medical treatment. This information remains strictly confidential and is only shared with staff or faculty with your permission.



The New Academy Charter School

Emergency Record for Accident or Illness

Please circle the best phone number for initial contact

Student Name _____

Last

First

Middle

Birth date _____

Grade _____

Guardian _____ Employer _____

Home Phone: _____ Cell: _____ Work Phone: _____

Mother/Guardian _____ Employer _____

Home Phone: _____ Cell: _____ Work Phone: _____

Other Parent/Guardian Name _____

Cell Phone: _____

Please list two other friends or relatives that can be contacted for permission to send your child home in case of minor illness when neither parent can be contacted.

Name _____ Relationship _____

Home Phone _____ Cell _____

Work Phone _____

Name _____ Relationship _____

Home Phone _____ Cell _____

Work Phone _____

If neither parent/guardian and can be contacted in the case of serious illness or injury, I hereby authorize representatives of the New Academy Charter School to act as my agent to secure emergency medical treatment for my child at the nearest health care facility when such emergency medical treatment is deemed necessary by appropriate school representatives when my child is attending, going to, or leaving school. I hereby agree to hold the New Academy Charter School district and its representatives harmless for exercising its judgment in authorizing such emergency hospital treatment and said representatives are specifically authorized to sign any required emergency treatment forms on my behalf. I also agree to assume responsibility for any charges incurred as a result of such treatment.

Parent/Guardian Signature _____ Date _____

*Please complete this form and return it in the envelope provided to Penny Tinsley or
Melissa Miller.*



The New Academy Charter School

Emergency Record for Accident or Illness for the School Year

HEALTH OFFICE USE ONLY

CONFIDENTIAL

All information given to the School Nurse is considered **CONFIDENTIAL** and will only be shared with other school personnel with permission. Please sign below for permission.

I, _____ give the School Nurse permission to share any necessary information with the appropriate teachers/staff at the New Academy Charter School, in regards to my child, _____.

Parent Signature _____ Date _____

STUDENT HEALTH HISTORY

Please list any current health issues for which your child is being treated:

Please list ALL medications your child is taking (at home or school):

Please list any allergies:

Please list any Previous Illnesses/Injuries/Surgeries:

Name of Family Physician _____

Phone No (including area code) . _____

Please complete this form and return it in the envelope provided to Penny Tinsley.



The New Academy Charter School

Prescription Medication Permission for the School Year

It is a requirement of the New Academy Charter School that the **attending physician complete this form** for any medication to be given during school hours. ***This form only needs to be completed by the attending physician if your child is required to take medication during school hours.***

A physician's signature is required to administer medicine at school.

Student's Name	Grade	Date
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Medication and Dosage _____

Time Given _____ Duration of Medication Start Date _____ to End Date _____

Condition for which Medication is Prescribed _____

Possible Side Effects _____

Physician's Signature	Physician's Phone Number
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We hereby agree, with the intent to be legally bound hereby, to hold the New Academy Charter School and any of its employees or agents harmless from any liability and to so indemnify same for any liability incurred, which may result from administration of medication to _____ by employees or agents of the New Academy Charter School.

(PRINT STUDENT NAME)

Parent/Guardian Signature _____ Date _____

Please send the medication to school in the original prescription bottle/box/packaging.

Students Name: _____ Birth Date: _____



The New Academy Charter School

School Health Services

PA School Health law requires that students have a medical examination upon entrance to school and at different grade levels. We may not have a current physical exam on file for your child. Our school can provide your child the free physical exam by checking the next line:

_____ I hereby request the free physical exam provided by the school.

Please complete your child's health history and keep us updated with any health issues or concerns.

UPDATED IMMUNIZATIONS

- Tetanus, Diphtheria, Acellular Pertussis – 4 doses prior to age 5 AND 1 dose after age 11
- Polio – 4 doses (last dose after age 4)
- Measles, Mumps and Rubella (MMR) – 2 doses before school entrance
- Hepatitis B – 3 doses before school entrance
- Varicella – 2 doses before school entrance
- Meningococcal MCV – 1 dose after age 11 and 1 dose after age 16
- COVID-19
- Your child may be missing the following immunizations: _____

Free immunizations are available for eligible students at the Allegheny County Health Department located at 425 First Avenue Pittsburgh, PA 15219. Call 412-578-8062 for information and hours of operation.

If your child does not have the required vaccinations above, they must receive them within the first 5 days of school or risk exclusion.

