



# Donna J. Beasley Technical Academy

60 Bell Boulevard N.

Lehigh Acres, FL 33936

[www.beasleytec.org](http://www.beasleytec.org)

Office: 239-491-6822 Fax: 239-491-2428

**Principal: Dr. Joseph Torregrasso**

**Vice Principal/Counselor: Ms. Lorena Peters**

## *Parental Mission Statement*

2024 - 2025

**Parent/Guardian Involvement Mission Statement:** *Parental involvement entails the participation of parents/guardians in a lasting significant partnership involving student academic learning, career and social development.*

DJB Technical Academy will provide high-quality curriculum through Edgenuity Learning. This blended learning digital curriculum is accredited and is positively recognized by the Florida Department of Education. This flexible curriculum allows students to work from school **and** at home. It is our hope that partnerships between the parents/guardians and school impact student achievement.

Communication can take place through numerous methods: face-to-face, phone, emails, written correspondence, and information on our school website.

**RESPONSIBILITIES:**

**YEAR: 2024-2025**

**TEACHER:**

- Be professional at all times.
- Be prepared and organized.
- Communicate and Motivate.
- Meet with parents to review curriculum and desired classroom behaviors.
- Be knowledgeable of content area.
- Offer assistance in a timely manner and grade all student work within 48 hours.
- Communicate with parents/guardians twice per month or more depending on the need. Communications will be face-to-face, phone, email, and/or written correspondence.

**PARENT**

- Review your child’s progress daily by accessing **edgenuity.com**. Here you will be able to review grades and progress reports.
- Ensure your child arrives every day to school on time.
- Ensure your child completes all assigned work.
- Communicate with teachers on a regular basis.
- Take a proactive role in the school by volunteering your skills and time.
- Discuss with you child the desired classroom behaviors.
- Since students are not issued textbooks and other supplies are provided, book-bags of any sort are not allowed in school.

**I understand cellphones and other electronic devices are not allowed to be brought into school. If found, they will be confiscated, locked up in the Main Office, and returned at the end of their session.**

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

**STUDENT:**

- Respect yourself, others, school equipment and all school property.
- Attend school every day.
- Be punctual, if you are going to be late, call the school first **if not you will not be allowed in school later than 30 minutes.**
- Complete 8 assignments per day. If you are unable to do so while at school you will complete the remaining assignments at home.
- Always be accountable for your behavior and yourself.
- Dress appropriately. **Girls** please dress modestly, Shirts **MUST** have sleeves, Shirts **MUST** be worn at waist length (**NO** stomach showing), **NO TRANSPARENT** attire and bottoms **MUST** be finger-tip length. If you wear a tank top you **MUST** have a jacket/sweater with sleeves. **Boys** **MUST** wear their pants/shorts at the waist. **NO SAGGING OF PANTS/SHORTS IS PERMITTED ON SCHOOL PROPERTY. IF THIS BECOMES A PROBLEM, THE SCHOOL WILL TAKE DISCIPLINARY ACTION.**
- Slides must be worn with socks. **Those taking a trade must wear close toed shoes/sneaker/boot.**

**I understand cellphones and other electronic devices are not allowed to be brought into school. If found, they will be confiscated, locked up in the Main Office, and returned at the end of their session.**

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

# DONNA J. BEASLEY TECHNICAL ACADEMY

## ATTENDANCE POLICY

2024 - 2025

### 2022 Florida Statute

#### 1003.26 Enforcement of school attendance.

The Legislature finds that poor academic performance is associated with nonattendance and that school districts must take an active role in promoting and enforcing attendance as a means of improving student performance. It is the policy of the state that each district school superintendent be responsible for enforcing school attendance of all students subject to the compulsory school age in the school district and supporting enforcement of school attendance by local law enforcement agencies. The responsibility includes recommending policies and procedures to the district school board that require public schools to respond in a timely manner to every unexcused absence, and every absence for which the reason is unknown, of students enrolled in the schools. District school board policies shall require the parent of a student to justify each absence of the student, and that justification will be evaluated based on adopted district school board policies that define excused and unexcused absences. The policies must provide that public schools track excused and unexcused absences and contact the home in the case of an unexcused absence from school, or an absence from school for which the reason is unknown, to prevent the development of patterns of nonattendance. The Legislature finds that early intervention in school attendance is the most effective way of producing good attendance habits that will lead to improved student learning and achievement.

The Donna J. Beasley Technical Academy runs two daily sessions. The morning session is from 7:30 am – 12:30 pm and the afternoon session is from 11:00 am – 4:00 pm. Students are enrolled into one session, with seniors and those being candidates for graduation having first consideration for the morning session.

1. The student will maintain daily attendance. The only exceptions will be due to:
  - Illness of self or an immediate family member requiring assistance.
  - Medical appointment.
  - Death in the family.
  - Hospitalization.
  - Religious observance.
  - Immigration or court appearance.
  - School-sponsored events.
  - Situations beyond the control of parent or student, as determined and approved by the principal or the principal's designee.

*Doctor, dentist, and other appointments are to be made after school if it is at all possible.*

2. To avoid being marked as an “unexcused” absence, the student agrees to provide a note signed by the parent/guardian explaining the absence and containing home/work contact numbers. Students must have official documentation with the signed note if absence is due to an appointment/court date. Notes must be submitted the day the student returns to school.
3. To avoid being marked as an “unexcused absence”, students must sign the Daily Attendance sheet when entering each day and work at the campus (brick/mortar). It is expected that students attend their full session.
4. Although students have access to the digital curriculum at home, Donna J. Beasley Technical Academy is not a virtual school. Students will be marked as an “unexcused” absence should they only work from home, regardless of completed assignments.

2022 Florida Statute

1003.26 Enforcement of school attendance.

b) If a student has had at least five unexcused absences, or absences for which the reasons are unknown, within a calendar month or 10 unexcused absences, or absences for which the reasons are unknown, within a 90-calendar-day period, the student's primary teacher shall report to the school principal or his or her designee that the student may be exhibiting a pattern of nonattendance. The principal shall, unless there is clear evidence that the absences are not a pattern of nonattendance, refer the case to the school's child study team to determine if early patterns of truancy are developing. If the child study team finds that a pattern of nonattendance is developing, whether the absences are excused or not, a meeting with the parent must be scheduled to identify potential remedies, and the principal shall notify the district school superintendent, and the school district contact for home education programs that the referred student is exhibiting a pattern of nonattendance. (c) If an initial meeting does not resolve the problem, the child study team shall implement the following:

1. Frequent attempts at communication between the teacher and the family.
2. Evaluation for alternative education programs.
3. Attendance contracts.

The child study team may, but is not required to, implement other interventions, including referral to other agencies for family services or recommendation for filing a truancy petition pursuant to s. 984.151.

