



THE NEW YORK CITY DEPARTMENT OF EDUCATION

Richard Carranza, *Chancellor*

Yesenia Peralta Principal
Brooklyn Democracy Academy

985 Rockaway Avenue
Brooklyn, New York 11212

Tel. Number 718-342-6590
Fax Number 718-342-6708

Brooklyn Democracy Academy Student Application

Date: _____

Name: _____

Date of Birth: _____

Address: _____

Apartment Number: _____

City: _____

Zip Code: _____

Home Telephone Number: _____

Cell Phone Number: _____

E-mail Address: _____@_____

Household Info:

Head of Household (please check one)

_____ Mother

_____ Father

_____ Grandparent (s)

_____ Other Relative

_____ Foster Parent

_____ Other

If other, please describe _____

Name of Head of Household: _____

Emergency Telephone Number: _____

What is the primary language spoken in your home? _____

Are you a parent? Yes _____ No _____

How many children do you have? _____

What are their names and ages? _____ | _____

_____ | _____ | _____

SCHOOL INFORMATION

Name of school last attended: _____

Grade: _____ Referred by: _____

School Program:

_____ Regular Education

_____ Special Education

_____ GED

_____ ESL

_____ Alternative

_____ Job Corps

If other, Please describe: _____

Transportation Needs: Bus Pass _____

Train Pass _____

Academic Needs:

_____ Reading

_____ Writing

_____ Math

_____ Social Studies

_____ Science

Hobbies/Sports:

_____		_____
_____		_____

VOLUNTEER WORK/COMMUNITY SERVICE

Location: _____

Telephone Number: _____

Day and Time you volunteer: _____

How many hours a week? _____

What are your responsibilities _____

EMPLOYMENT

Do you have working papers? Yes _____ No _____

Are you currently working? Yes _____ No _____

If yes, name and address of employer: _____

Telephone Number: _____ Supervisors Name: _____

What are your responsibilities? _____

Have you ever registered for Selective Service? (For males 18 and over)

Yes _____ No _____

Are you a registered voter?

Yes _____ No _____

What would you like to do when you have completed High School?

_____ Attend College

_____ Learn a trade

_____ Enlist in the Military

If so, which branch? (i.e. Navy, Army, Marines) _____

_____ Work full-time

_____ Explore internship programs



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Substance Abuse Policy

The Brooklyn Democracy Academy has a zero-tolerance policy regarding substance and alcohol abuse. We view this as a serious infraction that threatens the safety of our students. This issue will be dealt with accordingly. Students caught using and/or dealing illegal substance calls for immediate action. When a student is caught getting high or comes to school under the influence of drugs and/or alcohol, they will be sent to the office. Their parent/guardian will be notified and an intervention plan will be developed.

Electronic Devices Policy

The use of electronic devices (e.g., cell phones, iPods, mp3's, PSP's, etc) is strictly prohibited at the Brooklyn Democracy Academy. All electronic devices should be off and put away while you are in the school building. Phone calls, texting, instant messaging and face time are prohibited throughout the entire school. This includes classrooms, hallways, staircases, gym, and bathrooms. Any electronics used in the building will be confiscated and returned at the end of the day. After three confiscations, a parent/guardian will be required to retrieve your electronic device from school. BDA is not responsible for any electronic devices that are damaged, lost or stolen. The best way to keep your electronic devices safe is to leave them at home.

Dress Code Policy

Hats, bandanas, and do-rags are strictly prohibited in the school building (regardless of gender). Any hat worn in the building will be confiscated and returned at the end of the day. **After three confiscations**, a parent/guardian will be required to retrieve your hat from school.

Students should wear appropriate dress that does not interfere with the functioning of the school. We reserve the right to ask students to change inappropriate attire.

Student Signature: _____

Date: _____

Witness/Interviewer's Signature: _____

Date: _____



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Student Behavioral Contract

Name of Student - Date of Birth

I know that I have the right to:

- Be in a safe and supportive learning environment, free from discrimination, harassment and bigotry
- Know what appropriate behavior is and what behaviors may result in disciplinary actions.
- Be counseled by members of the professional staff in matters related to my behavior as it affects my education and welfare within the school.
- Due process of law in instances of disciplinary action for alleged violations of school regulations for which I may be suspended or removed from class.

I agree to:

- Come to school on time for each of my class and be prepared to work.
- Be prepared with appropriate materials and assignments for all classes.
- Show respect to all members of the learning community.
- Resolve conflicts peacefully and avoid fighting inside or outside of the school or at program sites.
- Behave respectfully, without arguing, and cooperate when a staff member gives direction or makes a request. I understand that I will be given an opportunity to voice my concerns at an appropriate time if I do not agree with the request.
- Take responsibility for my personal belongings and respect other people's property.
- Dress appropriately
- Refrain from wearing clothes which have any signs of gang affiliation (e.g. scarves, bandanas) and refrain from using gang signs, calls, chants, movements and handshakes.
- Refrain from using personal possessions that are disruptive (e.g. cell phone, ear pods,) in class.
- Share information with school officials that might affect the health, safety or welfare of them any information sent home.
- Keep my parents/guardians informed about school-related matters and make sure I give them any information sent home.
- Behave responsibly.

