

CV  
Academy

***2024-25***

**Referral/Application**



# CV Academy

## Enrollment Form 2024-2025

620 Wyandotte Ave Ramona, OK 74061  
Phone: 918-536-3425

Date: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Current Grade: \_\_\_\_\_

### Name and address of student's legal guardian:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relation to student: \_\_\_\_\_

Parent email address: \_\_\_\_\_

**Is the student living with a legal guardian? Yes or No**

If "No" with whom is student living with: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relation to student: \_\_\_\_\_

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**ALL INFORMATION IS NEEDED AND MUST BE COMPLETED PRIOR TO BEING ACCEPTED**

### Reason for referral: (Please Check)

\_\_\_\_ Excessive absences      \_\_\_\_ Academic deficiencies      \_\_\_\_ Parenting teen

\_\_\_\_ Behavioral difficulties      \_\_\_\_ Credit Recovery      \_\_\_\_ Recovered dropout

\_\_\_\_ Juvenile justice referral      \_\_\_\_ Emotional/school adjustment

**(Explain)** \_\_\_\_\_

\_\_\_\_ Other (specify) \_\_\_\_\_

**Please provide information from the last semester that the student attended school.**

**This information is used for state reporting and must be complete and accurate.**

Number of days absent (excused and unexcused combined) \_\_\_\_\_

Number of days in-school suspension \_\_\_\_\_

Number of days out-school suspension \_\_\_\_\_



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**Name of Student:** \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY TO THE STUDENT:**

\_\_\_\_ IEP

\_\_\_\_ ELL

\_\_\_\_ 504

If special education student, indicate areas of  
disability: \_\_\_\_\_

\_\_\_\_\_

**ATTENTION**

If a student is designated as a Special Education Student, an IEP meeting **MUST** be held  
prior to referral/acceptance.

Date of IEP meeting: \_\_\_\_\_

Special Education Teacher's Name: \_\_\_\_\_ Date: \_\_\_\_\_



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Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

### STUDENT PERMISSION FORMS

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#### MEDIA PERMISSION

**YES OR NO** \*Photos/videos to be used in a school publication (yearbook) or  
District social media posts

*I hereby consent to my child being interviewed, photographed and/or video-taped by representatives of Caney Valley School. Any information or images obtained from those activities may be reproduced by the school district and/or the public media for use in advertising, publicity or educational activities including, but not limited to district and/or school websites. I hereby waive any claims I may have and release the school district and its employees from any liability or claims arising out of such activities.*

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#### STAFF-STUDENT COMMUNICATIONS

\_\_\_\_ I **DO** authorize Caney Valley Schools or its staff to communicate with my student outside of school.

***A parent or guardian will be included in the communication.***

**Typical contact would be for attendance, reminders, dates to remember, assignment purposes.**

I approve communication through the following methods: (check all that apply)

\_\_\_\_ Cell Phone      \_\_\_\_ E-mail

\_\_\_\_ I **DO NOT** authorize Caney Valley Schools or its staff to communicate with my student outside of school.

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### **FIELD TRIPS**

\_\_\_\_ I **DO** hereby grant permission for my student to attend field trips scheduled by CV Academy.

I will not hold the instructor or other personnel connected with the trip responsible in case of accident or injury to my student. I also understand that my student may NOT be allowed to participate in CV Academy trips or activities if he/she has not met the requirements set by the program coordinators.

\_\_\_\_ I **DO NOT** grant permission for my student to attend any field trips or activities.

WITH THIS SIGNED AGREEMENT, FIELD TRIP REMINDERS WILL BE SENT OUT TO PARENTS AND GUARDIANS, HOWEVER, THIS WILL BE THEIR SIGNED PERMISSION FORM.