The following are criteria for withdrawal:

- No work on digital curriculum for one month.
- Should a student exhibit patterns of truancy as explained above, they will be placed on an Attendance Contract. If the student does not satisfy the attendance contract(s) or their absence continues for over forty (40) days, they may be withdrawn from the school in accordance with the School District's process for withdrawal.
- No attempt from both student and parent/guardian to contact the school.
- Appointed school representative has been unsuccessful to contact the student parent/guardian via phone call, text, letter, and/or email.
- Other team members such as teachers, secretaries, assistant principal, and principal will make attempts to contact student/family through emails and phone.
- Email the student, parent/guardian a truancy letter with the last known address/e-mail address.
- Failed to sit for eligible Florida State Assessments

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

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

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

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

# DONNA J. BEASLEY ACADEMIA TÉCNICA

## POLÍTICA DE ASISTENCIA

2024 - 2025

Estatuto de la Florida 2022

1003.26 Aplicación de la asistencia a la escuela.

La Legislatura considera que el bajo rendimiento académico está asociado con la falta de asistencia y que los distritos escolares deben desempeñar un papel activo en la promoción y el cumplimiento de la asistencia como un medio para mejorar el rendimiento de los estudiantes. Es política del estado que cada superintendente escolar del distrito sea responsable de hacer cumplir la asistencia escolar de todos los estudiantes sujetos a la edad escolar obligatoria en el distrito escolar y apoyar la aplicación de la asistencia escolar por parte de las agencias locales de aplicación de la ley. La responsabilidad incluye recomendar políticas y procedimientos a la junta escolar del distrito que requieran que las escuelas públicas respondan de manera oportuna a cada ausencia injustificada, y a cada ausencia para la cual se desconoce la razón, de los estudiantes inscritos en las escuelas. Las políticas de la junta escolar del distrito requerirán que los padres de un estudiante justifiquen cada ausencia del estudiante, y esa justificación se evaluará en base a las políticas adoptadas por la junta escolar del distrito que definen las ausencias justificadas e injustificadas. Las políticas deben estipular que las escuelas públicas hagan un seguimiento de las ausencias justificadas e injustificadas y se comuniquen con el hogar en el caso de una ausencia injustificada de la escuela, o una ausencia de la escuela para la cual se desconoce la razón, para prevenir el desarrollo de patrones de inasistencia. La Legislatura considera que la intervención temprana en la asistencia escolar es la forma más efectiva de producir buenos hábitos de asistencia que conducirán a un mejor aprendizaje y rendimiento estudiantil.

La Academia Técnica Donna J. Beasley lleva a cabo dos sesiones diarias. La sesión de la mañana es de 7:30 am a 12:30 pm y la sesión de la tarde es de 11:00 am a 4:00 pm. Los estudiantes se inscriben en una sesión, y los estudiantes de último año y los que son candidatos a la graduación tienen la primera consideración para la sesión de la mañana.

1. El alumno mantendrá la asistencia diaria. Las únicas excepciones serán debidas a:
  - Enfermedad propia o de un miembro de la familia inmediata que requiere asistencia.
  - Cita médica.
  - Muerte en la familia.
  - Hospitalización.
  - Observancia religiosa.
  - Inmigración o comparecencia ante el tribunal.
  - Eventos patrocinados por la escuela.
  - Situaciones fuera del control de los padres o del estudiante, según lo determine y apruebe el director o la persona designada por el director.

*Las citas con el médico, el dentista y otras citas deben hacerse después de la escuela si es posible.*

2. Para evitar ser marcado como una ausencia "injustificada", el estudiante se compromete a proporcionar una nota firmada por el padre/tutor explicando la ausencia y que contenga los números de contacto de casa/trabajo. Los estudiantes deben tener documentación oficial con la nota firmada si la ausencia se debe a una cita/fecha de corte. Las notas deben entregarse el día en que el estudiante regrese a la escuela.
3. Para evitar ser marcados como una "ausencia injustificada", los estudiantes deben firmar la hoja de asistencia diaria al ingresar cada día y trabajar en el campus (físico/mortero). Se espera que los estudiantes asistan a su sesión completa.
4. Aunque los estudiantes tienen acceso al plan de estudios digital en casa, Donna J. Beasley Technical Academy no es una escuela virtual. Los estudiantes serán marcados como una ausencia "injustificada" si solo trabajan desde casa, independientemente de las tareas completadas.

Estatuto de la Florida 2022

1003.26 Aplicación de la asistencia a la escuela.

b) Si un estudiante ha tenido al menos cinco ausencias injustificadas, o ausencias por las cuales se desconocen las razones, dentro de un mes calendario o 10 ausencias injustificadas, o ausencias por las cuales se desconocen las razones, dentro de un período de 90 días calendario, el maestro principal del estudiante deberá informar al director de la escuela o a su designado que el estudiante puede estar exhibiendo un patrón de inasistencia. El director deberá, a menos que haya evidencia clara de que las ausencias no son un patrón de inasistencia, referir el caso al equipo de estudio infantil de la escuela para determinar si se están desarrollando patrones tempranos de ausentismo escolar. Si el equipo de estudio del niño encuentra que se está desarrollando un patrón de inasistencia, ya sea que las ausencias sean justificadas o no, se debe programar una reunión con los padres para identificar posibles remedios, y el director notificará al superintendente escolar del distrito y al contacto del distrito escolar para los programas de educación en el hogar que el estudiante referido está exhibiendo un patrón de inasistencia. (c) Si una reunión inicial no resuelve el problema, el equipo de estudio del niño implementará lo siguiente:

1. Intentos frecuentes de comunicación entre el profesor y la familia.
2. Evaluación para programas de educación alternativa.
3. Contratos de asistencia.

El equipo de estudio infantil puede, pero no está obligado a, implementar otras intervenciones, incluida la remisión a otras agencias para servicios familiares o la recomendación de presentar una petición de ausentismo escolar de conformidad con s. 984.151.

Los siguientes son criterios para el retiro:

- No se trabajó en el currículo digital durante un mes.
- En caso de que un estudiante exhiba patrones de ausentismo escolar como se explicó anteriormente, se le colocará en un contrato de asistencia. Si el estudiante no cumple con los contratos de asistencia o su ausencia continúa por más de cuarenta (40) días, puede ser retirado de la escuela de acuerdo con el proceso de retiro del Distrito Escolar.
- Ningún intento por parte del estudiante y del padre/tutor de ponerse en contacto con la escuela.
- El representante escolar designado no ha podido comunicarse con el padre/tutor del estudiante a través de una llamada telefónica, mensaje de texto, carta y/o correo electrónico.
- Otros miembros del equipo, como maestros, secretarías, subdirector y director, intentarán comunicarse con el estudiante / familia a través de correos electrónicos y teléfono.
- Envíe por correo electrónico al estudiante, padre/tutor una carta de ausentismo escolar con la última dirección/dirección de correo electrónico conocida.
- No se presentó a las evaluaciones elegibles del estado de Florida

ESTUDIANTE: \_\_\_\_\_

FECHA: \_\_\_\_\_

PADRE/TUTOR: \_\_\_\_\_

FECHA: \_\_\_\_\_



# Donna J. Beasley Technical Academy

60 Bell Boulevard N.

Lehigh Acres, FL 33936

www.beasleytec.org

Phone: (239) 491-6822 \* Fax: (239) 491-2428

Dear Parent/Guardian,

We look forward to working with you to help your child "*build their future*".

Please complete the registration forms and return them to Mrs. Lambert, Mrs. Thomas or Mrs. Peters between the hours of 10:00 am - 2:30 pm Monday through Friday.

Please provide the following additional documents:

- Student's birth certificate : if new to the district
- Proof of Residence: Utility Bill, Phone or Water, Lease Agreement with parent signature.
- Social Security Card : if new to the district
- Picture ID from the Parent/Guardian (drivers' license, passport, state ID card)
- If your child works, we will need a copy of his/hers work schedule on the Employers company letter-head.

Be sure to include a valid form of contact on the registration forms, especially email so you may receive weekly progress reports from EDGENUITY.

**Parent/Guardian email:** \_\_\_\_\_

If you have any questions, please contact Mrs. Lambert, Mrs. Thomas or Mrs. Peters at (239)491-6822.

