The Gartley Street Alternative Education Program strives to ensure that students have an environment that fosters learning, personal enrichment and lifetime achievement.

Please review and refer to the attached Gartley Street School Alternative Education Handbook while filling out this application. It is important that both the applicant and Guardian understand this non traditional setting and the level of commitment in order to be successful.

| **Date Applying: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Birth: \_\_\_\_\_\_\_\_\_\_Age/Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current number of credits earned: \_\_\_\_\_\_\_\_\_\_\_**  **Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Do you have a current IEP or 504 plan? Yes or No (if Yes, please attach)**  **Have you ever been referred for either of the above? Yes or No**  **Do you have a current or previous mental health diagnosis? Yes or No** |
| --- |

| **Legal Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Will your child need transportation to and from school? YES or NO** |
| --- |

| **Does any other person have parental rights pertaining to this child as determined by a parenting order issued by a state court? If yes, please provide the contact information for this individual(s).**  **Name/Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| --- |

**STUDENT APPLICATION LETTER**

Before an applicant can be considered for the Gartley Street Program, they must submit a

completed application to the guidance office at the high school or directly to the

Gartley Street School if the applicant has dropped out. Steps in the application process include:

The applicant will write a brief letter stating why they want to be admitted into the

Gartley Street Program addressing the following the criteria listed below:

* ***After reading Gartley Street School Alternative Education Handbook, why do you***

***believe an alternative education setting is more appropriate for you?***

* ***Why is your current educational setting unsuitable?***
* ***Which academic subjects do you find most interesting and why?***
* ***Which academic subjects are challenging for you and why?***
* ***Is the lack of attendance a factor for your education? If so, why do you think it would***

***improve within this program?***

* ***What does accountability mean to you and how will you use this in your work completion?***
* ***What do you see yourself doing 5 years from now?***

**GUARDIAN PERMISSION FORM**

My signature on this document confirms that I am aware that my child,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

is applying for admission into the Gartley Street Alternative Education Program. I have seen and read Gartley Street Alternative Education Handbook and support my child’s application to the program. Furthermore, I understand that if my child is accepted into the program, I will need to attend a Guardian and student meeting with the Gartley Street Program Principal and Teaching staff. At this meeting, we will review Gartley Street Alternative Education Handbook, review behavioral and academic expectations for my child and go over expectations for myself. I have read and understand the expectations outlined on the cover page of the application. I also understand that enrollment in the Gartley Street Alternative Education Program does not preclude the possibility of re-enrolling my child at Lisbon High School in the future.

Signature of Guardian:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed Name of Guardian:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date:

**Lisbon School District**

**Student Attributes/Assets Checklist**

**Developmental Attributes: External**

**Protective Factors**

| **Support** | * Family Support * Positive family communication * Other adult relationships * Caring neighborhood * Caring school climate * Parent involvement in schooling |
| --- | --- |
| **Empowerment** | * Community values youth * Youth as resources * Service to others * Safety |
| **Boundaries and Expectations** | * Family boundaries * School boundaries * Neighborhood boundaries * Adult role models * Positive peer influence * High expectations |
| **Constructive Use of Time** | * Creative activities * Youth programs * Time at home |

**Developmental Attributes: Internal**

**Resiliency Skills**

| **Commitment to Learning** | * Achievement motivation * School engagement * Homework * Bonding to school * Reading for pleasure |
| --- | --- |
| **Positive Values** | * Caring * Equality and social justice * Integrity * Honesty * Responsibility * Self regulation |
| **Social Competencies** | * Planning and decision-making * Interpersonal competence * Cultural competence * Able to access and identify coping skills * Peaceful conflict resolution |
| **Positive Identity** | * Personal power * Self esteem * Sense of purpose * Positive view of personal future |

**Student Strengths**

**What do you see as this student’s strengths? Please check off all that you believe pertains to your student.**

* Student understands and follows school rules and accepts consequences for unexpected behavior.
* Student’s friends model responsible behavior.
* Student spends three hours or more a week in extracurricular activities.
* Student spends three hours or more a week in school or community sports, clubs or organizations.
* Student wants to do well in school.
* Student is actively engaged in learning.
* Student regularly completes homework assignments.
* Student cares about their school.
* Student reads for pleasure three or more hours a week.
* Student believes it is important to help other people.
* Student can stand up for what they believe in.
* Student tells the truth even when it’s not easy.
* Student can accept and take personal responsibility.
* Student is good at planning ahead and making decisions.
* Student is good at making and keeping friends.
* Student knows and is comfortable with people of different cultural/racial/ethnic backgrounds.
* Student can resist negative peer pressure and dangerous situations.
* Student tries to resolve conflict nonviolently.
* Student believes they have control over many things that happen to them.
* Student feels good about themselves.
* Students believes their life has a purpose.
* Student is optimistic about their future.

