

Bus Questionnaire

Student/s Name: _____

- Are you planning to ride the school bus this school year? (circle one)
 - YES
 - NO
 - SOMETIMES

- If YES or SOMETIMES, which stop will you be using? (circle one)
 - CR71 & 102
 - Witcher Mountain & 102
 - Stagecoach Road & 102
 - CR 59 & 102
 - CR 104 & 102
 - CR 88 & HWY 9
 - Mountain Aries Market

○ If SOMETIMES, please explain: _____

24/25 School Year Lunch Program Form

Dear Guffey Families,

Last year we only had a few parents consistently pay for their child's lunches every day. This has put a strain on our lunch budget for the school year. As you know, as a charter school, we do not get funds for school lunches and are not part of free and reduced lunches like most public schools are. Going forward this school year, we had to figure out a solution to our over budget costs last school year.

This school year we ask parents that are able to pay for their child(rens) lunches to do so in advance whether it's daily, weekly, or monthly, this now needs to be paid up front. If your child(ren) runs out of their lunches that are paid for in advance, they will then still get a full lunch that will consist of a deli meat sandwich or peanut butter and jelly sandwich along with a fruit cup. They will not be able to get hot lunches until payment is made beforehand. You will be notified in advance when your child(ren) is/are due lunch money.

If you know at the beginning of the school year or when your child(ren) is/are enrolled that you can not provide the \$3.00 a day for lunch, please let us know so you will be waived from this program and your child will still be able to get a hot lunch or a sandwich if they prefer. We have had too many parents able to provide the money but just stop paying. This program ensures that we don't go over our budget for school lunches this school year.

We also always welcome donations of food supplies such as non perishable items like, pastas, sauces, ketchup, rice, small bags of chips in bulk, etc. If you wish to donate items throughout the school year in place of paying for lunches, we can definitely accommodate you on that.

By signing this form, you acknowledge that you read and understand why we are doing this for the 24/25 school year.

Signature of parent: _____

Date: _____

Guffey Community Charter School
RETURNING STUDENT Enrollment Form
2024-2025 School Year

For Office ONLY to fill out:

Grade: _____

SASID #: _____ School ID #: _____

STUDENT INFORMATION

Student's Legal Name: _____

Age: _____ Date of Birth: _____

Today's Date: _____

Grade of student: K 1 2 3 4 5 6 7 8 (Circle One)

Sex: F or M (Circle One)

With whom does the student live? Mom Dad Grandparent Other (Circle all that apply)

County of permanent residence (circle one) Park Teller Fremont

School Dist. of Residence: (Mark One)

_____ Park County Re-2

_____ Fremont

_____ Woodland Park Re-2

_____ Cripple Creek/Victor Re-1

What will be the student's age as of Oct. 1 this year: _____

TURN OVER

PARENT INFORMATION:

Mother's Name: _____

Physical Address: _____

Mailing Address (if different from physical address):

Home Phone #: _____

Work Phone #: _____ Location: _____

Cell Phone #: _____ Texting okay? _____

Email address: _____

Preferred method of contact: Home phone Cell Phone Email (circle all that apply)

Father's Name: _____

Physical Address: _____

Mailing Address (if different from physical address):

Home Phone #: _____

Work Phone #: _____ Location: _____

Cell Phone #: _____ Texting okay? _____

Email address: _____

Preferred method of contact: Home phone Cell Phone Email (circle all that apply)

TURN OVER

EMERGENCY INFO:

In the event, your child experiences illness or injury during school, we will need to contact you or a person you designate to care for your child. Please provide us with a minimum of two contacts, other than yourself, who are willing and able to do this for you. It is especially important that we have a contact who is close to school or someone who can get here quickly in case of an urgent situation.

1st Emergency Contact Name: _____

Best Phone #/s : _____

Is this phone # a (circle one): landline cell

Relationship: _____

2nd Emergency Contact Name: _____

Best Phone #/s : _____

Is this phone # a (circle one): landline cell

Relationship: _____

3rd Emergency Contact Name: _____

Best Phone #/s : _____

Is this phone # a (circle one): landline cell

Relationship: _____

TURN OVER

MEDICAL INFORMATION:

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Preferred Hospital: _____

Known allergies: _____

In order to obtain medical attention necessary to assure proper care for your child in case of an accident or illness, the following statement needs to be signed:

I, the undersigned, do hereby authorize officials of Guffey Community Charter School in Park County School District Re-2 to contact directly the persons named on this form and do authorize the named physician to render such treatment as may be deemed necessary in an emergency, for the health of said student. In the event physician, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent or Guardian: _____

Date: _____

Please Note: It is the responsibility of the parent or guardian to provide the school with any changes in phone numbers or emergency contacts. We cannot allow children to be taken from school by anyone other than a parent or guardian without written consent from the parent or guardian. Parents have the ability to update contact information in the Alma portal or may contact the office.

******* Sick children CANNOT remain at school under any condition. Children who have a fever, are vomiting, or cannot participate due to illness will be sent home. Please refer to the detailed version of this policy in the student handbook. *******

Guffey Community Charter School
NEW STUDENT Enrollment Form
2024-2025 School Year

For Office ONLY to fill out:

Grade: _____

SASID #: _____ School ID #: _____

STUDENT INFORMATION

Student's Legal Name: _____

Age: _____ Date of Birth: _____

Today's Date: _____

Grade of student: K 1 2 3 4 5 6 7 8 (Circle One)

Sex: F or M (Circle One)

With whom does the student live? Mom Dad Grandparent Other (Circle all that apply)

County of permanent residence (circle one) Park Teller Fremont

School Dist. of Residence: (Mark One)

_____ Park County Re-2

_____ Fremont

_____ Woodland Park Re-2

_____ Cripple Creek/Victor Re-1

What will be the student's age as of Oct. 1 this year: _____

PARENT INFORMATION:

Mother's Name: _____

Physical Address: _____

Mailing Address (if different from physical address):

Home Phone #: _____

Work Phone #: _____ Location: _____

Cell Phone #: _____ Texting okay? _____

Email address: _____

Preferred method of contact: Home phone Cell Phone Email (circle all that apply)

Father's Name: _____

Physical Address: _____

Mailing Address (if different from physical address):

Home Phone #: _____

Work Phone #: _____ Location: _____

Cell Phone #: _____ Texting okay? _____

Email address: _____

Preferred method of contact: Home phone Cell Phone Email (circle all that apply)

EMERGENCY INFO:

In the event, your child experiences illness or injury during school, we will need to contact you or a person you designate to care for your child. Please provide us with a minimum of two contacts, other than yourself, who are willing and able to do this for you. It is especially important that we have a contact who is close to school or someone who can get here quickly in case of an urgent situation.