Pat Lambert, Secretary (plambert@beasleytec.org)

Heidy Thomas, Attendance & Truancy Coordinator/ESOL (hthomas@beasleytec.org)

Lorena Peters, Assistant Principal (lpeters@beasleytec.org)

Office Use Below:

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AM Session \_\_\_\_\_ PM Session \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Tran (Fort Myers) \_\_\_\_\_

Office Use Below:

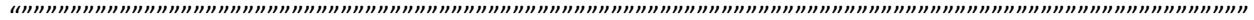


**DJB TECHNICAL ACADEMY**

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Lehigh Acres, FL 33936  
Office: (239) 491-6822  
Fax: (239) 491-2428

**Welcome!!**

**2024-2025**



**STUDENT INFO:**

STUDENT NAME (PRINT): \_\_\_\_\_

STUDENT ID# \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT CELL# \_\_\_\_\_

**PARENT INFO:**

PRINT NAME PARENT/GUARDIAN \_\_\_\_\_

CELL# \_\_\_\_\_

PARENT/GUARDIAN EMAIL: \_\_\_\_\_

**PREVIOUS SCHOOL INFORMATION:**

PREVIOUS SCHOOL: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

**DID STUDENT HAVE AN "E2020 ACCT." AT PREVIOUS SCHOOL: YES OR NO**

**THIS BOX IS ONLY FOR OFFICE USE:**

START DATE: _____	ESE: _____	ESOL: _____	504 _____
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# Title I School Federal Program Assistance Verification

To the parents/guardians of \_\_\_\_\_

Date of Birth \_\_\_\_\_

The purpose of this form is to collect data that will be used to determine whether or not this school is eligible to receive Title I funds to benefit students at this school. Knowing if the household receives benefits from any federal assistance program(s) meets this requirement.

## Answer the following questions:

(1) Does the above named student receive assistance from any of these 4 programs?

1) SNAP, 2) TANF, 3) the Food Distribution Program on Indian Reservations, or 4) Medicaid?

Yes  No

(2) Is the above named student in any of the following 5 programs?

1) Homeless, 2) Head Start, 3) Migrant Youth, 4) Runaways, 5) Foster Care?

Yes  No

## Read the statements below and provide your signature.

*I certify that all information on this form is true and that all federal assistance is reported.*

*I understand that the school may receive Federal funds for students based on the information I give.*

*I understand that school officials may verify the information by requesting documentation such as the program identification card.*

*I understand that I am providing this information voluntarily.*

*I am the parent/guardian of the child indicated.*

Parent Name (printed) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this verification along with the ALL COMPLETED REGISTRATION FORMS.

Florida Law states that whoever knowingly provides false information in writing to a public servant in the performance of his or duties commits a second degree misdemeanor punishable by a fine of up to \$500.

**STUDENT DISCLAIMER:**

The district will not disclose a student and/or parent(s) Social Security Number (SSN) without the consent of the student and/or parent(s) to anyone outside the District except as mandated or permitted by Law. The District will utilize SSN(s) for the following reasons: registration/enrollment of students, identification of cumulative record folder, to identify a student, registration for before and after school programs, participation in extracurricular activities including athletics, referrals to service providers and financial aid applications.

**For the purposes of student registration numbers** such collection is governed by [1008.386 and [119.071

(5) (a) 6, Florida statues. Please note: a student is not required to provide his or her social security number as a condition for enrollment or graduation.



# The School District of Lee County

## STUDENT REGISTRATION

**THIS BOX FOR OFFICE USE ONLY**

STUDENT # \_\_\_\_\_ SCHOOL NAME \_\_\_\_\_

ENROLLMENT CODE \_\_\_\_\_ ENROLLMENT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ ALTERNATIVE SCHOOL \_\_\_\_\_

NEW ENROLLMENT    TRANSFER FROM SCHOOL \_\_\_\_\_    RE-ENROLLMENT TO LEE COUNTY

PRIOR SCHOOL DISTRICT \_\_\_\_\_ PRIOR STATE \_\_\_\_\_ PRIOR COUNTRY \_\_\_\_\_ Yrs Intp \_\_\_\_\_

**STUDENT'S NAME AS IT APPEARS ON BIRTH CERTIFICATE:**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

AKA/NICKNAME \_\_\_\_\_ GRADE APPLYING FOR: \_\_\_\_\_ SCHOOL YR. 20\_\_\_\_-20\_\_\_\_

First Time in Lee County Public School    First Time in Florida Public School    First time in school in the United States

STUDENT'S SOCIAL SECURITY # _____	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	STUDENT'S ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	WHAT IS THE STUDENT'S RACE? (Mark one or more races to indicate what you consider the student to be) <input type="checkbox"/> White <input type="checkbox"/> Indian (American) or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander or Hawaiian <input type="checkbox"/> Asian
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BIRTHDATE(M)\_\_\_\_/(D)\_\_\_\_/(Y)\_\_\_\_      BIRTHPLACE: CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

Special Education/Active IEP    YES    NO      GIFTED    YES    NO      Current 504    YES    NO

Expelled from Previous School <input type="checkbox"/> YES <input type="checkbox"/> NO Date _____ School _____  Arrested Resulting in Charge <input type="checkbox"/> YES <input type="checkbox"/> NO Juvenile Justice Action <input type="checkbox"/> YES <input type="checkbox"/> NO	Previous District Referral to Mental Health Services <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Life Threatening Allergies</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Explain: _____  Medical Condition with Special Care <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Explain: _____
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ADDRESS WHERE STUDENT LIVES	MAILING ADDRESS (IF DIFFERENT)
STREET _____	STREET _____
CITY/STATE _____	CITY/STATE _____
ZIP CODE _____	ZIP CODE _____

MAIN CONTACT #: \_\_\_\_\_ EMERGENCY PHONE #: \_\_\_\_\_

**With whom does the student reside?**    Both natural parents    Mother    Father    Legal Guardian    Other \_\_\_\_\_

<b>INFORMATION FOR:</b> <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ Name: _____ Address: _____ Main Contact #: _____ Home #: _____ Wk. Phone: _____ Occupation: _____ E-mail Address: _____	<b>INFORMATION FOR:</b> <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ Name: _____ Address: _____ Main contact#: _____ Home #: _____ Wk. Phone: _____ Occupation: _____ E-mail Address: _____
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Is a language other than English used in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO What language? _____	Does the student have a first language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO What language? _____	Does the student most frequently speak a language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO What language? _____	Has your child attended a United States school for less than 3 full years? <input type="checkbox"/> YES <input type="checkbox"/> NO Date entered in U.S. school ____/____/____
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Preferred language to be contacted:    English    Spanish    Creole    Other \_\_\_\_\_

Is either parent a current or former member of the U. S. military?    YES    NO

NAME OF LAST SCHOOL ATTENDED _____	<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> ALTERNATIVE SCHOOL <input type="checkbox"/> HOME SCHOOL <input type="checkbox"/> CHARTER SCHOOL	Have you moved recently due to working in agriculture or the fishing industry? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY _____ STATE _____ COUNTY _____		
ZIP CODE _____ COUNTRY _____		

\_\_\_\_\_  
SIGNATURE OF PARENT                                      PLEASE PRINT YOUR NAME                                      DATE



**Distrito Escolar del Condado de Lee  
MATRÍCULA DEL ESTUDIANTE**

**Esta sección es para el uso de la oficina solamente.**

STUDENT #: \_\_\_\_\_ SCHOOL NAME: \_\_\_\_\_  
 ENROLLMENT CODE \_\_\_\_\_ ENROLLMENT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ ALTERNATE SCHOOL \_\_\_\_\_  
 NEW ENROLLMENT    TRANSFER FROM SCHOOL \_\_\_\_\_    RE-ENROLLMENT TO LEE COUNTY  
 PRIOR SCHOOL DISTRICT \_\_\_\_\_ PRIOR STATE \_\_\_\_\_ PRIOR COUNTRY \_\_\_\_\_ Yrs Intrp \_\_\_\_\_

**NOMBRE DEL ESTUDIANTE COMO APARECE EN EL CERTIFICADO DE NACIMIENTO:**

Apellido \_\_\_\_\_ Primer nombre \_\_\_\_\_ Segundo nombre \_\_\_\_\_  
 APODO \_\_\_\_\_ GRADO PARA EL CUÁL ESTÁ SOLICITANDO ENTRADA: \_\_\_\_\_ AÑO LECTIVO. 20\_\_20\_\_

¿Asistió anteriormente a una escuela de la Florida?    ¿Asistió anteriormente a una escuela en el Condado de Lee?    ¿Primera vez en una escuela en los EE.UU.?