**NOTE:** This checklist is not intended as, nor is it appropriate to use as, a scientific or accurate measure of development assets.

Waiver of Liability

The experiential and adventure based aspects of the Gartley Street School’s programming are part of our alternative curriculum, and provide the basis for much of our therapeutic and educational work with students. Frequently, our students will be transported in school vans driven by school staff to community or adventure based activities during the course of the school day. Our teaching and counseling staff members receive ongoing training and experience in working with challenging youth. We take reasonable measures to ensure the safety of our students and staff at all times. While away from the school building, students and teachers will be engaged in relevant, experiential, authentic, expeditionary, and incidental learning activities that range widely in scope, risk-level, intensity, of supervision, and milieu. Some specific examples include (but are not limited to): teambuilding, ropes courses, bicycling, backpacking, camping, kayaking, rock climbing, sailing, rafting, canoeing, snowshoeing, skiing, swimming, snowboarding, fishing, ice skating, sports, and games of all types.

However, this document will serve as an all-encompassing assurance of permission for the regular out-of-class experiences that our students will access.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read the information above and hereby waive and release any and all right and claim that I or my child may have against the Gartley Street School, Lisbon School Department, or any of their employees, administrators, or agents, for any and all injuries suffered by my child arising out of his/her participating in, or returning from any event sponsored, supervised, and/or sanctioned by the Gartley Street School. I further agree that my child will abide by the rules and policies of the Gartley Street School while in the care of the Gartley Street School staff.

I acknowledge that participation in adventure-based and experiential learning activities may involve substantial risk of personal injury, and I hereby assume on behalf of my child the risk of any such injury arising from his/her participating in the Gartley Street School activity, and forever forfeit and relinquish any claim for liability against the Gartley Street School, Lisbon School Department, or any of their sponsoring organizations, officers, administrators, or employees that I or my child may have by reason of participating in Gartley Street School programming.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Date

STUDENT COMPUTER/INTERNET USE ACKNOWLEDGEMENT FORM

No student shall be allowed to use school computers or the internet until the student

and parent/guardian have signed and returned this acknowledgment to the school.

Student: I have read the Computer/Internet policy in the Gartley Street School Handbook

and I will abide by the procedures and policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Date

Parent/Guardian: I have read the Computer/Internet policy in the Gartley Street School

Handbook and I will abide by the procedures and policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

Photographs/Names/Video and Media Release

The Gartley Street School staff and students periodically take pictures or videos of students.

At times, journalists from new media will also take images/video of Gartley Street School and students. We need your permission to display these videos and photographs, as well as

to use the names of students.

We would like to use these images and names to publicize the work of the students in newspapers, magazines, and other publications, to showcase our successes on the Lisbon School District website or social media (facebook, twitter), and/or to promote students’

work in grant applications and reports.

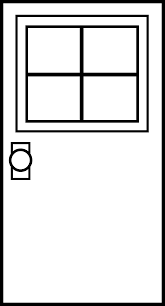
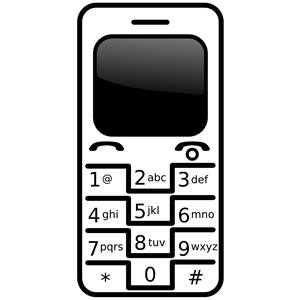
The Gartley Street School functions as a Day Treatment program, Alternative Education program, and Adult Education program. There will be outside individuals using the building for multiple purposes. We need your permission to display your child/ward name and pictures in classrooms in order to create a school based environment.

I grant permission for images, video, and names of my child/ward to be displayed and used for the purposes outlined above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

Leave your Cell Phone at the Door…….



At Gartley Street School, every student must turn in their cell phone into the teacher designated area for the remainder of their school day. If a student doesn’t comply with this request, then the consequence is for the student to turn their cell phone into the Director. The length of this consequence is determined by the Director. Students who fail to abide by this procedure will be at risk of losing the privilege of attending Gartley Street School.