1st Emergency Contact Name: _____

Best Phone #/s : _____

Is this phone # a (circle one): landline cell

Relationship: _____

2nd Emergency Contact Name: _____

Best Phone #/s : _____

Is this phone # a (circle one): landline cell

Relationship: _____

3rd Emergency Contact Name: _____

Best Phone #/s : _____

Is this phone # a (circle one): landline cell

Relationship: _____

4th (OPTIONAL) Emergency Contact Name: _____

Best Phone #/s : _____

Is this phone # a (circle one): landline cell

Relationship: _____

MEDICAL INFORMATION:

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Preferred Hospital: _____

Known allergies: _____

In order to obtain medical attention necessary to assure proper care for your child in case of an accident or illness, the following statement needs to be signed:

I, the undersigned, do hereby authorize officials of Guffey Community Charter School in Park County School District Re-2 to contact directly the persons named on this form and do authorize the named physician to render such treatment as may be deemed necessary in an emergency, for the health of said student. In the event physician, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent or Guardian: _____

Date: _____

Please Note: It is the responsibility of the parent or guardian to provide the school with any changes in phone numbers or emergency contacts. We cannot allow children to be taken from school by anyone other than a parent or guardian without written consent from the parent or guardian. Parents have the ability to update contact information in the Alma portal or may contact the office.

******* Sick children CANNOT remain at school under any condition. Children who have a fever, are vomiting, or cannot participate due to illness will be sent home. Please refer to the detailed version of this policy in the student handbook. *******

EDUCATIONAL HISTORY:

Has the student attended other schools in the past year? Yes No (Circle one)

If yes, where? _____

If no, please explain: _____

Name and location of last school attended: _____

(Please check those that apply to your child)

_____ Attended preschool? Full Year ___ Partial Year ___

_____ Attended kindergarten? Full Year ___ Partial Year ___

_____ Missed more than ten days in a school year? Yes No (Circle one)

_____ Retained a grade? If so, what grade? _____

_____ Skipped a grade? If so, what grade? _____

_____ Has your child been home schooled in the past? Yes No (Circle one)

If yes, for what grades? _____

_____ Difficulty with reading? Yes No (Circle one)

_____ Difficulty with math? Yes No (Circle one)

_____ Difficulty with writing? Yes No (Circle one)

_____ Intense interest in a particular subject? Yes No (Circle one)

If yes, which subject? _____

_____ Dislikes going to school? Yes No (Circle one)

If no, explain why: _____

Do you have any concerns about your child's social skills? Yes No (Circle one)

If yes, explain: _____

Math Skills:

_____ above grade level
_____ at grade level
_____ below grade level

Reading Skill:

_____ above grade level
_____ at grade level
_____ below grade level

Written Language Skills:

_____ above grade level
_____ at grade level
_____ below grade level

Was your child previously enrolled in any special needs academic programs? Yes No (Circle one)

If Yes, please circle: GT Title I (reading math) 504 IEP Counseling

Will your child's immunization records and birth certificate be available upon records requested from the previous school? Yes No (Circle one)

If not, will you be able to provide this information? Yes No (Circle one)

Is the student currently expelled from another district/school? Yes No (Circle one)

***Please note a student likely cannot be enrolled if he/she is currently expelled from another school district.**

SCHOOL HISTORY:

<u>GR</u>	<u>Name of School</u>	<u>City/State</u>	<u>Public/ Private/ Charter School</u>	<u>Home School</u>	<u>School Years</u>
PreK					
K					
1					
2					
3					
4					
5					
6					
7					
8					

**AUTHORIZATION
TO PICK UP A CHILD FROM:
Guffey School or Bus Stop**

Name of Child: _____

Name of Child: _____

Name of Child: _____

I hereby inform Guffey Community Charter School that the people listed below are authorized to pick up the above named child(ren) at any time from school or the bus stop.

AUTHORIZED PICK-UP PERSON/S:

Name:	Relationship to Child:	Phone Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I understand that:

- The "Authorized Pick-Up Person" must be at least 18 years old.
- This authorization shall remain in force until edited or rescinded in writing by the signers of this authorization.

Authorized by:

Parent/Guardian Signature _____

Date _____



Immunization Medical Exemption Form

Colorado law C.R.S. § 25-4-902 requires all students attending any school in the state of Colorado to be vaccinated against certain vaccine-preventable diseases as established by Colorado Board of Health rule 6 CCR 1009-2, unless an exemption is filed. This law applies to students attending child care facilities licensed by the Colorado Department of Human Services, public, private and parochial kindergarten, elementary and secondary schools through 12th grade, and colleges or universities. Students with a recorded immunization exemption may be kept out of a child care facility or school during a disease outbreak; the length of time will vary depending on the type of disease and the circumstances of the outbreak.

Please complete all required fields below; incomplete forms will not be accepted.

Student Information:

Last Name:	First Name:	(optional) Middle Name:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:	
Address:		
City:	State: CO	Zip Code:
Email Address:	County:	
Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Cell	

Parent/Guardian Completing This Form: Check if an emancipated student or student over 18 years old

Last Name:	First Name:	(optional) Middle Name:
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian		
Address:		
City:	State: CO	Zip Code:
Email Address:	County:	
Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Cell	

School/Licensed Child Care Facility Information:

School Name/Licensed Child Care Facility:		
School District:	<input type="checkbox"/> Check if Not Applicable	
Address:		
City:	State: CO	Zip Code:
Phone Number:	Grade of Student:	

Required Vaccines for Entering School: (Check each vaccine declined)	List medical contraindication(s) for each vaccine declined
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Diphtheria, tetanus, pertussis (DTaP, Tdap)	
<input type="checkbox"/> Haemophilus influenza type b (Hib)	
<input type="checkbox"/> Inactivated poliovirus (IPV)	
<input type="checkbox"/> Pneumococcal conjugate (PCV13) or polysaccharide (PPSV23)	
<input type="checkbox"/> Measles-mumps-rubella (MMR)	
<input type="checkbox"/> Varicella (chickenpox)	

The physical condition of the above named student is such that vaccination would endanger his/her life or health or is medically contraindicated due to other medical conditions.

Physician or Advanced Practice Nurse Signature: _____ Date: _____

Under Colorado law, you have the option to exclude your child's/your information from CIIS. To opt out of CIIS, go to: www.colorado.gov/cdphe/ciis-opt-out-procedures. Please be advised that you will be responsible for maintaining your child's/your immunization records to ensure school compliance.