# SEGURO SOCIAL DEL ESTUDIANTE	SEXO	¿CUÁL ES EL ORIGEN ÉTNICO DEL ESTUDIANTE?	Cuál es la raza del estudiante? (Marque una o mas para indicar lo que es apropiado para el estudiante)		
	<input type="checkbox"/> MASCULINO <input type="checkbox"/> FEMENINO		<input type="checkbox"/> Hispano o Latino <input type="checkbox"/> No Hispano o Latino	<input type="checkbox"/> Blanca <input type="checkbox"/> Afro-Americana	<input type="checkbox"/> India (American), Nativo de Alaska Negra <input type="checkbox"/> Isleño del Pacifico o Hawaiano

Fecha de Nacimiento (M\_\_\_\_/\_\_\_\_/\_\_\_\_) (D)\_\_\_\_/\_\_\_\_/\_\_\_\_ (A)\_\_\_\_   Lugar de nacimiento: Ciudad \_\_\_\_\_ Esta \_\_\_\_\_ País \_\_\_\_\_

Educación Especial/IEP Activo  SI  NO   Gifted  SI  NO   Actual 504  SI  NO

Expulsado de escuela previa <input type="checkbox"/> SI <input type="checkbox"/> NO Fecha _____ Escuela _____	Servicios de salud mental anteriores <input type="checkbox"/> SI <input type="checkbox"/> NO
Arresto Resultando en Cargos <input type="checkbox"/> SI <input type="checkbox"/> NO	Alergias que amenazan la vida <input type="checkbox"/> SI <input type="checkbox"/> NO Explique _____
Acción de Justicia Juvenil <input type="checkbox"/> SI <input type="checkbox"/> NO	Condición Médica con Cuidados Especiales <input type="checkbox"/> SI <input type="checkbox"/> NO Explique _____

DIRECCIÓN DÓNDE VIVE EL ESTUDIANTE	DIRECCIÓN POSTAL (SI ES DIFERENTE)
CALLE	CALLE
CIUDAD/ESTADO	CIUDAD/ESTADO
CODIGO POSTAL	CÓDIGO POSTAL

**TELEFONO TELEFONO DE EMERGENCIA**

El estudiante vive con:  Ambos padres naturales    Padre    Madre    Guardián Legal    Otro

<b>INFORMACION SOBRE: Padre Guardián Otro _____</b> Nombre: _____ Dirección: _____ Teléfono: _____ Celular: _____ Tel. Trabajo: _____ Ocupación _____ Dirección electrónica (E-Mail) _____	<b>INFORMACION SOBRE: Padre Guardián Otro _____</b> Nombre: _____ Dirección: _____ Teléfono: _____ Celular: _____ Tel. Trabajo: _____ Ocupación _____ Dirección electrónica (E-Mail) _____
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¿Se usa en la casa u hogar un idioma distinto del inglés? <input type="checkbox"/> Sí <input type="checkbox"/> No ¿Cuál es el otro idioma? _____	¿Tuvo el estudiante una lengua materna distinta del inglés? <input type="checkbox"/> Sí <input type="checkbox"/> No ¿Cuál es el otro idioma? _____	¿Habla el estudiante con mayor frecuencia un idioma distinto del inglés? <input type="checkbox"/> Sí <input type="checkbox"/> No ¿Cuál es el otro idioma? _____	¿Ha asistido su hijo a escuelas en los Estados Unidos por menos de 3 años completos? <input type="checkbox"/> Sí <input type="checkbox"/> No Si es que sí, ¿fecha de entrada a las escuelas en Estados Unidos? _____
--	--	--	---

¿EN QUE IDIOMA PREFERE QUE NOS COMUNIQUEMOS CON USTED POR ESCRITO O POR TELÉFONO?  INGLÉS    ESPAÑOL    CRIOLLO

¿Es algún padre miembro actual o antiguo miembro del ejército de los EE. UU. ?    SI    NO

<b>NOMBRE DE LA ULTIMA ESCUELA QUE ASISTIO</b>	<input type="checkbox"/> PUBLICO <input type="checkbox"/> PRIVADO <input type="checkbox"/> ESCUELA ALTERNATIVA <input type="checkbox"/> ESCUELA EN CASA <input type="checkbox"/> ESCUELA CHARTER	Se ha mudado usted recientemente por el trabajo en agricultura o por la industria de la pesca? <input type="checkbox"/> SI <input type="checkbox"/> NO
CIUDAD _____ ESTADO _____ CONDADO _____		
CODIGO POSTAL _____ PAIS _____		

FIRMA DEL PADRE

POR FAVOR ESCRIBA SU NOMBRE

FECHA

# ENSKRIPSYON ELÈV

Distri eskolè nan konte Lee

## Seksyon sila a se pou pèsònèl nan biwo Plasman elèv sèlman

STUDENT #: \_\_\_\_\_ SCHOOL NAME: \_\_\_\_\_

ENROLLMENT CODE \_\_\_\_\_ ENROLLMENT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ ALTERNATE SCHOOL \_\_\_\_\_

• NEW ENROLLMENT • TRANSFER FROM SCHOOL \_\_\_\_\_ • RE-ENROLLMENT TO LEE COUNTY

PRIOR SCHOOL DISTRICT \_\_\_\_\_ PRIOR STATE \_\_\_\_\_ PRIOR COUNTRY \_\_\_\_\_ Yrs Intrap \_\_\_\_\_

NON ELÈV LA TÈLKE LI PARÈT SOU BATISTÈ A:

Siyati: \_\_\_\_\_ Prenon: \_\_\_\_\_ Lòt non: \_\_\_\_\_

NON JWÈT ELÈV: \_\_\_\_\_ KLAS \_\_\_\_\_ Ane lekòl \_\_\_\_\_ - \_\_\_\_\_

• Elèv gentan al lekòl piblik an Florid? • Elèv gentan al lekòl piblik nan konte Lee? • Prenmye fwa elèv al lekòl Ozetazini?

