



## **Alternative Suspension and Accountability Program**

**(A.S.A.P)**

Located at ESCAPE Ministries

202 E. 32<sup>nd</sup> Street / Holland, MI 49423

Monday - Thursday 8am - 2:30pm / Friday 8am – 1pm

Dear Parent/Legal Guardian,

ESCAPE YFGK has developed an alternative program for students who are either suspended or expelled. This alternative program provides a safe and educational environment for students while they serve their time out of school. We aim for peace, restoration, academic progress, and holistic growth.

A.S.A.P. is a program offered to students in the Holland/Zeeland/West Ottawa communities between 6th and 12th grade. Students will need to be reinstated prior to graduation in order to earn their diploma. Placement in the A.S.A.P. is subject to approval by staff and dependent on program capacity. Applicants will be placed on a waiting list if the program is full at time of application. Enrollment into A.S.A.P. is free of charge, and so parents who can volunteer and/or donate are encouraged to do so!

To apply and participate in the program:

1. Parent/Guardian must complete attached forms
2. Parent and student must schedule and attend an in-take meeting
3. Student participates in setting a goal plan for time in ASAP
4. Student is expected to follow all rules and expectations
  - Physical wellness activities
  - Problem solving and/or behavior management activities
  - Community service, volunteer work, and/or any field trips

For more information about ASAP or to enroll your student, please call 616-396-4481 or email our Education Coordinator at [education@escape-out.org](mailto:education@escape-out.org)

Sincerely,

**Escape Ministries Staff**



## A.S.A.P Parent/Guardian Permission, Liability Release, and Release of Information Form

I understand that participating in the Alternative Suspension and Accountability Program (A.S.A.P.), my child \_\_\_\_\_, will be in the care of the ESCAPE staff and/or volunteers.

(Initial)

\_\_\_\_\_ I give permission for ESCAPE personnel to **transport** my dependent using the ESCAPE vehicles, personal vehicles and any other transportation service while my dependent is involved in any program/activity.

\_\_\_\_\_ I give permission for my dependent to attend any **off-campus outing** with ESCAPE. I understand that a staff member or designee will accompany the students. If I prefer that my dependent not participate in a particular outing I will notify ESCAPE in writing.

\_\_\_\_\_ I give permission to allow Escape staff, volunteers, and partnering organizations to use my **child's image and first name** to appear in photo, video and text in print, website, and social media.

\_\_\_\_\_ I **release ESCAPE** and persons including, but not limited to, board members, employees, and volunteers, from any and all claims of any nature arising out of or incidental of any activity conducted by or on behalf of A.S.A.P., on ESCAPE property, or on any off-site activity.

\_\_\_\_\_ I agree to assume all risks of my participation in ESCAPE Ministries' **West Side Boxing & Fitness** ("Activities") and to release and hold harmless ESCAPE Ministries, their staff, board, and volunteers from and not to sue for all claims of any nature that I have or may acquire, arising out of or in any way related to the Activities or the premises on which the Activities are conducted.

\_\_\_\_\_ I give permission for ongoing **communication** (in person, through emails, phone conversations, or online) to take place between ESCAPE staff/board, School District staff, probation officers, CPS/DHS/CMH case workers and counselors/therapists. This communication includes, but is not limited to, academic progress (grades, teacher comments/concerns, attendance), behavioral issues, and any specialized learning services such as ELL and IEP.

\_\_\_\_\_ I give my consent to allow my child to complete a survey and/or evaluation and to be included in any **reporting** deemed necessary by ESCAPE or School District Staff with the knowledge and understanding that confidentiality will be upheld.

\_\_\_\_\_ I understand that if my child fails to abide by the signed behavioral contract and rules of the A.S.A.P. program, that I will be asked to pick him/her up. The ESCAPE staff may choose to terminate my child's involvement in the program at their discretion.

My signature certifies that I **have read and have understood this release** and that I am surrendering forever any claim and/or right to seek legal action leading up to and including financial gain.

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

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



## A.S.A.P Student Information Form

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

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

Date of Birth: \_\_\_\_\_ Student Phone:(\_\_\_\_\_)\_\_\_\_\_

Student Email: \_\_\_\_\_

**1st Parent/Guardian Name:** \_\_\_\_\_ Phone:(\_\_\_\_\_)\_\_\_\_\_

1st Parent/Guardian Email: \_\_\_\_\_ Current workplace: \_\_\_\_\_

**2nd Parent/Guardian Name:** \_\_\_\_\_ Phone:(\_\_\_\_\_)\_\_\_\_\_

2nd Parent/Guardian Email: \_\_\_\_\_ Current workplace: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Phone Number: (\_\_\_\_\_)\_\_\_\_\_

School Attending/Last Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Reason for suspension/expulsion: \_\_\_\_\_

Length of Suspension/Return Date: \_\_\_\_\_

Does student receive any specialized services (ex. ELL, IEP, ESS)? (please circle) YES NO

If YES, please explain: \_\_\_\_\_

Church attending, if any: \_\_\_\_\_ Gang association, if any: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Doctor's Office: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Plan Number: \_\_\_\_\_

Is the student currently taking medication? If YES, please note all medications below:

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

Does the student have any ALLERGIES or CONDITIONS we should know about? (ex. ADD, ADHD, Athsma, Anxiety, Depression, Suicidal, Drug Use) Please explain: \_\_\_\_\_

\_\_\_\_\_

\*Please be aware that ESCAPE/A.S.A.P. staff will NOT administer **any** medication without **doctor consent**. This includes over-the-counter medicines. Students may NOT self-administer any medication at Escape.

