



**CAMPBELL ISD DAEP HANDBOOK  
2006-2007**

# **ENROLLMENT PACKET**

## **To be completed by students and their parents:**

All of the following must be completed, signed, dated, and returned to the office before any student can attend Campbell ISD DAEP.

*Parent/Student Agreement*  
*Release of Information*  
*Data Sheet/Emergency Treatment*  
*Code of Conduct*

The following items are enclosed in the packet as general information.

*Location of the Campbell ISD DAEP*  
*Campbell ISD Calendar*

\_\_\_\_\_  
AEP ADMINISTRATOR SIGNATURE

\_\_\_\_\_  
DATE

## **STUDENT DATA/EMERGENCY INFO**

GRADE: \_\_\_\_\_ DOB \_\_\_\_\_

STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENTS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

### **EMERGENCY MEDICAL TREATMENT**

I hereby give consent to school officials and/or the Campbell ISD DAEP to obtain medical treatment in case of an emergency.

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

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

# PARENT/STUDENT AGREEMENT

This agreement for placement in the Campbell ISD DAEP covers the 2006-2007 school year.

We agree that \_\_\_\_\_ will attend the DAEP for 4 hours a day...Monday-Thursday from 3:10 p.m. until 7:00 and on Saturday from 8:00 a.m. until 12:00 p.m. until placement requirements are met.

We agree to the above placement guidelines. We understand that a violation of this agreement may be grounds for any of the following: extension of placement, suspension, or expulsion from AEP.

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

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

Parent Signature: \_\_\_\_\_

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

Administrator Signature: \_\_\_\_\_

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