# SEKIRITE SOSYAL ELÈV	SÈKS	ORIJIN ETNIK	RAS ELÈV LA (make yonn ou plis pou endike sa ou konsidere ras elèv la)		
	• MAL • FEMÈL	• Ispanik ou Latino-ameriken • Pa Ispanik ou Latino-ameriken	• Blan • Nwa ou Afriken-ameriken	• Amerendyen ou Amerendyen Alaska • Moun zil Pasifik yo ou Awayi	• Azyatik

DAT NESANS \_\_\_\_/\_\_\_\_/\_\_\_\_ KOTE ELÈV LA FÈT: VIL \_\_\_\_\_ ETA \_\_\_\_\_ PEYI \_\_\_\_\_

Elèv te enskri nan yon pwogram edikasyon espesyal (ESE) (pa egzanp pwogram pale ak langay, douwe, elatriye) ? • WI • NON 504 • WI • NON

Yo te ekspilse nan lekòl anvan • WI • NON Dat _____ Lekòl _____	Sèvis Sante Mantal Kounye a • WI • NON Alèji menas lavi yo • WI • NON Kondisyon medikal ak swen espesyal • WI • NON
Yo te arete rezilta nan chaj • WI • NON Aksyon jivenil jivenil • WI • NON	

ADRÈS LAKAY \_\_\_\_\_ ADRÈS POU VOYE LÈT (SI DIFERAN) \_\_\_\_\_

VIL/ETA \_\_\_\_\_ VIL/ETA \_\_\_\_\_

KÒD POSTAL \_\_\_\_\_ KÒD POSTAL \_\_\_\_\_

TELEFÒN LAKAY \_\_\_\_\_ TELEFÒN ANKA IJANS \_\_\_\_\_

PARAN KI GEN LAGAD ELÈV LA: • Toulède paran • Papa • Manman • Gadyen legal • Lòt moun \_\_\_\_\_

PARAN/GADYEN • Paran • Gadyen legal • Lòt moun	PARAN/GADYEN • Paran • Gadyen legal • Lòt moun
Non: _____ Adrès: _____ Telefòn lakay: _____ # mobil: _____ Telefòn travay: _____ Okipasyon: _____ Kouriyèl: _____	Non: _____ Adrès: _____ Telefòn lakay: _____ # mobil: _____ Telefòn travay: _____ Okipasyon: _____ Kouriyèl: _____

Èske fanmi an sèvi ak yon lòt lang apa anglè nan kay la? • WI • NON Si wi, ki lang? _____	Èske elèv la gen yon lang matènèl apa anglè? • WI • NON Si wi, ki lang? _____	Èske elèv la sèvi pi souvan ak yon lang apa anglè? • WI • NON Si wi, ki lang? _____	Èske pitit ou konn al lekòl Ozetazini pou mwens pase twazan? • WI • NON Si wi, ki dat li antre Ozetazini? ____/____/____
---	---	---	---

NAN KI LANG OU PITO NOU KONTAKTE OU OSWA ALEKRI OSWA PA TELEFÒN?  Anglè  Panyòl  Kreyòl

Eske paran se yon manm aktyèl oswa ansyen nan militè Etazini an?  WI  NON

NON DÈNYE LEKÒL OU ALE:			
ADRÈS	VIL	KONTE	• LEKÒL PIBLIK • LEKÒL PRIVE • LEKÒL ALTÈNATIF • LEKÒL LAKAY • LEKÒL TABLI DAPRÈ ESTATI Eske ou te deplase dènyèman akòz k ap travay nan agrikilti oswa lapèch la endistri? • YES • NO
ETA	KÒD POSTAL	PEYI	

SIYATI PARAN/GADYEN \_\_\_\_\_ TANPRI, EKRI NON OU AN LÈT MOULE \_\_\_\_\_ DAT \_\_\_\_\_



**General Charter School Release Form**

**The School District of Lee County**

I understand that I am registering my child in Donna J. Beasley Technical Academy for the 2024 -2025 school year and he/she will lose the seat at \_\_\_\_\_ as of today, \_\_\_\_/\_\_\_\_/20\_\_\_\_.

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

**ID#:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/20\_\_\_\_



# Student Housing Questionnaire

**SCHOOL Data Entry:**

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

Code: R \_\_\_ U \_\_\_

Initials: \_\_\_\_\_

This questionnaire is required under Every Student Succeeds Act: Title IX/Part A. The answers below will help us determine if your student may qualify for additional resources or educational supports. **PLEASE COMPLETE ONE FORM PER FAMILY.**

1. How many other children/youths are in your household (even if not enrolled in school)? \_\_\_\_\_

2. Names of Students Enrolled in School (PK–grade 12) or not enrolled in school, including those ages 1-4 (If needed, use an additional sheet of paper.)

a. Name of Student:

_____	_____	_____	_____	_____	_____
First Name	MI	Last Name	Birth Date	Grade	School

b. Other Children/Youth in Your Household (even if not enrolled in school):

_____	_____	_____	_____	_____	_____
First Name	MI	Last Name	Birth Date	Grade	School

_____	_____	_____	_____	_____	_____
First Name	MI	Last Name	Birth Date	Grade	School

_____	_____	_____	_____	_____	_____
First Name	MI	Last Name	Birth Date	Grade	School

3. Parent/Guardian, **or** Unaccompanied Youth's First & Last Name: \_\_\_\_\_

a. Current Address: \_\_\_\_\_

b. Length of Time at this Address: \_\_\_\_\_

c. Former Address: \_\_\_\_\_

d. Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**The undersigned certifies that the information provided is accurate.**

**Parent's, Guardian's, or Unaccompanied Youth's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

4. Place an "X" in the appropriate box to answer "Yes" or "No".

NIGHTTIME RESIDENCE	YES	NO	CODE
1. My family lives in an emergency or transitional shelter (e.g., FEMA Trailer, ACT shelter, Salvation Army).			A
2. My family shares the housing of other persons due to loss of housing, economic hardship, eviction, or a similar reason; doubled-up (or "couch surfing").			B
3. My family lives in a car, park, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (such as shed, garage, etc.) or similar settings.			D
4. My family lives in a hotel or motel due to lack of alternative adequate accommodations.			E
5. A child/youth in my home is under the age of 16 and unaccompanied (not in the physical custody of a parent or guardian) <b>or</b> I am an unaccompanied youth under the age of 16 years.			
6. A child/youth in my home is 16 years of age or older and an unaccompanied youth (youth not in the physical custody of a parent or guardian) or I am an unaccompanied youth 16 years of age or older.			

5. If you marked "Yes" to any questions above, please indicate the cause by placing an "X" in the appropriate box:

**Disaster-Related:**

Man-made Disaster (Major) (D)

Hurricane (H)

Pandemic (Major) (P)

Flooding (F)

Earthquake (E)

Tornado (T)

Tropical Storm (S)

Wildfire (W)

**Non-Disaster Related:**

Unknown (U)

Other Homelessness Causes (N)

Mortgage Foreclosure (M)

If you answered "Yes" to some or all of the questions above, an educational representative may contact you to find out whether your child (or you - if an unaccompanied youth) are eligible for additional educational services.



PROJECT ACCESS STUDENT RESIDENCY QUESTIONNAIRE

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residence information help determine the services the student may be eligible to receive.

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Student ID: \_\_\_\_\_ Sex: M/F D.O.B \_\_\_\_\_ Age: \_\_\_\_\_
Last First Middle

Name of Student: \_\_\_\_\_ Student ID: \_\_\_\_\_ Sex: M/F D.O.B \_\_\_\_\_ Age: \_\_\_\_\_
Last First Middle

Name of Student: \_\_\_\_\_ Student ID: \_\_\_\_\_ Sex: M/F D.O.B \_\_\_\_\_ Age: \_\_\_\_\_
Last First Middle

Name of Student: \_\_\_\_\_ Student ID: \_\_\_\_\_ Sex: M/F D.O.B \_\_\_\_\_ Age: \_\_\_\_\_
Last First Middle

PART I

1. Is your current address a temporary living arrangement? \_\_\_Yes \_\_\_No

2. Is this temporary living arrangement due to loss of housing or economic hardship? \_\_\_Yes \_\_\_No

3. In the last 3 years, have you worked in any agricultural related activity in the U.S.? \_\_\_Yes \_\_\_No

Example: Planting, Cultivation or Harvesting?