## Expectations and Rules

### 1. Be Respectful:

- Follow all rules (they're in place to help you; not hurt you)
- Listen to understand, not to respond. Trust that staff are good and trying to help you.
- Polite language and behavior with all students, volunteers, and staff

### 2. Be Ready to Learn and Work:

- Accept assignments and tasks without complaining; work agreeably with staff & volunteers.
- Keep work organized
- Complete assignments & put forth effort
- Be well rested
- Know computer logins and passwords

### 3. Be Safe:

- Only bring what you need (lunch, schoolwork, gym clothes)
- NO backpacks allowed
- Walk away from conflicts; notify staff and trust them to handle it.

### 4. Be Present:

- Attend daily and arrive on time (8am) unless excused by parent
  - \*must notify driver & Education Coordinator by 7am that transportation is not needed.
- If absent 2+ days because of sickness a doctor's note is required to return.
- 9 excused OR unexcused absences in a semester will result in a \$100 fine. At that point, you will be allowed 3 more absences. Anything beyond that that will result in dismissal from ASAP.
- Students must remain on school property unless with staff/parent permission.

### 5. Computers, Music, Phones

- Internet use is for online class work only
- Alternative sites may be used ONLY when given permission.
- No headphones or music.
- No cell phones (collected at the beginning of each day). Call Escape to contact your child.

### 6. Breaks and Food

- No food or drink other than water in class unless given permission.
- Use provided breaks for restroom, drinks, etc.
- Student should bring a lunch for themselves. Occasionally food is provided by volunteers.
- Students may not take food/drink items at will.

### 7. Dress Code

- Shirts will be solid colored black, white, gray, or navy, and without offensive images or text.
- Pants will be blue, black, or white jeans, khakis, or dress pants, without excessive holes.
- No leggings, jeggings, shorts, or sweatpants. *(During gym time, shorts & sweatpants are allowed)*
- Pants will be kept up, no underwear should be seen
- No hoods or hats may be worn in the building. Coats will be hung up before entering classroom.

### 8. Transportation

- A volunteer picks up kids who need it in the white Escape Van. We are thankful for that.
- A \$50 refundable deposit is needed for transportation services. If student misses the bus 3x, the deposit will not be refunded and there will be a charge of \$25/week for continued transportation.



## Three Way Contract

It takes a **team** to make this work. No one wants to be kicked out of school, but we're going to make the best of it we can. By signing this contract, you agree to doing your part.

### Student Commitment

I, \_\_\_\_\_, understand the rules and expectations and agree to follow them at all times. I'm going to be respectful, ready to learn, safe, and present. I will trust that staff are working in my best interest. My presence will only affect the progress and growth of those around me in a positive way. I will communicate clearly, often, and respectfully with Escape staff & my parent/guardian, knowing that we are on the same team for my betterment. I understand that if I fail to comply with the rules and expectations that there will be disciplinary action that could result in dismissal from the program.

\_\_\_\_\_  
Signature

(Student)

\_\_\_\_\_  
Date

### Parent/Guardian Commitment

I, \_\_\_\_\_, understand the rules and expectations and agree to help my child to be able to adhere to them. I will do my best so that my child has the **right sleep, food, clothes, transportation and care** to do well in the program.. I will **communicate clearly, often, and respectfully** with Escape staff and be willing to collaborate and help the program, knowing that we are on the same team for the betterment of my child. I understand that if my child fails to comply with the rules and expectations, that there will be disciplinary action that could require my participation OR that could result in dismissal from the program.

\_\_\_\_\_  
Signature

(Parent/Guardian)

\_\_\_\_\_  
Date

### Escape Staff Commitment

I, \_\_\_\_\_, understand the rules and expectations and agree to hold the student accountable to them. As a staff we accept the student for who he/she is, and commit to caring for the student as best we can, working towards their peace, restoration, academic progress, and holistic growth. We will communicate the student and with parent/guardians as best we can as it is helpful or necessary, knowing that we are on the same team for the betterment of the student.

\_\_\_\_\_  
Signature

(Escape Staff)

\_\_\_\_\_  
Date

## Intake Quiz!

1. Another student is trying to start something with you. They push you backwards. What do you do? Why?

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2. **T / F** Gym class is optional.

3. Circle which items could you wear to school at Escape?

**Khaki Pants    Bulls Hat    Blue Sweatpants    Skinny Jeans    Black T-Shirt with a Marijuana Leaf on it**

**Red Polo**

**Light Jacket**

**Yoga Pants**

**Jean Shorts**

4. You wake up sick one morning. What should you do? \_\_\_\_\_

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5. How many absences are you allowed in a semester before there is a fine?    **5    9    10    15**

6. **T / F** You may have a water bottle in the classroom.

7. What kind of interests do you have? What type of sports, music, activities, foods, or classes do you like?

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8. What do you want to be really good at when you grow up? What kind of career might you want?

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9. **T / F** It doesn't matter what I'm doing as long as I get my work done.

10. You are having trouble focusing on your math assignment. What's your best option?

**a)** Take a break    **b)** Scroll up and down    **c)** Ask a staff/volunteer to help you    **d)** Power through it



## Student Disciplinary Action Form

Student's Name: \_\_\_\_\_

What did I do that disrupted my own learning, other students' learning, and/or my teacher's ability to help the class?

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What consequences should I receive based on my poor choice of actions that might help me learn and/or help others feel restored?

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My plan of action is:

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If I don't follow the action plan I made (with a staff or volunteer), what will be the next disciplinary step?

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Signature of Staff Member or Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_