Colorado Immunization Information System Opt-Out Form

The Colorado Immunization Information System (CIIS) is a confidential, computerized, population-based system that collects and consolidates immunization data for Coloradans of all ages from a variety of sources and provides tools for designing and sustaining effective immunization strategies to prevent disease and reduce healthcare costs. If your healthcare provider participates in CIIS, they are able to see the vaccines that you/your child received in the past as well as any vaccines recommended for you/your child at the time of the visit. Your healthcare provider can also print immunization forms needed for child care, school and camp enrollment directly from the secure CIIS web application.

Information in CIIS can only be released to:

- The individual or the individual’s parent/legal guardian.
- The physician, clinic, hospital or licensed healthcare practitioner treating the individual.
- A school, child care/preschool or college/university where the individual is enrolled.
- A managed care organization or health insurer where the individual is enrolled, if the organization or health insurer pays for immunizations.
- People or entities that have contracted with the State of Colorado for the implementation and operation of CIIS.
- The Department of Health Care Policy and Financing, for individuals enrolled in Health First Colorado (Colorado’s Medicaid program).

Anyone who releases information in CIIS to an unauthorized party commits a crime and can be punished. Under Colorado law, you have the right to exclude your/your child’s immunization information from CIIS at any time. If you change your mind, you can have your healthcare provider resubmit your/your child’s immunization records to CIIS. If you choose to exclude your/your child’s immunization information from CIIS, you are responsible for keeping your/your child’s immunization records. *NOTE: CIIS works on a search function; system users have to search for and find an individual in CIIS prior to viewing or updating the individual’s record. The following demographic information is kept in CIIS for opt-out individuals: First Name, Last Name, Date of Birth, Gender, City, County, and Zip Code. This information is retained to prevent CIIS users from adding opt-out individuals back into CIIS.*

Patient Information: Please print clearly.

Last Name:	First Name:	Middle Name:
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Street #:	Street Name:	Street Type (e.g. Ave.):
Unit #:	P.O. Box:	
City:	State:	Zip Code:
Name of Doctor/Clinic:		
Address of Doctor/Clinic:		

By signing this Opt-Out form, I confirm that I am the individual or parent/legal guardian of the individual listed above. I choose to have immunization information for myself/my child excluded from CIIS. I can continue to receive vaccines for myself/my child from my healthcare provider even if the immunization information is excluded from CIIS.

(Please print) Individual or Parent/Legal Guardian Full Name

Signature of Individual or Parent/Legal Guardian

Date

It is your responsibility to mail or fax this form to:
Colorado Department of Public Health and Environment
Attn: Colorado Immunization Information System Program
DCEED-IMM-A3
4300 Cherry Creek Drive South
Denver, CO 80246-1530
Fax: 303-758-3640

If you have questions, call:
1-888-611-9918 or email:
cdphe.ciis@state.co.us

**GUFFEY COMMUNITY CHARTER SCHOOL
BLANKET FIELD TRIP PERMISSION**
(One form per family is sufficient.)

Dear Parents:

Each year we hope to spend more time in the local community and on field trips. Usually our trips are planned well ahead of time, and you will be asked to sign permission slips in advance. Occasionally, however, we may want to take a walk to a local area that relates to our curriculum for the day. Short trips to observe our community and the surrounding area can make the lessons "come alive," and sometimes we want to do this on the spur of the moment. Therefore, we are asking each family to grant blanket permission for staff to take their class off campus during the day. The students will always return to the campus by 4:00 for dismissal. This form will be used to cover the bus trips to the Guffey Library and Community Center that will take place once a week.

I hereby give permission for my child's teacher to take him/her off campus for short field trips during the day, any time during the school year.

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Parent/Guardian's Printed Name _____

Parent/Guardian's Signature _____

Date _____

Guffey Community Library

(Park County)

1625B Park County Rd. 102

Guffey, CO 80820

Phone: 719-689-9280

Fax: 719-689-9280

Branch Librarian: Steve Walker

guffeylib@parkco.us

LIBRARY CARD

(In order for your child to check out library books, this form must be completed.)

Grade: K 1 2 3 4 5 6 7 8

County of Residence: _____

I agree to obey all the rules and regulations of the Guffey Public Library, to promptly pay all fines charged against me for the injury or loss of books, and to give notice of any change of address.

Student's Name: _____
Last Name First name

Mailing Address: _____

Physical Address: _____

City/State/Zip: _____

Home Ph: _____ Work Ph: _____

Cell Ph: _____

Email Address: _____

Parent's Name (printed): _____

Parent's Signature: _____

**Guffey Community Charter School
MEDIA RELEASE FORM**

At times during the school year, school personnel and/or a local newspaper may ask to interview and/or photograph students. While we enjoy having school events publicized, we respect your right as a parent to decide whether or not to have your child participate in an interview, have his/her picture in the newspaper, on facebook or on the school website. Please indicate whether you agree to have your child's photograph or interview by completing the form below and returning it to the school office.

Please mark ONE of the following:

____I hereby DO give permission to allow my child to be photographed and/or interviewed by the media. I agree to allow my child to participate in media projects without financial remuneration, and I understand that this releases the school/District from any future claims, as well as from any liability, arising from the use of the said interview/photograph.

____I DO NOT grant permission for the school/internet/news media to take or use any interview/photograph of my child.

____I hereby give permission to allow my child's photo to be used by the media ONLY IF the photo is a group shot where individual children are not identified.

Name of Child/ren: _____

Signature of Parent or Guardian: _____

Date: _____

NOTE: All of the students attending GCCS will be in the annual end of year picture. At any time during the school year, you may amend this form for future uses/preferences by notifying the office in writing of your request.

Guffey Community Charter School
Over-the-Counter Medication Permission Form, and Parental Contact Procedure

Over-the-Counter (OTC) Medication Permission:

Guffey School recognizes its responsibility to its students, especially in times of an emergency. In order to adequately care for students, the following consent is required.

We/I consent for the staff of Guffey School to treat our/my student (shown below) if deemed necessary or advisable based on his/her presentation to school staff. In the event that immediate medical attention of a true emergent nature is necessary, and one or both parents or a legal guardian cannot be immediately contacted, the school Administrator or her fill-in are authorized to proceed with contacting emergency services and seeking emergency care as deemed appropriate.

It is recognized that minor symptoms occur that may not be relieved through comfort care or homeopathic measures. The school Administrator does have certain over-the-counter medications in stock which can be administered if authorized by the parent on this form.