I agree to follow the rules of behavior:

Student Signature: _____ **Date:** _____



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PARENT OPT OUT FORM FOR MILITARY AND HIGHER EDUCATION INSTITUTION

Please complete the following if you do not consent to the release of your child's information, name, address, and telephone number, to military recruiters and institutions of higher education that request this information.

Students Name: _____

Name of School: _____

I am requesting that my child's name, address and telephone number NOT be shared with (please check the appropriate box).

- ☐ Military Recruiters
- ☐ Institutions of Higher Learning
- ☐ Both Military Recruiters and Institutions of Higher Education

Parent/Guardian:

Please print Name

Signature: _____

Date: _____

If you choose to return this form, please do so by October 15th, mid year enrollees or transfers who wish to Opt out of this program should return the form within 2 weeks of enrollment in school.



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LEARNING TO WORK TRANSFER SCHOOL

CONSENT FORM (For students 18 and over)

Date: _____

To Whom It May Concern:

I am 18 years of age or older and have selected to participate in the Learning to Work Program. I understand that the **Mission Society** will be working with the Department of Education staff at **Brooklyn Democracy Academy** to implement the program

I, _____, give my permission for the NYC Department of Education to share information about my attendance, achievement and guidance records with the professional staff of **Mission Society**.

Printed Name: _____

Signature of Student: _____ Date _____

Birth date: _____

Address: _____

Home Telephone: (_____) _____



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LEARNING TO WORK TRANSFER SCHOOL PARENT CONSENT FOR SHARING STUDENT INFORMATION

CONSENT FORM

Name of Student: _____

Birth date: _____

Address: _____

Home Telephone: (_____) _____

I give the NYC Department of Education permission to share information about my child's attendance, achievement and guidance records with the staff of **Mission Society** as it relates to the Learning to Work program.

Signature of Parent/Guardian

Date



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LEARNING TO WORK TRANSFER SCHOOL PARENT CONSENT FOR SHARING STUDENT INFORMATION

Date: _____

Dear Parent/Guardian:

Your child, _____, has been selected to participate in the Learning to Work Program at **Brooklyn Democracy Academy (BDA)**. **Mission Society** will be working with the Department of Education staff at the **Brooklyn Democracy Academy** to implement the program.

As a participant in the Learning to Work program, your child may participate in:

- Career exploration and planning for college and careers
- Work skills development activities
- Supervised internships (at locations outside of the school)
- Group and individual counseling (and where appropriate, psychological and health counseling services will be made available)
- Other student support services

We are requesting your permission to authorize the NYC Department of Education staff to share information about your child's attendance, achievement and other information in the guidance records with **Mission Society** as part of their on-going work with your child.

Please sign the consent slip below and return it to my office. If you have any questions, please call me at the telephone listed above. Thank you.

Sincerely,

Yesenia Peralta
Principal



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Conducted By: _____ Date: _____

BDA Parent/Guardian /Trusted Adult Interview

Student Name: _____

Parent Name: _____ Relation to Student _____

Daytime Phone: Evening Phone:

Home Address: Email Address:

Identify three of your child's academic/social strengths:

1. _____

2. _____

3. _____

When did your child become disengaged from school? What do you think some of the reasons are behind the disengagement?

Has your child ever had a counselor outside of Guidance? i.e. Individual, Family, Anger Management, mental health, etc.

If your child is accepted, what expectations do you have of the Brooklyn Democracy Academy

Is there any aspect of the school structure described to you that may be a challenge for your child?

What do you believe the role of the parent/guardian/caring adult in the student's educational process?

How do you plan on collaborating with BDA staff to help your child achieve their educational goals?

Are you interested in learning about additional support services i.e. PINS (Persons in Need of Supervision), individual/family counseling, case management services?

Can you name any other trusted adults in your household/family that are also willing to support your child's success at BDA should he/she be accepted?



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Dear Parent/Guardian/Custodian of new High School Students:

As part of the HIV/AIDS Education program for high school students, Grades 9-12, the Department of Education approved a condom availability component with right of the parent opt out their child or children from receiving condoms in school. It must be noted that this option does not apply to students who are 18 years or older, who are or who have been married, who are parents, who are entitled under law to give consent for themselves.

The program of condom availability for high school student provides parents with the opportunity to discuss these issues with their children and help them in making these important decisions. The most responsible decision a young person can make in this regard is to abstain from any high-risk behavior, including sexual intercourse and substance use. We are committed to ensuring confidentiality to all students, including those who are excluded from participation in this program. All high schools know this policy and have been instructed of the necessity to maintain the confidentiality of students.

If at any time during the school year you wish to exclude your daughter/son from the condom availability program, please complete the attached sheet and forward it to your daughter's/son's principal in an envelope marked "Confidential". If at any time you wish to reenter the condom availability component of the program, please send a letter stating this to the principal of his/her high school.

Sincerely,

Yesenia Peralta
Principal

☐ I do wish my child to participate

Student Signature

Date

Parent Signature

Date