If you answered YES to any of the above questions, please complete the remainder of this form.

If you answered NO, you may stop here.

PART II

Where is the student presently living (Check one box)

- [ ] In a motel/hotel, campsite, or other similar situation
[ ] In a shelter
[ ] With more than one family in a house or apartment
[ ] In a car, park, abandoned building, at a train or bus station, or storage/unit facility

Check the box below that best describes with whom the student lives.

(Legal guardianship may be only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in, and attend school).

- [ ] Parent(s) [ ] Legal Guardian(s) [ ] Unaccompanied Youth [ ] Other: \_\_\_\_\_
[ ] Caregivers (s) who are not legal guardian(s) (Examples: friends, relatives, parents of friends, etc.)

Name of Person with whom student resides:
Address:
City: Zip Code:
Cell/Home Phone: Work Phone:

I declare under penalty of perjury under the laws of this state that the information provided here is true and correct.

Signature of: [ ] Parent/ [ ] Legal Guardian/ [ ] Caregiver/ [ ] Unaccompanied Youth Date

I certify that the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date

Signature, McKinney-Vento Homeless Liaison



## DIRECTORY INFORMATION

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that the School District of Lee County, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. The School District of Lee County may disclose appropriately designated directory information only if you have given consent on the following page. The primary purpose for the release of directory information is to allow the School District of Lee County to include your child's information in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations that have legitimate business with the School District if you have provided consent. Outside organizations include, but are not limited to companies that manufacture class rings or publish yearbooks and others that are conducting direct, student related business with the school district.

In addition, two federal laws require the School District of Lee County to provide military recruiters, upon request, with three directory information categories—names, addresses and telephone listings—unless parents have advised the school that they do not want their student's information disclosed without their prior written consent.

If you do not want the **School District of Lee County** to disclose directory information from your child's education records, you must indicate that choice on the following page, sign this form and return it to your child's school within ten days. **The following has been** designated by FERPA as directory information:

- Student's name
- Address
- Telephone listing
- Electronic mail address
- Photograph
- Date and place of birth
- Dates of attendance
- Grade level
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors, and awards received
- The most recent educational agency or institution attended

Student ID number, user ID, or other unique personal identifier used to communicate in electronic systems that cannot be used to access education records without a PIN, password, etc. (A student's SSN, in whole or in part, cannot be used for this purpose.)

**COMPLETE ALL SECTIONS-SIGN-RETURN TO SCHOOL**

**Directory Information**

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_ Grade \_\_\_\_\_

**SECTION A**

**Please Check One Box**

(If no choice, default is: you may release information)

You may release “Directory Information” regarding my child in certain school publications and to companies with legitimate school district business; such as yearbook publication, school pictures, class rings and news media announcements, etc.; as described on the previous page. The District does not give Directory Information to any business except those that take school pictures, publish yearbooks, or engage in direct student-related business or media announcements with the school and/or district. Permission is also given for my child to take part in anonymous surveys involving the use of tobacco, alcohol and other drugs.

I do not want my child’s “Directory Information” released

**SECTION B**

**Please Check the Boxes that Apply**

I do not want my high school child’s name, address and telephone number released to military recruiters. I do not want my high school child’s name, address and telephone number released to institutions of higher learning.

**SECTION C**

**Student**

I certify that I have reviewed a copy of the Code of Conduct for Students Grades 6 – 12 and received an adequate period of instruction concerning the reason for, and importance of, the document.

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

\_\_\_\_\_  
Date

**Parent**

I am the parent/legal guardian of the above named student. I have had an opportunity to read the Code of Conduct for Students Grades 6 – 12 available on-line at leeschools.net or on the Lee Schools Branded App and have discussed it with my child. My intention regarding the release of my child’s “Directory Information” is indicated above.

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

\_\_\_\_\_  
Date

Please indicate which statement below applies to your home:

My student has access to internet in the home.

My student does not have access to internet in the home.

I DO NOT have access to the internet; please provide me with a hard copy of the Code of Conduct for Students in the following language:      **English**      **Spanish**      **Creole**



## Donna J. Beasley Technical Academy

60 Bell Boulevard N.

Lehigh Acres, FL 33936

www.beasleytec.org

Office: 239-491-6822 Fax: 239-491-2428

### STUDENT COMPUTER USAGE AGREEMENT

2024-2025

Donna J. Beasley Technical Academy is committed to providing a relevant and meaningful educational experience for all students. The increasing role of technology in the world creates a greater need for technological opportunities in the classroom.

#### Students Access & Monitoring:

Computers are the property of Donna J. Beasley Technical Academy; therefore, the school has the right to determine appropriate use. Donna J. Beasley Technical Academy reserves the right to search, access or monitor computers at any time.

- Students are not to deface their computer or accessories in any way, examples include stickers, writing names or painting pictures, and/or maliciously damaging monitor screens. If there are any questions, check with your teacher.
- Do not attempt to remove or change the physical structure of the computer. This includes the keys, wiring, computer/monitor settings, and the plastic casing. Doing so will void the warranty, and the *student will be responsible for 100% of the repair or replacement cost.*
- **The sole purpose for the computer is for educational use only. Recreational use is prohibited, violation of this agreement will be addressed accordingly which may include out of school suspension.**
- **Parents/Guardians will be responsible for repairs and/or replacement cost if a student damages a computer due to malicious activities.**

REQUIRED SIGNATURES I / We have read this agreement and consent to abide by the terms and conditions as prescribed herein.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# DONNA J. BEASLEY TECHNICAL ACADEMY

## 2024-2025 EXPECTATIONS

- Arrive on time ready to work, should you arrive later than 30 minutes from the start up time, student will not be allowed in.
- ONLY single draw-stringed book bags will be allowed.
- Dress appropriately. Male students and female students MUST wear their pants on their hips, no shirts/pants having guns or drugs on them. Females dressed inappropriately will meet with Assistant Principal, Ms. Peters. Repeat offenders will be sent home.
- No hats or hoodies
- Student must sign in on the Daily Attendance Sheet to be marked present.
- Upon arrival at the school, cell phones and/or Bluetooth ear buds will be turned off and collected at the main door. Regardless of how many completed assignments, cell phones/electronics will be returned no sooner than 30 minutes prior to dismissal.
- No personal ear buds or headphones may be worn at any time. Only those earbuds provided by DJB may be used for the chrome book.
- We are not a virtual school; students must attend brick and mortar.
- No open canisters/bottles, or food will be allowed in school
- Food cannot be delivered to school.
- Students will stay in their assigned section.
- Student will complete one course per month
- Student will participate in all eligible state assessments, not doing so may jeopardize their enrollment.
- Students enrolled into a trade class must demonstrate a minimum of a 70% in their course grade and 80% in attendance. This must be achieved in First Marking Period ending in mid-October. If not, student will be withdrawn from course. Trade elective does count toward overall GPA.
- Students driving to school must park on school property in an assigned area. Copy of driver's license and insurance must be on file prior to having parking privileges.
- Violence will not be tolerated at any level, should a student participate in an altercation or action that has/may have injured another, the school will refer to district code of conduct.
- Parents/Guardians are responsible to pick up their child if an early release is necessary.
- ALL electronic equipment such as Chromebooks and Hot-Spots that are signed out by a student/parent for home usage, MUST be returned to the school by June 1, 2025 to avoid any replacement costs.