Before granting school permission to administer over-the-counter medication, please check with your doctor/pharmacist that the medications below do not interact with any medication your student may already be taking.

Student Name: _____

____No, my student may not be given any over-the-counter medication or options listed below. We/I understand that only comfort care measures (such as an ice pack or band aid) will be administered until I am contacted.

____Yes, my student may see the school Administrator and receive over-the-counter medications indicated below if deemed appropriate based on presentation/symptoms. The following medications are allowed to be given to my student but only provided by the parent/guardian:

- ___ Acetaminophen (Tylenol) at dosage recommended based on age/weight
- ___ Ibuprofen (Motrin/Advil) at dosage recommended based on age/weight
- ___ Saline eye rinse &/or nasal spray
- ___ Benadryl antihistamine at dosage recommended based on age/weight
- ___ Benadryl or cortisone cream (topical itching/rash)
- ___ Tums antacid at dosage recommended based on age/weight
- ___ Pepto Bismol at dosage recommended based on age/weight
- ___ Cough drops (menthol, i.e. Halls)
- ___ Other provided by parent/guardian

Parent/Guardian Signature _____ Date _____ (turn over)

Notifying Parents about Student Illness or Injury

The school administrator or other staff member will contact a parent or guardian if it is decided that a student is unable to remain at school due to a possible infectious illness or injury requiring medical attention. Individual assessment of student concerns will dictate the necessity of parental contact. Time does not permit calling parents for each office visit for injury or illness, but priority will be given to any serious injury or illness.

Parents/guardians/emergency contacts must pick up the child within an hour and half of contact by the school office. This is for the health and safety of the individual student, the rest of the student body, and in respect of the time of staff since we do not have a full time school nurse on staff.

I have read and understand the above information:

Parent/Guardian Signature _____

Date _____

Guffey Community Charter School
Permission for Medication
(One medication per form)

Name of Student: _____

Name of Medication: _____

Dosage: _____

Route administered: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of Medication: _____

Side effects that need to be reported: _____

Starting Date/Time: _____

Ending Date/Time: _____

Physician's Signature: _____ Date: _____

Physician's Phone Number: _____

Parent/Guardian Signature: _____ Date: _____

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the nurse or school staff delegated to administer medication.

The Guffey School agrees to administer medication prescribed by a licensed healthcare provider. It is the parent/guardian's responsibility to furnish all medication in the proper container.

Prescription medications must come in a container labeled with: student's name, name of medicine, dosage, time medicine is to be given, number of days medicine should be administered, Doctor's name, Pharmacy name and phone number.

Over the Counter medication must be packaged in the *original container* labeled with the student's name and dosage.

**PROOF OF RESIDENCY
AFFIDAVIT OF STATE OF COLORADO RESIDENCY**

Pursuant to 1CCR301-71, Rules for the Administration, Certification and Oversight of Colorado Online Programs, the Colorado State Board of Education must ensure that student residency is documented and verified, both upon initial enrollment and annually thereafter. Colorado residency is determined by the student and Parent or legal guardian currently residing within the State of Colorado boundaries, except for students of military families that maintain Colorado as their state of legal residence for tax and voter registration purposes. Reasonable evidence of residency within the State of Colorado boundaries can be established by a written statement of residency from the student's parent/guardian pursuant to Section 8.06.4:

Please complete the below affidavit as evidence of your residency status for the Colorado State Board of Education.

Family's Last Name: _____

+++++

Affidavit by Parent or Legal Guardian:

I, _____, do hereby swear and affirm, under penalty of perjury, that my child(ren) and I are currently and will continue to be residents of the State of Colorado for the 2021/2022 school year.

Parent/Guardian Signature: _____

Date: _____

Name: _____

Complete Address:

Note: Address cannot be post office box or general delivery at a post office. No vacant lot or business address shall be considered a residence.

Guffey Community Charter School Race and Ethnicity Information

There are new guidelines from the U.S. Department of Education regarding the collection of data on race and ethnicity for public school students and staff. The federal government, which requires all states to collect this information, has developed a new way to report ethnicity and race that includes new categories.

The federal government has developed these new categories in order to provide a more accurate picture of the nation's ethnic and racial diversity. This will enable individuals to be identified in ethnic and racial classifications and in more than one racial category when appropriate. In the past, guidelines allowed individuals to be identified in only one racial category.

The student data with the new ethnicity and race categories will be used in the same manner that such information is currently used. For example, the federal government and the state of Colorado use racial and ethnic data in reporting and analyzing aggregated test results, such as Colorado State Assessment Program (CSAP) scores, and aggregated student outcomes information, such as graduation rates or dropout rates. These reports help us track changes in student enrollments, performance, and outcomes and ensure that all students receive the educational programs and services to which they are entitled.

Please complete the enclosed questionnaire and send it back to the school in your family Pony folder by Monday 10/12. Please note that the school district is required to provide an answer to this questionnaire on your behalf if you choose not to provide this information. The federal government believes that in getting aggregate numbers from states and districts, it would be preferable to have complete data this way, than to have missing data.

**Guffey Community Charter School
Race & Ethnicity Questionnaire
NEW STUDENTS**

Student's name: _____

Grade: _____

Part A. Is this student Hispanic/Latino? (*choose only one*)

- No, not Hispanic/Latino
- Yes, **Hispanic/Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

*The above part of the question is about ethnicity, not race. **No matter what you selected in Part A above, please provide an answer to Part B** by marking one or more boxes below to indicate what you consider your child's race to be.*

Part B. Which of the following groups describe the student's race? (*choose one or more*)

- American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American.** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Parent/Guardian Signature: _____

Date: _____

Guffey Community Charter School

PO Box 147

Guffey, CO 80820

Phone: 719-689-2093 Fax: 719-689-3407

Email: kmaguire@guffeyschool.org

www.guffeyschool.org

Guffey Community Charter School requests the release of all student records, including personal, medical, Special Education, and Psychological information for the following student:

(Please send all records to the email, fax or mailing address above.)

Student's Name: _____

Date of Birth: _____ Grade: _____

Previous School Name and Address:

Telephone #: _____

Fax #: _____

X _____
Parent/Guardian Signature

(Family Educational Rights and Privacy Act of 1974 states that parental signature is not required for transfer of records between schools.)

