



ADMISSION APPLICATION

Please complete and return to :

Michelle Payne
Admissions Coordinator
Polaris / Dakota Reach / Spark
1400 East 10th Street; Plankinton, SD 57368
605.942.5437 Ext. 2402 Fax: 605.215.0342



To include with Application:

- Individualized Educational Plan (IEP)
- Special Education Eligibility Report
- Consent for Special Services
- Psychoeducational
- Report Card/Transcript

Other items needed prior to start:

- Birth Certificate (copy)
- Social Security Card (copy)
- Immunization Record
- Refundable Deposit



Student Name (First, Middle, Last): _____

Date of Birth: _____ Age: _____ Current Grade: _____

Male Female Other: _____ Race: _____ Social Security Number: _____

Current School District: _____ Student Resides with: _____

Enrollment Request: Full-time Fall Semester Spring Semester Summer Session

Transportation Plan (School District, Parents, other; morning, afternoon, sick, inclement weather): _____

Academic Plan: Graduation Certificate of Completion Credit Recovery

Academic Goal(s) – what do we want the student to achieve?: _____

Reintegration Plan: _____

Behavior(s)

- | | | | | | |
|-----------------------|--|-------------------------|--|-------------|--|
| Aggression – Verbal | <input type="checkbox"/> Yes <input type="checkbox"/> No | Suicidal Ideation | <input type="checkbox"/> Yes <input type="checkbox"/> No | Drug Use | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Aggression – Physical | <input type="checkbox"/> Yes <input type="checkbox"/> No | Self Harm | <input type="checkbox"/> Yes <input type="checkbox"/> No | Alcohol Use | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Aggression - Property | <input type="checkbox"/> Yes <input type="checkbox"/> No | Refuse to go to School | <input type="checkbox"/> Yes <input type="checkbox"/> No | Huffing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sexual Abuse | <input type="checkbox"/> Yes <input type="checkbox"/> No | Refusal while at School | <input type="checkbox"/> Yes <input type="checkbox"/> No | Theft | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sexual Behaviors | <input type="checkbox"/> Yes <input type="checkbox"/> No | Run Away | <input type="checkbox"/> Yes <input type="checkbox"/> No | Arson | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sexually Active | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dress Code Violation | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain any items checked "Yes": _____

Please list any other behaviors that the child has displayed: _____

Please list any out of home care services utilized (mental health services, medication management, etc.): _____

TEAM List			
Name	Title/Relationship		Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City/State/Zip	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Invite to Meetings <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address	Day Time Phone	Cell Phone	Receive Reports <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Title/Relationship		Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City/State/Zip	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Invite to Meetings <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address	Day Time Phone	Cell Phone	Receive Reports <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Title/Relationship		Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City/State/Zip	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Invite to Meetings <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address	Day Time Phone	Cell Phone	Receive Reports <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Title/Relationship		Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City/State/Zip	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Invite to Meetings <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address	Day Time Phone	Cell Phone	Receive Reports <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Title/Relationship		Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City/State/Zip	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Invite to Meetings <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address	Day Time Phone	Cell Phone	Receive Reports <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Title/Relationship		Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City/State/Zip	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Invite to Meetings <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address	Day Time Phone	Cell Phone	Receive Reports <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Title/Relationship		Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City/State/Zip	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Invite to Meetings <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address	Day Time Phone	Cell Phone	Receive Reports <input type="checkbox"/> Yes <input type="checkbox"/> No



Consent for Services

Name of Student: _____



All students accepted into Spark Alternative School at Aurora Plains Academy will have the opportunity to engage and participate in many types of services and activities. Please read below regarding services that are provided and then sign below to authorize the student to engage in services.

Mandatory Reporting. I understand that all staff at Aurora Plains Academy, (also referred to as the Academy), are mandatory reporters of abuse and neglect issues.

Permission for activities. I give permission for the youth to partake in any and all activities as offered by the Academy, including off-campus activities. I understand I will be notified of off campus activities outside of Aurora County, either via email or telephone prior to the scheduled activity.

Permission for photography. I give the Academy permission to photograph the youth upon admission; this photo will be used for identification purposes. Any other photographs will have the student's face blurred and not identifiable.