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**Parent/Guardian Signature**

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**Date**

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**Student Signature**

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**Date**



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***Please understand that Trojan Academy is an Alternative school, we try different approaches to have your student see success. The following information is asked only to better understand them, and to see where they are coming from and what they struggle with on a daily basis. Please be honest to all questions, your answers in no way impact our decision of enrolling your child. All information is used for staff & teachers use only and will be kept confidential.***  
***This form needs to be answered by the STUDENT if possible.***

**{Please circle one}**

- YES OR NO** Student & parent/guardians are willing to sign an attendance contract.
- YES OR NO** Are you a teen parent or currently pregnant?
- YES OR NO** Have you had poor attendance and skip classes often when overwhelmed?
- YES OR NO** Have been suspended for violence, drugs, or weapons? What grade?
- YES OR NO** Struggle with Drug, Alcohol or Tobacco use? (Circle all that apply)...
- YES OR NO** ...if yes, would you like help dealing with these addictions?
- YES OR NO** Have you ever been in trouble with the law?
- YES OR NO** Are you in the Juvenile Justice System? Case Worker-\_\_\_\_\_
- YES OR NO** Do you have a DHS Case Worker? Name \_\_\_\_\_
- YES OR NO** Student comes from home where personal crisis or trauma exist?
- YES OR NO** Do you get outside counseling? If yes, with whom? \_\_\_\_\_
- YES OR NO** Financial reasons make it necessary to work? Where? \_\_\_\_\_
- YES OR NO** Eligible for Free or Reduced Lunches? Form needed on File.
- YES OR NO** Are you currently on an IEP?
- YES OR NO** Attend Tri-County Tech? Classes enrolled in?

**I understand that dismissal from the program can occur without a suspension and for violating behavior, academic, and/attendance expectations.**

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



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### CV Academy Attendance Guidelines

*Trojan Academy believes that **every** day is important. This belief is an extension of the school board's belief that the attainment of academic excellence requires attending school on a regular basis. The benefit of lectures, discussion, and participation is lost forever to those who are absent.*

*A student's attendance record is a shared responsibility between the student, his/her parents/legal guardians, and school personnel. Parents should **only** excuse students for **valid** reasons and monitor their student's attendance. Please call the office at 918-536-3425 if your student will be absent for the day.*

### ATTENDANCE PROCEDURES

**A student having more than 10 absences per semester shall result in the loss of credit, removal from the CV Academy, and/or referral to the district attorney.**

**Excused Absences:** School hours are 7:30am-3:30pm. After 3:30pm calls are taken by voicemail until 7:30am the following morning. Voicemail is checked routinely throughout the day as well, please be sure to speak clearly and to leave your name, child's name, and a call back number. The HS office number is 918-536-3425, and the MS office is 918-536-2705. Excused absences consist of the following: doctor's appointments, dental appointments, and legal appointments. Please have your child bring in a note from the appointment for the absence to be excused.

**EXCUSED ABSENCES COUNT TOWARDS THE TOTAL NUMBER OF ABSENCES!**

**Unexcused Absences:** Any absence that is not excused by a parent/legal guardian or a school official will be considered unexcused and subject to consequences. Students who are truant will be assigned consequences as deemed appropriate by administration.

**Tardies:** A tardy shall be defined as a student who is not in his/her designated class when the tardy bell rings. A student is marked absent after missing 15 minutes of a class. This policy is designed to encourage students to be on time for every class period. However, we realize that certain circumstances beyond our control may prevent a student from arriving on time. Tardies cannot be excused by parents/legal guardians except for the following reasons: doctor's appointment, dental appointment, and/or legal appointment.