If your child's personal physician decides that immunizations may be detrimental to your child's health, please submit the physicians' written statement of exemption to the school.

If you or your emancipated child has a moral or ethical objection to receiving any or all of the above mentioned immunizations, please provide a signed moral objection statement like the one below:

"I, _____, the legal guardian of _____
(PRINT PARENT/LEGAL GUARDIAN NAME) (PRINT STUDENT NAME)

Have a moral or ethical objection to the immunization requirements of the Pennsylvania Department of Health."

(SIGNATURE OF PARENT/LEGAL GUARDIAN)

(DATE)



Dear Parents/Guardians,

The New Academy Charter School implemented a Student Resource Team in the 2022-2023 school year. This team has been put into place to ensure that your child receives the best possible support from our faculty and staff. This team is made up of individuals who will be available to your child in the case that they may be facing academic barriers. These individuals will be people that your child knows and comes in contact with everyday. They will assist your child with matters that may be keeping them from reaching their fullest potential academically.

If your student is referred to the Student Resource Team, you will be notified and we hope that you make every effort to be involved in the creation and implementation of the unique and specific intervention plan that we will put into place to help your child succeed. Though it is not a requirement, we hope that you will give your consent to allow The Student Resource Team to support your child if necessary.

Signature: _____ Date: _____

Please note: The Student Resource Team will honor you and your child's right to confidentiality.



Homebound Contract

In the event that a student must receive work at home, the following has been determined by the Administration of the New Academy Charter School:

- Students will receive a school issued laptop with a Schoology login and password. A MiFi box will also be provided to access the internet if needed.
- All schoolwork will be completed on the Schoology LMS platform.
- It is your child's responsibility to complete the assignments and maintain communication with their teacher.
- Your child will be graded based on the completion of his/her assignments.
- Eligibility for graduation will be based on the grades.

Parent/Guardian Name(Print)_____

Parent/Guardian Signature _____ Date _____

Student Name (Printed)_____

Student Signature_____ Dated _____

Academy Staff Name (Print)_____

Academy Staff Signature _____ Dated _____

The New Academy Charter School

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(412) 515-2280 * (412) 515-2299 (fax) www.theacademysystem.com



The New Academy Charter School Senior Parent/Student Meeting

- The senior meeting is a requirement for a student to participate in the Graduation ceremony on **Thursday, June 5th 2025** at the New Academy Charter School.
- Please try to resist “senioritis”- make sure your child finishes the semester, attends school and completes all assignments..
- Take advantage of what the New Academy Charter School has to offer- SAT fees paid, and transportation provided, college campus visits, help with financial aid applications, help with college applications, a \$2000.00 New Academy Charter School scholarship for post-secondary education.

Graduation Ceremony

- Every student is required to attend practice on **Wednesday, June 4th**.
- Student dress code must be followed (**ABSOLUTELY NO JEANS**)
 - Males: dress slacks, dress shoes, shirts with a collar
 - Females: dress, dress slacks and blouse, pant suit, dress shoes
- Any student who has a child at the event must have his/her parent/guest(s) supervise the child
 - Children will NOT be permitted to sit with the graduates
- Parents/Guests are requested to dress appropriately
- Four (4) tickets will be issued to each graduate
- Transportation will be provided if needed
- Teachers will be sitting with the students
- Parents can assist by serving as role models
- Security will be provided with a guest list and requests for identification
- The school will provide the cap and gown for use during the graduation ceremony. Graduates may keep their tassels as a memento of the event

- The school will provide a photographer for photographs of your child when he/she receives his/her diploma on stage. This picture will be sent to you
- After leaving the building, no one will be permitted back into the facility

Key Contacts (412-515-2280)

Ms. Kristen Harpster – Executive Director

Ms. Jay Moser – Principal

Ms. Deseray Craighead – Dean of Discipline

Ms. Melissa Miller – Attendance Officer



Dear Parent/Guardian:

The New Academy Charter School requires the following documents for submission for a smooth enrollment process. Please supply the following documents:

- **Enrollment Form**
- **Enrollment Agreement**
- **Proof of Age: birth certificate; notarized copy of birth certificate; baptismal certificate; copy of the record of baptism – notarized or duly certified and showing the date of birth; notarized statement from the parents or another relative indicating the date of birth; valid passport; or prior school record indicating the date of birth**
- **Proof of Residency (utility bill, lease, mortgage statement, PA license, PA ID, vehicle registration, current credit card bill)**
- **Immunizations**
- **Field Trip Permission Forms**
- **Cell Phone Policy**
- **Home Language Survey**

These documents can be mailed, faxed or picked up by a school official. Failure to supply any of these documents above could result in a delay or termination of enrollment. We appreciate your assistance and attention to this matter and your continued involvement in the educational success of your child.