Responsibility of belongings. I understand that the Academy is not responsible for lost, stolen or damaged items of the student which are not in the direct possession of staff.

Transportation. I give permission for the Academy to transport the student locally for activities or other instances where the need may be present.

Computer/Internet Usage. I understand the student will have access to the Academy's internet and devices. The internet is restricted to approved sites only and staff can monitor the usage Any intentional violation of the rules/restrictions will terminate the privilege.

Security Search. I understand the student will go through a security search upon entrance to the facility. This search may include a metal detection wand, emptying pockets and checking for items in the socks and shoes.

Video Monitoring. I understand video monitoring may be used to maximize the safety of security.

Counseling. I give permission for the student to receive individual professional counseling services once a week.

Group Therapy. I give permission for the student to attend group therapy sessions on topics including Sensory Occupational Therapy, Coping Skills, and Dialectical Behavior Therapy.

Behavior Management. I give permission for the Academy to utilize behavior management techniques, including safe-Non-Violent Physical Interventions, as outlined and explained in the Student/Parent Handbook.

Refundable Deposit: I understand the refundable deposit is required and will be deducted from for intentional damage to devices or replacement of locker padlocks.

Student/Parent Handbook. I have received the Spark Alternative School Student/Parent Handbook which further explains in detail the program details. I have had time to review the information and ask questions to my satisfaction.

Please sign below to indicate that you have had the opportunity to review the information and ask questions to your satisfaction; and agree to the consent for services of admission at Spark Alternative for the above named youth.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____



Medical Authorization

Name of Student: _____



Basic First Aid. I understand that if the student has an injury, the nursing department or other Basic First Aid trained staff, can offer aid to the injury. Examples that staff may assist with include but are not limited to cuts/scrapes, burns, insect bites/stings, splinters, nosebleeds, or Sprains/strains.

Emergency Medical Treatment. I understand that I will be contacted in cases of emergency, serious injury, or serious illness. In the event that I am unable to be contacted in a timely manner, in addition to any treatment given by Aurora Plains Academy staff, I hereby authorize their staff to give those emergency medical services. I authorize local hospitals and their staff to give those emergency medical services it determines appropriate to the named youth and to discuss the medical condition of the above named youth with the Aurora Plains Academy staff.

Permission for Occupational Therapy. I hereby consent to Occupational Therapy services as considered appropriate by the clinical/education team. I authorize the occupational therapist to provide an evaluation and treatment in accordance with federal and state regulations. I consent to therapeutic treatments to improve fine-motor, gross motor, visual-perceptual, sensory processing, and/or other services which may be beneficial to the youth. Essential oils may be utilized in the classrooms and/or individually for therapeutic purposes.

Over-the-Counter Medication. I give permission to give the below marked "yes" over-the-counter medication for its intended use and per directions listed.

Permission	Mediation	Use	Dose	Directions
<input type="checkbox"/> Yes <input type="checkbox"/> No	Benadryl	Rash, itching	25 mg	1 cap po q 6 hours
<input type="checkbox"/> Yes <input type="checkbox"/> No	Ibuprofen	Pain, fever, inflammation	200 mg	1-3 tabs po q 6 hours PRN with food
<input type="checkbox"/> Yes <input type="checkbox"/> No	Tylenol	Pain, fever	325 mg	1-2 tabs po q 4-6 hours PRN
<input type="checkbox"/> Yes <input type="checkbox"/> No	Epi pen	Severe allergic reaction	1-2 pens	Emergency Medical Services will be contacted: 1 injection to alleviate symptoms; 2 nd dose if needed

Prescribed Medication. I give permission for a trained medication technician with Aurora Plains Academy to administer prescribed medication. Further, I understand the medication must be brought to the school in its properly labeled container. Any changes to the medication must be communicated in writing to the school.

Please list ALL medication below. Select "Yes" if the medication is to be given during school.

Permission to administer at school	Medication	Dose	Time	Use
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____

Please sign below to indicate that you have had the opportunity to review the information and ask questions to your satisfaction; and agree to accept the terms and conditions of admission at Spark Alternative for the above named youth.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____