**THREE TARDIES WILL TURN INTO AN UNEXCUSED ABSENCE!**

**Parent/Legal Guardian:**

- I will call the HS or MS office 918-536-3425 or 918-536-2705 within a reasonable time to report my student absent from school and bring in any required documents that are necessary to excuse the absence (doctor's note, dental note, court documents, etc.). I will communicate with the school regarding all issues that will affect him/her at school and keep the school informed of any updated contact information. (New phone numbers, addresses, etc.).
- I will support my student in all academic & attendance areas to help him/her become successful. I will assist in providing him/her a way to school and that he/she will be there on time. Buses are a great option for transportation, if your student will need to be picked up and dropped off after school, please let the administration know.
- I understand that if my student misses more than 10 absences PER semester that he/she will lose all academic credits for that semester and/or lose his/her position in CV Academy.
- I understand that issues at home can affect him/her academically & socially and that he/she needs my support to get them through the school year successfully. I will keep communication open with the CV Academy director, counselor, and/or teacher to keep them informed of issues that might arise at home.

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Parents/Legal Guardian's Signature

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Date**Student:**

- I understand that great attendance is defined as reporting to each class (every day) and being on time prepared with all required materials and ready to learn.
- I understand that if I skip one class, I will receive an unexcused absence for each class I miss and an office referral to an administrator.
- I agree that when I am absent from school that I will remind my parents/guardian to call the HS or MS office and I will bring documentation (notes) to submit to the office.
- I understand that missing more than 10 days of school PER semester will result in loss of credit for that semester and/or removal from the CV Academy program.
- I will establish and maintain great attendance in order to be successful.
- I understand that establishing a great attendance record will prepare me for the future. (college, work, etc.)
- I will set an exemplary record of great attendance not only to make myself proud, but to motivate my peers to do the same.

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Student Signature

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Date





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### CV ACADEMY EDUCATION IMPLEMENTATION PLAN

#### **Classroom Rules:**

1. Rules will be posted by teacher
2. Rules will be discussed with students at the beginning of year and during the year, when needed.
3. Emphasize appropriate behavior
4. Adhere to expectations without exception
5. Caney Valley HS/MS Handbook rules apply to CV ACADEMY students

#### **Classroom routines and procedures:**

1. Classes follow bell schedule of regular HS/MS
2. **CV Academy begins 4th hour at 10:55 am and is dismissed at 3:00pm**
3. Students will go to lunch with HS lunch, 11:45-12:10
4. Students must check **out** through the main MS/HS office
5. Students who are tardy will check **in** through the main MS/HS office
6. Students will attend counseling once a week.
7. Students follow same transportation guidelines as regular MS/HS students
8. Students may attend regular education classes (Band, athletics)

#### **Instruction and Academic Work:**

1. Online Platform Edgenuity will be used for instruction
2. Assignments meet Oklahoma Curriculum Standards
3. Students work at their own pace with teacher guidance to keep student on target
4. Positive atmosphere and expectation for success
5. Teachers available for further instruction
6. Tutoring after school is available from 3:00pm-5:00pm
7. Parents will be notified if student is not meeting expectations

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Student Signature

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Parent Signature



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### CV Academy Counseling Consent

To be completed by parent/guardian AND student

Caney Valley Public School students who are attending alternative education are **REQUIRED** to participate in guidance and counseling groups that focus on anger management, substance abuse, conflict resolution, decision making skills, self esteem, emotional control, and other life skills. Counselors and professionals from outside agencies (OCIC, Osage County Interlocal Coop.) will assist us with these groups. These required sessions are of great benefit to the students.

In addition, Grand Mental Health is contracted with Caney Valley Public Schools and will provide individual treatment to alternative education students, if needed. These services will be provided at the request of the student or parent/guardian.

By signing the consent form:

1. I authorize counseling services to be provided to my child upon request, and I will sign the appropriate treatment forms and plans with Grand Mental Health.
2. I understand that these services can be provided by the school counselor or an OCIC, Osage County Interlocal Cooperative, professional.
3. I will personally meet with the service providing agency if required for treatment of my child.

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date

**STUDENT:** By signing this form: I understand that I will be required to participate in guidance and counseling as described above and that my choosing to not participate will affect my status as a CV Academy student.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



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### STUDENT BEHAVIOR OBSERVATION CHECKLIST

To be completed by the student!

