

2008-2009 Registration Form
Asset-Based Intervention Programs for Substance Abuse and Tobacco Education

Student Name: _____ Grade: _____ Age: _____ School: _____

Please complete the following application in its entirety. Fax the application to (303)387-0119.

PARENT/GUARDIAN SECTION:

Parent/Guardian Name: _____
Address: _____ Home Phone: _____ E-mail: _____
City: _____ State: _____ Zip: _____ Phone at which you can be reached: _____
Please identify your child's behavior(s) of concern: _____

SCHOOL ADMINISTRATOR SECTION (REQUIRED FOR ABI):

Administrator Name: _____ Phone: _____
School: _____ Student's Counselor: _____
Please check all of those that are relevant for this student:
Referred for disciplinary action? Yes No If no, for what reason is this individual being referred? _____

Suspension reduced based on Asset-Based Intervention participation: Yes No
If yes, note length of original suspension. _____ How many days reduced? _____ Is this a deferred expulsion? Yes No
Please identify the student's behavior(s) of concern: _____

Requested Class:

ABI SUBSTANCE ABUSE INTERVENTION CLASS-6 week session

7th-12th Grade

TOBACCO EDUCATION CLASS-5 week session

7th-12th Grade

◀ **ABI/Tobacco Cessation Applicants:** The Student Development Office is offering on-going 5 or 6 week interventions for students who need assistance with substance abuse or tobacco use. ***Application to these interventions is made on a strictly voluntary basis.*** The DCSD Student Development Office has the ultimate authority to discontinue the student's enrollment if the student's behavior is contrary to an acceptable learning environment. Parents are to remain on site (sometimes attending with their child) during the child's intervention class, as instructors are not liable for the child should they become disruptive and are asked to leave. The parent must be available to assume responsibility of their child.

A non-refundable \$50.00 fee is required to attend Substance Abuse class. Substance Abuse attendees should make their check out to Professional Counseling Services, Inc. Tobacco Education attendees pay a non-refundable \$40.00 fee, and may write their check to Douglas County Schools.

Payments are brought to the first class. Payment options may be arranged, please speak with your instructor. The cost of each class is underwritten by Title IV Safe and Drug Free Funds.

Agreement for ALL classes: We understand that there will be direct communication between instructors, the Student Development Office, and Douglas County Schools regarding the educational, emotional and behavioral progress of each student. We have read all the above, understand it as well as you and all accompanying information regarding this program.

Parent/Guardian Signature

Student Signature

Principal or Designee Signature

Date

Form may be faxed to the DCSD Student Development Office at **303-387-0119** after it has been completed and signed by administrator and parent. Please contact the Student Development Office at 303-387-0095 for additional information.