INFORMATION REQUESTED:

Immunization records

Academic records (including Individual Literacy Plans (ILP) information, READ Plan)

Standardized test records (including CSAP scores)

Discipline records (including suspensions and/or expulsion records)

Special services/IEP records (including all testing, most recent IEP, and triennial report)

Medical records (including medications)

Birth Certificate (official state form)

Administrator Signature: _____

Date: _____

Date Records Received: _____

SCHOOL SUPPLIES

Guffey School supplies are selected by your child's teacher and purchased by the school. We request a \$30 school supply fee for each student from each family to cover these costs. **Please provide \$30 for supplies** as soon as possible by cash or check. If you are unable to afford this please let us know and we will use a community donation to cover the cost for your family.

Additional supplies requested from all students:

- Water bottle - all students will need to bring their own water bottle to school. Please be sure your student's name is on their water bottle. Water bottles are only for water (no juice, drink mix powders, or milk that can get spilled and stain the carpet).
- A backpack
- Snow gear for recess (can be kept at school and be sure the student's name is on it)
- Tennis shoes for PE class
- Slippers or comfortable shoes only to be brought to school and worn indoors for snowy days.

School supplies you should have home for homework.

- Pencils. Work should not be done in pen!
- Loose leaf wide lined paper for written assignments done at home
- A stapler so work that is done at home can be stapled together

Snacks:

All families are asked to contribute healthy snacks for their classroom daily snack break throughout the year. Please no candy or sugary snacks.

Guffey Community Charter School

SCHOOL HEALTH SCREENING QUESTIONNAIRE

Name of Child: _____
Last First Middle

Date of Birth: _____ Grade: K 1 2 3 4 5 6 7 8
(Circle One)

Name of person filling out questionnaire: _____

Relationship to student: _____

1. When has this child last had a routine health exam? Date: _____

2. Has there ever been a concern about the age at which your child began: (Please write "yes" or "no" beside each developmental milestone.)

Crawling _____ Walking _____ Talking _____ Bowel and Bladder Training _____

Please check appropriate blank:

3. Are there any major health problems in the family? No _____ Yes _____
If yes, please comment:

4. Does your child have any chronic health conditions? No _____ Yes _____
(Circle which one(s): asthma, allergies, bronchitis, diabetes,
frequent ear infections, heart condition, nervous disorders,
seizure disorders, strep infections, ulcers, or _____

If yes, (a) is he/she still under treatment? No _____ Yes _____

If yes, please comment:

5. Has your child had any serious illness, operations, or injury? No _____ Yes _____

If yes, (a) is he/she still under treatment? No _____ Yes _____

If yes, please comment:

6. Has your child had any problem with vision? No _____ Yes _____

Does your child wear glasses? No _____ Yes _____

Has your child had any problem with hearing? No _____ Yes _____

If yes, please comment:

7. Is your child on medication? No____ Yes____

If yes, please state medication:

Does it need to be given in school? No____ Yes____

If yes, please fill out attached permission for medication form

8. Does your child have any disabilities? Any limitations? No____ Yes____

If yes, please comment:

9. Does your child have any need for special attention because of health problems? No____ Yes____

If yes, please comment:_____

10. NEUROLOGICAL:

Has your child ever had seizures? No ____ Yes ____

If yes, date of last seizure:

Does your child have frequent headaches? No ____ Yes ____

If yes, explain:

Does your child have sleeping or bedtime concerns? No ____ Yes ____

If yes, explain:

Does your child have a limited attention span? No ____ Yes ____

Do you think your student is easily distractible? No ____ Yes ____

Is your student impulsive? No ____ Yes ____

11. OTHER:

My child experiences:

Tummy aches _____frequently _____seldom _____never

Rashes _____frequently _____seldom _____never

Bathroom usage _____frequently _____occasionally

My child has been experiencing symptoms associated with menstruation No ____ Yes ____

If medication is required in any of the above questions, please provide the medication including OTC and fill out the required medication form attached to this questionnaire.

12. Has this child ever experienced any parental separations, divorces, or death?

No ____ Yes ____

If yes, which? _____ Age of child at the time: _____

Please describe circumstances:

If parents are separated or divorced, How often does the child see the other parent?

Is there anything significant the school should know about the visits? No ____ Yes ____

If yes, explain:

13. Is there anything else about your child you would like to tell us? No ____ Yes ____

If yes, explain: _____

Guffey Community Charter School Parental Consent for Student to use G Suite for Education

To parents and guardians,

At Guffey Community Charter School (GCCS), we use G Suite for Education, and we are seeking your permission to provide and manage a G Suite for Education account for your child. G Suite for Education includes Gmail, Calendar, Docs, and Google Classroom which are used by tens of millions of students and teachers around the world.

At GCCS, students will use their G Suite accounts to complete assignments, communicate with their teachers, sign into their school assigned Chromebook, and learn digital citizenship skills.

Sign below to indicate that you give your consent. If you don't provide your consent, we will not create a G Suite for Education account for your child. Just please understand that by not providing consent to use Google services will impact the educational experience. For example, students who cannot use Google services may need to use other software to complete assignments or collaborate with peers and this is becoming more and more important as we have to move to remote learning periodically or permanently.

I give permission for GCCS to create/maintain a G Suite for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in the notice on the back of this form.

Full name of student _____

Printed name of parent/guardian _____

Signature of parent/guardian _____

Date _____

G Suite for Education Notice and FAQs to Parents and Guardians

This notice describes the personal information we provide to Google for these accounts and how Google collects, uses, and discloses personal information from students in connection with these accounts.

Using their G Suite for Education accounts, students may access and use the following "Core Services" offered by Google:

- Gmail
- Google+
- Calendar
- Chrome Sync
- Classroom
- Cloud Search
- Contacts
- Docs, Sheets, Slides, Forms
- Drive
- Groups
- Google Hangouts, Google Chat, Google Meet, Google Talk
- Jamboard
- Keep
- Sites
- Vault

Google provides information about the information it collects, as well as how it uses and discloses the information it collects from G Suite for Education accounts in its G Suite for Education Privacy Notice. You can read that notice online at https://gsuite.google.com/terms/education_privacy.html

Below are answers to some common questions:

What personal information does Google collect?

When creating a student account, GCCS may provide Google with certain personal information about the student, including, for example, a name, email address, and password. Google may also collect personal information directly from students, such as a telephone number for account recovery or a profile photo added to the G Suite for Education account.

When a student uses Google services, Google also collects information based on the use of those services. This includes:

- Device information, such as the hardware model, operating system version, unique device identifiers, and mobile network information including phone number;
- log information, including details of how a user used Google services, device event information, and the user's Internet protocol (IP) address;
- location information, as determined by various technologies including IP address, GPS, and other sensors;
- unique application numbers, such as application version number; and
- cookies or similar technologies which are used to collect and store information about

a browser or device, such as preferred language and other settings.