**NAME:** \_\_\_\_\_

Mark all behaviors that are affecting school performance right now.

#### Academics:

- ☐ Declining grades
- ☐ Lack of motivation
- ☐ Not doing personal best
- ☐ Not turning in work
- ☐ Cheating
- ☐ Sleeping in class
- ☐ Inattentive
- ☐ Academic anxiety
- ☐ Other \_\_\_\_\_

- ☐ Drugs
- ☐ Not following rules
- ☐ Struggle accepting correction
- ☐ Nervous about school
- ☐ Bored with school
- ☐ Other \_\_\_\_\_

#### Attendance:

- ☐ Absenteeism
- ☐ Tardiness
- ☐ Leaving school early
- ☐ Skipping class
- ☐ Faking being sick
- ☐ Not currently enrolled
- ☐ In building but not in class (in another class with friends)
- ☐ Called into work
- ☐ Other \_\_\_\_\_

I realize my current behaviors are negatively affecting my ability to succeed in school. Therefore, I will take steps to change these behaviors so that I will be more successful while attending CV Academy.

#### Attitude:

- ☐ Disruptive in class
- ☐ Disrespectful
- ☐ Defiance
- ☐ Negativity
- ☐ Discipline Referrals

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



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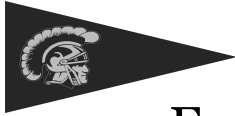
### RESPONSIBILITY CONTRACT FOR CV ACADEMY ADMISSION

#### PARENT:

- ☐ I AGREE to support all CV Academy policies and procedures.
- ☐ I AGREE to abide by all Caney Valley Public School District policies and procedures.
- ☐ I AGREE to provide on time transportation to school if needed. **Bus transportation is available.**
- ☐ I AGREE to promote my student's consistent attendance and to notify the office in a timely manner if my child is going to be absent from school.
- ☐ I AGREE to monitor my student's grades through the parent portal and by keeping track of progress.

#### STUDENT:

- ☐ I AGREE to attend school/classes regularly.
- ☐ I AGREE to be on time for school/classes.
- ☐ I AGREE to keep work up to date and complete assignments as required.
- ☐ I AGREE to keep my Graduation Plan accurate at all times.
- ☐ I AGREE to know the policies and rules of the school which apply to you and obey them.
- ☐ I AGREE to set goals and make plans for what you plan to do after high school graduation.
- ☐ I AGREE to stay on target (or ahead of target) and passing all of my classes on a weekly basis.



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NAME OF STUDENT: \_\_\_\_\_

CV ACADEMY ADMINISTRATION RESERVES THE RIGHT TO MAKE THE  
FINAL DECISION REGARDING ACCEPTANCE OF ANY STUDENT REFERRAL.

\_\_\_\_\_  
PRINCIPAL

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COUNSELOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DIRECTOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMMITTEE TEACHER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPECIAL ED DIRECTOR(IF NEEDED)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT

\_\_\_\_\_  
DATE



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### **STUDENT INCENTIVE PROGRAM CONTACT** (COMPLETED BY STUDENT)

**IF** accepted into the CV Academy:

I, \_\_\_\_\_, understand that I may be excused from attending classes in Ramona on a Friday, and allowed to **WORK VIRTUALLY** at home **IF** the following requirements are met:

1. Must have PERFECT attendance and NO Tardies for Mon., Tues., Wed., & Thurs., for the week.
2. Must have an attendance rate of 90% or higher for the semester.
3. Must have PERFECT behavior for the week.
4. Must have an ACTUAL GRADE of 80% or higher for ALL courses that have been started.
5. Must be ON PACE or AHEAD OF PACE for ALL courses that have been started.

If ALL of the above 5 conditions have been met for the current week by the end of the day on Thursday, the student will be notified verbally and/or via email that they are excused from attending school in person for the specified Friday.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