If you have any questions, please feel free to contact Melissa Miller at 412-515-2280.

Sincerely,

Jay Moser,

Principal

The New Academy Charter School

2500 Jonquil Way * Pittsburgh, PA 15210

(412) 515-2280 * (412) 515-2299 (fax)

www.theacademysystem.com



Dear Parent/Guardian:

In order for the enrollment process to be complete, the school district in which you reside requires proof of residency to be provided. These two documents can include:

- Utility Bill
- Lease or Mortgage Statement
- Bank Statement

In addition to proof of residency, we will also need the following for your child:

- Birth Certificate
- Immunization Record

You may mail or fax these documents or arrange for a school official to pick them up. These original documents will be returned to you and are only used for the enrollment process.

Also, if you should change residence during the school year to a different school district, another enrollment form will need to be completed at that time.

We appreciate your assistance and attention to this matter and your continued involvement in education success with your child. If you have any questions, please feel free to contact Melissa Miller or Penny Tinsley at (412) 515-2280.

Sincerely,

The New Academy Charter School
2500 Jonquil Way, Pittsburgh PA 15210
(412) 515-2280 * (412) 515-2299 (Fax)



New Academy Charter School

Charter School Student Enrollment Notification Form

For School Year 2024-2025

Name of Charter School: New Academy Charter School

Address: 2500 Jonquil Way, Pittsburgh PA 15210

Charter School Contact Person: Kristen Harpster

Telephone: (412) 515-2280 Email: Harpsterk@theacademyschools.com

I. Student Information:

Last Name: _____ First Name: _____

Home
Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Telephone: (H) _____ (C) _____

Email
Address: _____

Date of Birth: ___/___/___ Age: ___ SSN: _____-_____-_____

IF Different from Home Address

Mailing
Address: _____

City: _____ State: _____ Zip Code: _____

II. School District of Residence and Former School Information

School District of

Residence: _____

Former School Information (Other than Pre-School)

_____ Public School

_____ Charter School

_____ Nonpublic School

_____ Home School

Student not enrolled in School Preceding Enrollment in Charter School Because:

_____ Expelled

_____ Re-Enrolling

_____ Dropout

_____ Other

Expulsion Return Date: _____

Name of Former School:

Address of Former School:

Current Grade: _____ Withdrawal Date from Former School: ____/____/____

Was Your Child Receiving Special Education Services Based on an IEP?

_____ Yes

_____ NO

If Yes, do you have the Child's Special Education Records (IEP)?

_____ Yes

_____ NO

III. Parent/Guardian Information:

Child lives with:

Mother Only: _____ Father Only: _____ Both Legal Parents: _____

Both Parents Alternately: _____ Legal Guardian: _____ Foster Parents: _____

Other Adult: _____

Special Custodial Court Instructions: _____ Yes _____ No (*If Yes, Please Provide a Copy of Court Order*)

Complete Parent/Guardian Name and Address Information as Applicable

Parent/Guardian 1

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone:(H) _____ (C): _____ (W) _____

Email
Address _____

Relationship to student: _____

Parent/Guardian 2

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Telephone:(H) _____ (C): _____ (W) _____

Email
Address _____

Relationship to student: _____

If the Student is not living with the parent(s), Please Complete this Section

_____ Guardian _____ Foster Parent(s) _____ Other Adult

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Telephone(H): _____ (C) _____ (W) _____

Email
Address: _____

My signature on this form indicates my decision to have my child attend the Charter School named on page 1 of this form and signifies my request that appropriate school records be forwarded from the school district to the charter school.

Signature of Parent/Guardian: _____ **Date:** _____

SSN: _____ - _____ - _____

IV. To Be Completed by Charter School:

Verification of Date of Birth:

Birth Certificate: _____ Other: _____

Proof of Residency:

Mortgage Statement: _____ Lease: _____ Utility Bill: _____ Other: _____

Official Enrollment Date: ____/____/____

Anticipated Date of Attendance: ____/____/____

Grade Student is Entering: _____

Signature of Charter Representative

____/____/____

Date

Representative Title