How does Google use this information?

In G Suite for Education Core Services, Google uses student personal information to provide, maintain, and protect the services. Google does not serve ads in the Core Services or use personal information collected in the Core Services for advertising purposes.

Does Google use student personal information for users in K-12 schools to target advertising?

No. For G Suite for Education users in primary and secondary (K-12) schools, Google does not use any user personal information (or any information associated with an G Suite for Education Account) to target ads, whether in Core Services or in other Additional Services accessed while using an G Suite for Education account.

Can my child share information with others using the G Suite for Education account?

We may allow students to access Google services such as Google Docs and Sites, which include features where users can share information with others or publicly. When users share information publicly, it may be indexable by search engines, including Google.

Will Google disclose my child's personal information?

Google will not share personal information with companies, organizations and individuals outside of Google. Google shares non-personal information -- such as trends about the use of its services -- publicly and with its partners.

What choices do I have as a parent or guardian?

First, you can consent to the collection and use of your child's information by Google. If you don't provide your consent, we will not create a G Suite for Education account for your child, and Google will not collect or use your child's information as described in this notice.

If you consent to your child's use of G Suite for Education, you can access or request deletion of your child's G Suite for Education account by contacting the school administrator.. If you wish to stop any further collection or use of your child's information, you can request that we use the service controls available to limit your child's access to features or services, or delete your child's account entirely. You and your child can also visit <https://myaccount.google.com> while signed in to the G Suite for Education account to view and manage the personal information and settings of the account.

What if I have more questions or would like to read further?

If you have questions about our use of Google's G Suite for Education accounts or the choices available to you, please contact the school administrator. If you want to learn more about how Google collects, uses, and discloses personal information to provide services to us, please review the G Suite for Education Privacy Center (at <https://www.google.com/edu/trust/>), the G Suite for Education Privacy Notice (at https://gsuite.google.com/terms/education_privacy.html), and the Google Privacy Policy (at <https://www.google.com/intl/en/policies/privacy/>).

Dear families and students,

I would like to take this opportunity to introduce myself. My name is Stefanie Skidmore, and I am the counselor at Guffey Community Charter School. I hold a master's degree in Professional Counseling, received from Grand Canyon University in 2018 and have experience providing individual, group as well as equine assisted psychotherapy to youth and adults. I have been a Guffey resident for the past 9 years and am grateful to be able to serve this community by offering mental health services to the students at our school.

I am available to meet with students individually, in small groups, and in classrooms. As a counselor in a school setting, my responsibilities include advising and counseling students regarding academic, educational, and short-term social and emotional problems, as well as helping students manage emotions, apply interpersonal skills, and work through difficult situations. I will also be facilitating classroom lessons focused on life skills such as goal and boundary setting, communication and coping skills.

It is important to me that I work closely as a team with parents/guardians, teachers, administration, and staff to ensure our students are receiving the support they need. Please do not hesitate to contact me with any questions or concerns. I look forward to working with you all and getting to know our students throughout the school year!

Sincerely,

Stefanie Skidmore, MS, LPCC

sskidmore@guffeyschool.org

Guffey Community Charter School

1459 Main Street; Guffey, CO 80820 719-689-2093 sskidmore@guffeyschool.org

Release of Information - Counseling

Student Name: _____ Date _____

I hereby give my consent to Stefanie Skidmore, MS, LPCC, counselor at Guffey Community Charter School (GCCS) to exchange oral, written, and electronic communications with the following agencies or persons:

Initial by those you give consent:

_____ Parents (for students 12 and older)

_____ School Staff

_____ My Current/Previous Therapist Name/Office: _____

_____ Other: _____

I agree the following information may be disclosed:

_____ Attendance Information

_____ Written Evaluation(s)

_____ Progress in Therapy

_____ Participation in Therapy

_____ Diagnostic/Prognostic Information

_____ Referral Information

The purpose of this release is for:

Initial by: _____ Communicate Progress _____ Continuity of Care

I understand I may revoke this consent at any time, in writing. This consent will expire within one year of the date signed above or when revoked in writing I understand a copy of this form will be available to me upon request.

Parent/ Legal Guardian/ Student 12+yo Signature:

Date:

GCCS Counselor Signature:

Date:

Counseling Informed Consent Form

Introduction of services

Guffey Community Charter School is committed to providing quality education to its students. As part of our effort to achieve this goal, we are now able to offer individual and group counseling to our students. School staff or parents/guardians may refer students for counseling, or students may request counseling. These services are available at no cost.

The aim of the counseling services is to help students have more effective education and socialization within the school community. Possible counseling topics are coping with changes, transition, self-esteem, friendship and relationship issues, study skills, stress and anger management, fears or worries, academic progress, conflict resolution, social skills, adjustment to school or culture, etc.

However, these services are not intended as a substitute for diagnosis and treatment of mental health disorders, or for psychotropic medication, which are not the responsibility of the school. Our counselor may make recommendations for referrals as needed.

Our counselor

Stefanie Skidmore is a Licensed Professional Counselor Candidate (LPCC; LPCC # 17181). As an LPCC, Stefanie receives supervision from licensed professional counselor Christina Palmer, MA, LPC, LAC, EMDR. Stefanie received her master's degree in Professional Counseling from Grand Canyon University in 2018 and her bachelor's degree in Biology from Leipzig University in 2008.

Confidentiality

Because counseling is based on a trusting relationship between counselor and counselee, the counselor will keep information confidential with some possible exceptions. We understand that the counselor may share information with parents/guardians, the child's teacher, and/or administrators who work with the child on a need to know basis, so that we may better help the child as a team.

Under the following circumstances, the school counselors are required by law to share information with others.

1. Presenting information about hurting himself/herself or another person.
2. Evidence or disclosure of abuse (physically, emotionally, and sexually) or neglect
3. Threats to school security
4. If counseling records are court ordered

Contact

If you have further questions about the information on this form, the counseling relationship, the counseling techniques used by the counselor, and the length of counseling, please contact the school at 719-689-2093 and leave a message for Stefanie. You can contact Stefanie directly via email at sskidmore@guffeyschool.org

Please review and sign the consent on the back of this page. Thank you!

Name of student: _____ Grade: _____

I, _____, am the legal parent/guardian of _____ I have read, understand, and agree to the terms of the Counseling Informed Consent.