SHOULD THESE EXPECTATIONS NOT BE MET, THE SCHOOL **RESERVES** THE RIGHT TO PURSUE STUDENT DISCIPLINE UNDER THE STUDENT CODE OF CONDUCT WHICH MAY LEAD TO THE STUDENT'S INABILITY TO RE-ENROLL THE FOLLOWING YEAR AND OTHER DISCIPLINE SANCTIONS.

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

**PARENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADMINISTRATOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# ACADEMIA TÉCNICA DONNA J. BEASLEY

## EXPECTATIVAS 2024-2025

- Llegue a tiempo listo para trabajar, los estudiantes que lleguen más tarde de 30 minutos desde la hora de inicio, no se permitirá la entrada de estudiantes.
- No somos una escuela virtual; los estudiantes deben asistir al ladrillo y mortero. Los estudiantes deben registrarse en la Hoja de Asistencia Diaria para ser marcados como presentes. Las firmas DEBEN ser legibles.
- **SOLO se permitirán bolsas de libros "transparentes"** con cordones de un solo dibujo .
- Vístase apropiadamente. Los estudiantes varones y las estudiantes femeninas DEBEN usar sus pantalones en sus caderas, sin camisas / pantalones que tengan armas o drogas. Las mujeres vestidas de manera inapropiada se reunirán con la Subdirectora, Sra. Peters. Los infractores reincidentes serán enviados a casa.
- Sin sombreros ni sudaderas con capucha
- A su llegada a la escuela, los teléfonos y / o auriculares Bluetooth de los estudiantes se apagarán y recogerán en la puerta principal. Independientemente de cuántas tareas completadas, los teléfonos celulares / electrónicos se devolverán no antes de 30 minutos antes del despido. Solo los auriculares proporcionados por DJB se pueden usar para el libro de cromo.
- **SOLO** para estudiantes que necesitan aprobar el ELA / ALG. Las pruebas estatales, la primera hora serán bootcamps obligatorios. Edgenuity no estará disponible durante ese tiempo.
- El estudiante participará en todas las evaluaciones estatales elegibles, no hacerlo puede poner en peligro su inscripción.
- Los estudiantes permanecerán en su sección asignada.
- El estudiante completará un curso por mes
- Los padres / tutores son responsables de recoger a su hijo si es necesaria una liberación anticipada debido al cierre anticipado o problemas de comportamiento.
- No se permitirán botes / botellas abiertas, ni comida en la escuela
- La comida no se puede entregar a la escuela.
- Los estudiantes inscritos en una clase de comercio deben demostrar un mínimo de un 70% en su calificación del curso y un 80% en asistencia. Esto debe lograrse en el Primer Período de Marcado que finaliza a mediados de octubre. De lo contrario, el estudiante será retirado del curso. **La electiva comercial cuenta para el GPA general.**
- Los estudiantes que conducen a la escuela deben estacionarse en la propiedad de la escuela en un área asignada. La copia de la licencia de conducir y el seguro deben estar en el archivo antes de tener privilegios de estacionamiento.
- La violencia / intimidación no será tolerada en ningún nivel, si un estudiante participa en un altercado o acción que ha / puede haber lesionado a otro, la escuela se referirá al código de conducta del distrito.
- **TODOS** los equipos electrónicos, como Chromebooks y ollas Hot-S que son firmados por un estudiante / padre para uso en el hogar, **DEBEN** devolverse a la escuela antes del 1 de junio de 2025 para evitar un costo de reemplazo de \$ 200.

EN CASO DE QUE NO SE CUMPLAN ESTAS ESPECIFICACIONES, LA ESCUELA **SE RESERVA** EL DERECHO DE SEGUIR LA DISCIPLINA ESTUDIANTIL BAJO EL CÓDIGO DE CONDUCTA ESTUDIANTIL, LO QUE PUEDE LLEVAR A LA INCAPACIDAD DEL ESTUDIANTE PARA VOLVER A INSCRIBIRSE EL AÑO SIGUIENTE Y OTRAS SANCIONES DISCIPLINE.

ALUMNO: \_\_\_\_\_

PADRE: \_\_\_\_\_



# Donna J. Beasley Technical Academy

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Office: 239-491-6822 Fax: 239-491-2428

## SEARCH CONSENT FORM 2024-2025

It is the policy of Donna J. Beasley Technical Academy to prohibit the use, possession, concealment, transportation or distribution of illegal or unauthorized items, including but not limited to, illegal drugs, look-alike drugs and drug paraphernalia, tobacco, lighters, matches, alcoholic beverages, weapons, ammunition and/or stolen property, while entering on, leaving school property or attending school-sponsored functions or events.

For the protection of the students, teachers and employees of Donna J. Beasley Technical Academy, students may be required to submit their person, personal effects, vehicles, belongings, and any other items to a search by school officials or other authorized representatives.

Cellphones and/or any other electronic devices **will not** be allowed to be brought into the school. If found, they will be confiscated, locked up in the Main Office, and returned at the end of their session.

Your signature below constitutes your consent to the inspection of the student's person, personal effects, vehicle, and/or other belongings or items.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# Donna J. Beasley Technical Academy

60 Bell Boulevard N.  
Lehigh Acres, FL 33936  
www.beasleytec.org  
(239) 476-9100

## PHOTOGRAPH AND VIDEO RELEASE FORM

I give permission for Donna J. Beasley Technical Academy or any school approved media to photograph/video my child. The photographs or video will be used for news organizations and promotional footage used in support of the school. Copies of any videos or photographs taken will be available upon request.

I GIVE PERMISSION

I DO NOT GIVE PERMISSION

---

Student's Name

---

Parent or Guardian's Signature

---

Date

It is the policy of Donna J. Beasley Technical Academy to comply with all applicable state and federal laws regarding nondiscrimination in employment of educational programs and services. Donna J. Beasley Technical Academy will not discriminate on the basis of sex, race, religion, national origin, disability, or age as to employment or educational programs and activities.



The School District of Lee County  
Bully Prevention Contract  
Student and Parent/Guardian Agreement

Everyone has a right to feel physically and emotionally safe at school. I will do everything I can personally, as a member of my school's community, to create and preserve a physically and emotionally safe environment.

**Student's responsibility:**

I will commit that I will not bully my peers. When I witness bullying, I will report it to an adult.

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

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Parent's responsibility:**

I commit to encouraging my child to always respect others. I have instructed my child not to bully. I have advised my child to report any bullying to the authorities.

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

\_\_\_\_\_  
Date

This contract is an agreement between student and parent/guardian.