I understand the Gartley Street School cell phone procedure and I will leave my

cell phone at the door.

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

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LISBON SCHOOL DEPARTMENT

19 Gartley Street

Lisbon, Maine 04250

Tel: (207) 353-6711

www.lisbonschoolsme.org

FIELD TRIP PERMISSION FORM

Alternative Education Program

Date:

I give permission for to attend all off site visits during Alternative Education class time during the 2023-2024 school year. The student will be transported in a school vehicle. You will be notified at least two days prior of the location of the trip and informed of the staff chaperoning the trip.

**This is an approved school activity.**

I authorize officials of the Lisbon School Department to take whatever action is deemed necessary in the event of a medicalissue or emergency while on this field trip.

Phone Numbers: Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

**Gartley Street School**

**“Agents of Change”**



Lisa Polakowski, Director 19 Gartley Street, Lisbon (207) 353-3037

**Attendance Policy**

Attendance is crucial to the success of our children and their future within the workforce, community college or college. Gartley Street School is a privilege to our students within the Lisbon School Department. With the extensive accommodations we offer, such as: smaller class sizes, differentiated curriculum and a shortened school day, we expect students will demonstrate their commitment to the program through consistent attendance.

If a student is absent, they are expected to make up the time the day they return to school. Failure to do so may result in loss of credit and/or dismissal from the program. If late, the student will be expected to stay after to do make up work that day.

**I have read the above policy and understand the consequences if my attendance does not meet it.**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gartley Street School**

**Student Privilege Permission Form**

**2023-2024**

**Guidelines for Earning and Utilizing Senior Privileges**

Please read the following guidelines carefully and return your signed permission form the main office. Privileges will NOT go into effect until this happens.

**Privilege Policy**

Students who earn privileges will adhere to the following guidelines.

* Student privileges will be determined based on the student's attendance and current status in their classes.
* Privileges may be taken during lunch and/or study hall and students must return prior to the start of the afternoon academic time.
* Students wishing to utilize their privileges ***MUST*** sign in and out on the sheet in the classroom when leaving and entering back into the building. This is the ***ONLY entrance*** students will be allowed to use.
* Students are expected to be positive, productive citizens and role models for their peers to maintain their privileges. This means they will be ***on time*** for school ***and*** their classes at all times, not have any unexcused absences/unexcused tardies, and ***will not*** receive any disciplinary referrals from their teachers *or* administration. Failure to do so will result in the loss of privileges for the remainder of the quarter and/or the remainder of the year depending on the severity of the infraction. This applies to academic classes, extracurricular activities, and athletics.
* Student will ***NOT*** engage in illicit substance use while utilizing their privileges. Failure to do so will result in the loss of privileges for the remainder of the quarter and/or the remainder of the year depending on the severity of the infraction. This applies to academic classes, extracurricular activities, and athletics.

I acknowledge that\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been awarded and will

(Student’s Name)

be utilizing student privileges. I understand that this allows my student the opportunity to sign in and out during their study hall and/or lunch periods.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Parent Printed Name) (Parent Signed Name)**

I acknowledge and understand all guidelines and expectations as outlined in the Student Privilege Policy and agree to them as outlined. I also acknowledge and understand that my privileges ***will be revoked*** if I fail to do so.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Student Printed Name) (Student Signed Name)**

**Checklist**

* **Student information page**
* **Student Application Letter Assessment**
* **Student Placement Assessment (completed after acceptance)**
* **Student Transcripts**
* **NWEA scores**
* **Current IEP or 504 if applicable** 
  + **Have you ever been referred to Special Education or 504**
  + **N/A**
* **Guardian Permission Form**
* **Student Attributes/Assets - to be filled out by Guidance Counselor/Principal**
* **Lagging Skills - to be completed by a teacher and parent**
* **Letter of Recommendation - to be filled out by a teacher**
* **Waiver of Liability**
* **Student Computer/Internet Use Acknowledgement Form**
* **Photographs/Names/Video and Media Release**
* **Medication Authorization**
* **Do Not Dismiss/Allow Contact Form**
* **Leave your cell phone at the door contract**
* **Free and Reduced Lunch Form**
* **Attendance Policy/Contract**
* **Field Trip Permission Slip**
* **Student Attendance History**
* **GSS Privileges and Guidelines**