I give permission for my child, _____, to receive counseling services while attending Guffey Community Charter School. I understand that I may withdraw this content at any time by signing and dating a written notice requesting termination of counseling services.

_____ Date _____

Parent/Guardian (Print Name)

Parent/Guardian (Signature)

Cell Phone _____ Email _____

Guffey Community Charter School Park County School District RE2 Attendance Policy

Student Absences & Excuses

One criteria of a student's success in school is regular and punctual attendance. Frequent absences may lead to poor academic work, lack of social development and possible academic failure. Regular attendance is of utmost importance for school interest, social adjustment and scholastic achievement. No single factor may interfere with a student's progress more quickly than frequent tardiness or absence.

According to state law, it is the obligation of all parents/guardians to ensure that every child under their care and supervision receives adequate education and training and, if of compulsory attendance age, attends school.

Continuity in the learning process and social adaptation is seriously disrupted by excessive absences. In most situations, the work missed cannot be made up adequately. Students who have good attendance generally achieve higher grades, enjoy school more and are more employable after leaving school. For at least these reasons, Guffey School and our district of Park RE2, believes that a student must satisfy two basic requirements in order to earn full class credit: (1) satisfy all academic requirements and (2) exhibit good attendance habits as stated in this policy.

Excused absences

The following shall be considered excused absences:

1. A student who is temporarily ill or injured
2. A student who is absent for an extended period due to physical, mental or emotional disability
3. A student whose absence is approved by the administrator of the school of attendance on a prearranged basis for appointments or circumstances of a serious nature which cannot be taken care of outside of school hours
4. A student who is temporarily absent due to an illness or death of a family member
5. A student who has been suspended or expelled
6. A student who is in the custody of the court or law enforcement authorities
7. A student who is pursuing a work-study program under the supervision of the school
8. A student who is engaged in a religious observance
9. A student who is attending any school-sponsored activity or activities of an educational nature with advance approval by the administrator

A maximum of four (4) days of cumulative absences verified by parental notification for family travel or vacations may be permitted once during the school year.

The school may require suitable proof regarding the above exceptions, including written statements from medical sources. If a student is in out-of-home placement (as that term is defined by C.R.S. 22-32-138(1)(e)), absences due to court appearances and participation in court-ordered activities shall be excused. The student's assigned social worker shall verify the student's absence was for a court appearance or court-ordered activity.

School attendance has a direct impact on academic achievement. In order to make the most of educational opportunities, students must have consistent, punctual daily attendance. We are required to notify the parent or guardian if a student has been absent from school for more than 7 days. Once you have reached more than 10 days of absences in a school year, all future absences must be accompanied by an official note (ie: from a medical doctor stating why your student is absent and when they can return to school, or another form of official documentation, such as from a court or mental health professional).

Unexcused absences

An unexcused absence is defined as an absence that is not covered by one of the foregoing exceptions. Each unexcused absence shall be entered on the student's record. The parents/guardians of the student receiving an unexcused absence shall be notified orally or in writing by the school of the unexcused absence. The principal or designee shall notify the appropriate court if a student fails to attend all or any portion of a school day when the school has been notified that the student is required to attend school as a condition set by the court.

In accordance with law, the school may impose academic penalties which relate directly to classes missed while unexcused. The maximum number of unexcused absences a student who is of compulsory attendance age may incur before being declared "habitually truant" and having judicial proceedings initiated to enforce compulsory attendance is four (4) days in any one month or ten (10) days during any school year.

Each child who has attained the age of six years on or before August 1 of each year and who is under the age of seventeen shall attend school for at least one-thousand-fifty-six hours (144 days) if in a secondary school, nine-hundred sixty-eight hours (127 days) if in an elementary school, nine-hundred hours (115 days) if in full-day kindergarten during each school year with such exceptions as provided by law.

Parents, guardians, and school officials share a responsibility to make earnest and persistent efforts to resolve attendance problems. Parents or guardians are always welcome and are encouraged to call or visit the school for current attendance information concerning their students.

Make-up work

Make-up work shall be provided for the class in which a student has an absence unless otherwise determined by the building administrator. It is the responsibility of the student and/or parent or guardian to pick up any make-up assignments. Requests for make-up work take time for a teacher to fulfill, and typically requires the teacher to use their teacher planning time outside of class time to fulfill, so please plan ahead and schedule your pick-up time with your teacher. The due date of the make-up work will be determined by the teacher. Make-up work shall be allowed following an unexcused absence with the goal of providing the student an opportunity to keep up with the class and an incentive to attend school.

Tardiness

Tardiness is defined as the appearance of a student after the scheduled time that a class begins. Because of the disruptive nature of tardiness and the detrimental effect upon the rights of the non-tardy student to uninterrupted learning, penalties shall be imposed for excessive unexcused tardiness. Parents/guardians shall be notified of all penalties regarding tardiness.

Revised: June 14, 2012

LEGAL REFS: C.R.S. 22-32-109(1)(n) (length of school year, instruction & contact time)
C.R.S. 22-32-109.1(2)(a) (conduct and discipline code for students in out-of-home placements)
C.R.S. 22-33-101 et seq. (School Attendance Law of 1963)
C.R.S. 22-22-105 (3)(d)(III) (opportunity to make up work during suspension)

Note 1: State law requires that the attendance policy specify the maximum number of unexcused absences that it takes to trigger enforcement of compulsory attendance. In determining that number, which can be expressed either in hours or days, it may be helpful to refer to C.R.S. 22-33-107(3) which defines "habitual truant" as a child who has attained the age of 6 and is under the age of 17 and who has four unexcused

absences from school in a month or 10 during the school year. On or before September 15, 2010 and on or before September 15 each year thereafter, school districts must report the number of students identified as "habitually truant" to the Colorado Department of Education. The department must then make this information accessible to the public by posting it on its website.

Note 2: It is up to the administrator to allow, deny or give partial credit for make-up work completed following an unexcused absence (including a period of suspension or expulsion).

Guffey School

PLAGIARISM AND CHEATING POLICY

Definition/Examples of Plagiarism and Cheating

- Passing off someone else's work as your own
- Taking credit for something that is not your work
- Not citing sources when using direct language from someone else's work – includes website information
- Paraphrasing (not quoting) information without citing a source
- Exchanging classwork with other students, such as copying tests or homework
- Putting your name on group work that you did not participate in
- Copying and pasting
- Writing on hands, cheat sheets, use of study guides during tests (unless instructed to do so), etc.
- Using AI or other computer tools to generate work you present as your own

What to do to avoid Plagiarism

- Always do your own work, never copy or submit other's work as your own
- Ensure you understand the assignments, quizzes and tests
- Always cite your sources and have a bibliography, even when paraphrasing information
- Keep a list of sources that you use so that you are always prepared to create your bibliography and cite sources
- Always be a fully participating group member – if you feel like someone is not fully participating in your group, make sure you tell the teacher before the project is due
- Complete your assignment early so that you are not tempted to cheat or plagiarize
- Ask a teacher for help when needed

Consequences for Plagiarism and Cheating

1st Offense: Meeting between student and teacher. Parent and Principal will be informed. Student will get a zero on the assignment.