*Bullying includes cyber bullying and means systematically and chronically inflicting physical hurt or psychological distress on one or more students or employees. It is further defined as unwanted and repeated written, verbal, or physical behavior, including any threatening, insulting, or dehumanizing gesture, by a student or adult, that is severe or pervasive enough to create an intimidating, hostile, or offensive educational environment; cause discomfort or humiliation; or unreasonably interfere with the individual's school performance or participation; and may involve but is not limited to: teasing, social exclusion, threat, intimidation, stalking, physical violence, theft, sexual, religious, or racial harassment, public or private humiliation, destruction of property, and cyber bullying.*



# **BUS RULES**

Bus rules are established for the purpose of ensuring each student's safety while waiting, boarding, riding, and exiting the school bus. Any type of conduct that causes distraction to the driver is a potential safety hazard. A bus driver is responsible for the safety of the bus and its passengers at all times and therefore students are expected to obey the driver. **Failure to follow the direction given by the bus driver may result in disciplinary action that may include suspension from bus riding privileges.** Students are expected to obey the following rules:

- 1. ALL students should report any damage to the bus driver immediately.**
- 2. As the bus approaches, stay 10 feet from the roadway and stand in an orderly manner until the bus comes to a complete stop.**
- 3. Sit facing the front of the bus, with feet on the floor and keep all body parts inside the bus.**
- 4. Stay in your seat until the bus has come to a complete stop.**
- 5. Do not throw any objects in or around the bus.**
- 6. Loud talking, shouting, or screaming is not allowed.**
- 7. No smoking or vaping on the school bus. This will lead to automatic revoking of bus riding privileges.**
- 8. Do not touch the emergency door handle.**
- 9. Keep the bus clean and refrain from damaging the bus. Put trash in containers provided on the bus.**
- 10. If a student must cross the highway, they shall be required to pass in front of the bus, look in both directions and proceed only after receiving a signal from the bus driver (Code of Florida)**
- 11. Always keep bus aisle clear.**
- 12. No gum chewing, eating or drinking on the bus.**
- 13. No loud music on the bus.**

## **CONSEQUENCES FOR CONDUCT VIOLATIONS**

1. First time—driver gives written/verbal warning
2. Second time—driver gives written warning, student, parent, transportation manager, and AP or principal will hold conference.
3. Third time—riding privileges may be revoked upon administration decision. May be permanently or temporarily removed from riding the bus.

## **SEVERE CONSEQUENCE CLAUSE**

One of the following consequences will occur immediately if a serious violation occurs.

1. Student removed from the bus immediately.

2. All Donna J Beasley Technical Academy school buses are equipped with video cameras and microphones.

Transportation service is a privilege that is granted to the student contingent upon proper behavior according to district behavioral guidelines. A student's eligibility to ride the school bus may be suspended or revoked for a violation of school bus safety or conduct policies, or for violation of any other law or policy governing student conduct on a school bus.

Parents of transported students will be held responsible for their children until such times as the student boards the school bus in the morning and after the child leaves the bus at the end of the school day. Parents also share responsibility with the child for his/her conduct while on the school bus and while in school bus loading or unloading areas.

**If students' behavior causes damage to the bus, their parents or guardians will be held responsible for restitution and possibly legal action depending on the amount for the damage.**



# Bus Riding Form



**We need your cooperation to help us make riding a school bus safe for all student passengers. Please review the following information from Donna J Beasley Technical Academy Transportation Procedures that explains the expectations for student behavior while riding the school bus and the actions that will be taken for unacceptable behavior.**

## **TRANSPORTATION- A PRIVILEGE**

Riding the school bus is a privilege and all students are expected to follow safe riding practices. Each transported student has the right to a safe and enjoyable ride to and from school which is free from intimidation, threat, or harassment. Good conduct of all transported students while waiting for the school bus and while traveling to and from school is essential for a safe and enjoyable ride for all students.

Transportation service is a privilege that is granted to the student contingent upon proper behavior according to district behavioral guidelines. A student's eligibility to ride the school bus may be suspended or revoked for a violation of school bus safety or conduct policies, or for violation of any other law or policy governing student conduct on a school bus.

Parents of transported students will be held responsible for their children until such times as the student boards the school bus in the morning and after the child leaves the bus at the end of the school day. Parents also share responsibility with the child for his/her conduct while on the school bus and while in school bus loading or unloading areas.

**If students' behavior causes damage to the bus, their parents or guardians will be held responsible for restitution and possibly legal action depending on the amount for the damage.**

Being suspended from bus privileges means the student is off the route bus. Students who are involved in serious or repeated incidents of unacceptable student conduct on the school bus will have their riding privileges suspended or revoked. **The parent/guardian of a student suspended from transportation is responsible for**

**ensuring that the student travels safely to and from school. The school will not provide alternative transportation to a student whose transportation privileges have been suspended or revoked. In addition, unacceptable conduct on the school bus or at the school bus stop may result in suspension or expulsion from school.**

The bus driver will assist the principal or school administrator in seeing that the above rules and procedures are carried out. If any pupil persists in violating these procedures, the bus driver shall notify the principal. In addition, the principal/school administrator may suspend bus-riding privileges if the pupil continues to disobey the rules and procedures.

**Students are not to damage the bus and should report any damage to the bus driver. If they do cause damage, their parents or guardians may be held responsible for restitution.**

**By signing this, I understand that the school will find me fully responsible for any damage caused by my son or daughter while riding the school bus.**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Parent Printed Name**

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

\_\_\_\_\_  
**Student Printed Name**

\_\_\_\_\_  
**DATE**

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



# Donna J. Beasley Technical Academy

60 Bell Boulevard N.

Lehigh Acres, FL 33936

Phone: (239)476-9100 \* Fax: (239) 561-9864

## **School Transcript/Records Request/Release Form**

Date: \_\_\_\_/\_\_\_\_/20 \_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Attention: Records Department

From: Ms. Peters, Administrative Assistant

Email: BlancaLpe@leeschools.net

### **Parents, please complete this box only**

Student Name: \_\_\_\_\_ ID#/DOB: \_\_\_\_\_

\_\_\_\_\_  
*Name of Previous school*

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

\_\_\_\_\_  
*Print Parent/Guardian Name*

Please send the following documents:

\_\_\_\_ Transcript

\_\_\_\_ IEP/504

\_\_\_\_ Report Card/State Test Results

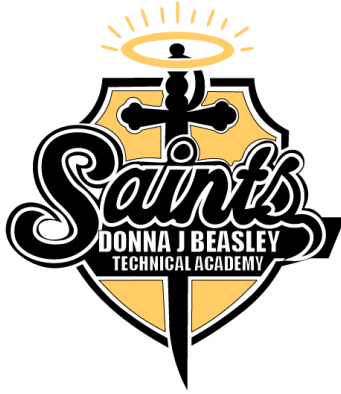
\_\_\_\_ Complete Cumulative folder

\_\_\_\_ Birth Certificate

\_\_\_\_ Immunizations/Physical

### **Please email, fax or mail the requested documents to:**

Personal identifiable information that is disclosed to an institution, agency, organization or individual, etc. may be used by its officers, employees and agents but only for the purpose for which disclosure was made. The disclosed information may not be released to any other party without the prior written consent of the parent of the student or the eligible student.



## **DONNA J. BEASLEY TECHNICAL ACADEMY**

### **TRADES/APPRENTICESHIP PROGRAM** **2024-2025**

We are the **ONLY** 2<sup>nd</sup> Chance school in Lee County to offer a real opportunity for a career path immediately upon graduation.

#### **TRI-COUNTY APPRENTICESHIP ACADEMY**

We partner with Tri-County Apprenticeship Academy to offer a pathway for national certification in the following areas: Plumbing, Electrical, Air Conditioning, Commercial Water Sprinkler Systems, and Welding.

To acquire national certification into any of these trades, the first course each area requires is CORE. We offer this course. By completing this one course will allow a young adult after graduation an opportunity to reach out to the over 200 companies Tri-County is associated with.

#### **MR. BOB LAMBERT/INSTRUCTOR**

Should a student complete CORE, the school does offer Electrical I. Mr. Robert Lambert, a former Navy Seal is the instructor. Mr. Lambert helped open the school in 2013. Through the years, he has significantly impacted many lives. With his assistance, students have found meaningful careers right after high school.

Once hired on from one of the Tri-County companies, these companies have partnered with us to ensure they will continue to train the graduate and pay all their tuition and books for them to acquire the much-desired certification.

It is not often a person is offered such an opportunity. Those who have, have found themselves in a position where they have the means to purchase a home and live independently.