

The Evelyn Hamblen Center
Gaines Alternative School
1 Christopher Street
St. Augustine, FL 32084



Craig A. Davis, PhD, Principal
Alyssa Kelly, M.Ed., Asst. Principal / Academic Coordinator (EHC)
Leslie DiLeo, LMHC, Mental Health Coordinator (EHC)
Bruce Allie, M.Ed., Assistant Principal (Gaines)

Dear Parents/Guardians:

We are committed to providing comprehensive, safe, and effective crisis management programs for our students and staff. With that in mind, our staff have been trained in District-approved crisis management strategies which emphasize prevention and de-escalation skills. All procedures implemented with students are documented and shared with parents/guardians on a daily basis. If you have questions or concerns, please call Dr. Craig Davis, principal, at 904-547-8560.

Your signature below indicates that you have been informed of the St. Johns County Crisis Management Program.

Parent/Guardian Signature

Date

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2023-2024 Health Information

Please check if your student has any of the following:

- Asthma
- Diabetes
- Seizures
- Chronic Illness
- Pregnancy
- Prescription Medication
- Medical Implants
- Glasses/Contacts
- Allergies
- Other (Please describe: _____)

Please review and complete the health section of the *Student Information Form* if your child has any medical conditions.

Parent Signature

Date

Student Signature

Date

Administrator Signature

Date

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2023-2024 Video and Audio Permission Request

Dear Parent/Guardian:

The Evelyn Hamblen Center would like the opportunity to use video and/or audio equipment to monitor _____ behavior at school. Our intent is for the Mental Health Coordinator and Mental Health Counselor to use this information, with your permission, as a therapeutic tool to better assist your child. This information is confidential and may be viewed only by the Evelyn Hamblen Center staff and ESE Department, with your written consent. You may request to review this documentation of your child's behavior at any time.

_____ Yes, I permit the Evelyn Hamblen Center to video/audio record my child's behavior at school.

_____ No, I do not permit my child's behavior to be video/audio-recorded at school.

If you have any questions regarding this permissions request, please call Leslie Couden DiLeo at 904-547-8560.

Parent/Guardian Signature

Date

**Florida Department of Education
Parental Consent Form
Student Placement in an Exceptional Education Center**



Student: _____ Date: _____
 Student D.O.B.: _____ Parent(s) Name: _____
 District: _____ School: _____

I understand that, as a participant of the individual educational plan (IEP) team, I have the right to consent or refuse consent for my child (or myself, if I am an adult student) to be placed in an exceptional student education (ESE) center, except in circumstances when a placement is made in an ESE center school related to specific violations of the district's code of student conduct. An ESE center or special day school means a separate public school to which nondisabled peers in grades kindergarten through 12 do not have access.

Based on Section 1003.5715, Florida Statutes, I understand that the _____ County School District may not place my child in an ESE center unless I have provided written consent on this form; or the district has made documented and reasonable efforts to obtain my consent and I have failed to respond; or the school district obtains approval through a due process hearing and/or appeals process. I understand that, during the pendency of a due process hearing or appellate proceeding regarding a due process complaint, my child will remain in his or her current educational assignment while awaiting the decision of any impartial due process hearing or court proceeding, unless the school district and I otherwise agree.

My consent is being sought because the IEP team has determined that the proposed action is necessary in order for my child to receive a free appropriate public education. If I refuse to consent to the proposed actions, my child may not receive all the services and supports that the IEP team has determined are needed, which may impact my child's educational progress. I understand that if I give consent, my child will not participate in an educational setting with nondisabled peers, but will have access to intensive services as determined necessary by the IEP team. This consent will remain in effect until the next annual IEP review or until the next IEP meeting when ESE center school placement is specifically addressed, whichever event occurs first.

I consent for placement in an ESE center.

 Parent signature Date Parent signature Date

I do not consent for placement in an ESE center.

 Parent signature Date Parent signature Date

As a parent of a student with a disability, you have specific rights and protections that are described in the *Notice of Procedural Safeguards for Parents of Students with Disabilities*. To receive a copy, or for assistance understanding your rights, you may contact:

_____ at _____ OR _____ at _____
 (District designee) (Telephone/email) (Alternate contact) (Telephone/email)

Documentation of attempts to obtain consent:

1. Date Sent/Method Used:
2. Date Sent/Method Used:

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Evelyn Hamblen Center and Gaines Alternative School
2023-2024 School Advisory Council

A School Advisory Council (SAC) is the primary link between schools and the local community. This is a council for the parent, student, teacher and community to have a voice in the decision-making process of an individual school. The primary goal of the Advisory Council is to improve education services.

The faculty, staff, and administration of the Evelyn Hamblen Center and Gaines Alternative School would greatly appreciate your involvement on the SAC. We welcome parents, grandparents, and any member of the community who wishes to be involved in helping our school support our students.

_____ Yes, I want to serve on the Council.

_____ No, I do not want to serve on the Council.

Print Parent/Guardian Name: _____

Print Student Name: _____

Address: _____

Parent/Guardian Signature: _____

Date: _____

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Student-Parent/Guardian Compact

The Evelyn Hamblen Center and Gaines Alternative School will provide a specialized curriculum designed to help students make attitudinal changes necessary for them to be successful both academically and socially. In order for this to occur, the student agrees to:

1. Address/treat all staff members and peers respectfully.
2. Attend regularly.
3. Follow the dress code.
4. Bring necessary school supplies every day (*Evelyn Hamblen Center students only*).
5. Complete all class work and homework assignments, on time.
6. Deliver school notices, newsletters, homework to my parent/guardian as directed by the teacher/school.
7. Follow the school rules and procedures:
 - a. In designated eating areas
 - b. In the classroom
 - c. During school functions
 - d. In the hallways, when entering/leaving the classroom/campus
 - e. On school-provided transportation.
8. Remain on campus (I will not leave without permission).
9. Remain free of drugs/alcohol/other contraband (I will not possess or distribute).
10. Resolve my differences with peers peacefully (I will not fight or otherwise use verbal/physical force against anyone at any time).

I fully understand that I am responsible for my actions.

Student Signature

Date

I have read this compact and will support my child's commitment to it.

Parent/Guardian Signature

Date