2nd Offense: Meeting between student, teacher and Principal. Parent will be informed. Student will get a zero on the assignment. Additional possible consequences: 1 day of suspension, an essay on plagiarism (or other appropriate topic), additional supervision during important in-school assignments. If an essay is assigned, student may not be permitted back to school until essay is completed or may be placed in detention to complete.

3rd Offense: Meeting between student, teacher, parent and Principal. Student will get a zero on the assignment. Additional possible consequences: 1-2 day suspension, an essay assignment, additional supervision during important in-school assignments, student unable to participate in any extra school related activities (field trips, music, theatre, art) until further notice. If an essay is assigned, student may not be permitted back to school until essay is completed or may be placed in detention to complete.

4th Offense (and beyond): Principal and teacher will decide on the consequences that the student will receive. Meeting between student, teacher, parent and Principal.

Guffey Community Charter School
PLAGIARISM AND CHEATING POLICY
(Annual Agreement)

Student

I have read, understand, and will abide by the charter school's policy on Plagiarism and Cheating. Should I commit any violation, I understand the consequences shown in this policy.

Your signature on this Plagiarism and Cheating Policy Annual Agreement is binding and indicates you have read GCCS's policy on Plagiarism and Cheating and understand its significance.

Student's Name (please print)

Date of Birth

Student's Signature

Date

Parent's Name (please print)

Date

Parent's Signature

Date

GCCS DISCIPLINE POLICY 24/25 SY

<i>OFFENSE</i>	<i>MILD Punishment</i>	<i>MODERATE Punishment</i>	<i>SEVERE Punishment</i>	<i>ZERO TOLERANCE</i>
OFFENSIVE BEHAVIOR: Disrespect Rudeness Profanity Non-verbal Language Defiance of Authority Breaking School Rules Breaking tasks given to make a mends	Verbal Warning Verbal Warning and/or Written Apology Student may given time to regroup Tasks given to make a mends	Loss of Recess Apology and/or Written Apology Time Out Silent Lunch Table Parent Notification and/or be sent home Write up (3 write ups moves to severe punishment)	Refer to counselor or Administrator Parent Notification Lunch Detention Discipline Form/Immediate Write up Suspension ISS/OSS Parent required to pick up child immediately	X
DETRIMENTAL BEHAVIOR: Physical Aggression Reckless Behavior Threats Cheating/Lying Sneakiness:example sneaking a cell phone Extorsion Coercion/Blackmail	Verbal Warning Verbal Warning and/or Written Apology Write up (3 write ups moves to severe punishment) Student may given time to regroup	Loss of Recess Apology and/or Written Apology Time Out Silent Lunch Table Parent Notification and/or be sent home Write up (3 write ups moves to severe punishment)	Refer to counselor or Administrator Parent Notification Discipline Form/Immediate Write up Detention Suspension ISS/OSS Parent required to pick up child immediately Expulsion	X

<p>BULLYING/ HARASSMENT:</p> <p>Repeat Behavior MUST be defined as: Bullying is an ongoing and deliberate misuse of power in relationships through repeated verbal,physical and /or social behavior that intends to cause physical, social and/or psychological harm. It can involve an individual or a group misusing their power, or perceived power over one or more persons who feel unable to stop it from happening.</p>	<p>Discipline form/Written up (2 write ups moves to severe punishment)</p> <p>Second notice moves to severe</p>		<p>Refer to counselor or Administrator</p> <p>Parent Notification</p> <p>Discipline Form/Immediate Write up</p> <p>Detention</p> <p>Suspension ISS/OSS</p> <p>Parent required to pick up child immediately</p> <p>Expulsion</p>	<p>X</p>
<p>THEFT/ VANDALISM:</p> <p>Damage to private property/school property, including bus, school supplies, and school books/chromebooks etc.</p> <p>Stealing or attempting to steal</p>	<p>Verbal Warning</p> <p>Verbal Warning and/or Written Apology</p> <p>Write up (2 write ups moves to severe punishment)</p>	<p>Loss of Recess</p> <p>Apology and/or Written Apology</p> <p>Time Out</p> <p>Silent Lunch Table</p> <p>Parent Notification and/or be sent home</p> <p>Write up (2 write ups moves to severe punishment)</p>	<p>Refer to counselor or Administrator</p> <p>Parent Notification</p> <p>Discipline Form/Immediate Write up</p> <p>Suspension ISS/OSS</p> <p>Parent required to pick up child immediately</p> <p>Expulsion</p>	<p>X</p>
<p>DRUGS/ ALCOHOL/ TOBACCO/ WEAPONS/ SEXUAL HARASSMENT:</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>Parent required to pick up child immediately</p> <p>Expulsion</p> <p>Legal Actions</p>

Guffey Community Charter School - 2024/25 School Calendar

August 2024						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September 2024						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October 2024						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 2024						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December 2024						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

January 2025						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February 2025						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March 2025						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April 2025						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May 2025						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June 2025						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

August 2024:
8/12 - 8/13 - REGISTRATION DAYS
8/12 - 8/15 - Staff Week
8/19 - First Day of School
September 2024:
9/2 - Labor Day - No School
October 2024:
10/09 - Open House Event
10/25 - Staff Day
November 2024:
11/07 Parent/Teacher Conferences
11/11 - Veterans Day Event
11/25 - 11/28 - Fall Break
December 2024:
12/19 - Winter Program
12/23- 1/2 - Winter Break
January 2025:
1/20 - MLK Day - No School
February 2025:
2/17 - Presidents Day - No School
2/27 - Parent - Teacher Conferences
March 2025:
3/24 - 3/27 - Spring Break
April 2025:
4/18 - Staff Day
May 2025:
5/26 - Memorial Day
5/29- Last Day of School Celebration
5/30- Staff Day
June 2025:
SUMMER BREAK thru JULY

Trimester #1 8/19 - 11/07 47 days
 Trimester #2 1/11 - 02/27 50 days
 Trimester #3 3/3 - 05/29 47 days