



**Student Information | Victory Autism Academy**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ District \_\_\_\_\_  
Ethnicity \_\_\_\_\_ Gender \_\_\_\_\_ Home Phone \_\_\_\_\_  
Student Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Legal Mother/Legal Guardian \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ Employer \_\_\_\_\_

Legal Father/Legal Guardian \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ Employer \_\_\_\_\_

Student Resides with (if other than mother/father \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Legal Custody? Yes \_\_\_ No \_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ Employer \_\_\_\_\_

**Emergency Contacts are individuals other than the above Parent(s)/Guardian(s)**

Name _____	Name _____
Relationship _____	Relationship _____
Phone _____	Phone _____
Authorized to pick up _____	Authorized to pick up _____

Are there any restraining orders or other legal restraints against persons who may attempt to see your student? If yes, parent/legal guardian has provided legal documentation for school enforcement.

Yes \_\_\_ No \_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Psychiatrist _____	Phone _____
Physician _____	Phone _____
Therapist _____	Phone _____
Case Manager _____	Phone _____



**Yes No** Is your child under a physician's (including psychiatric) care for a specific concern? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Yes No** Has your child been diagnosed with any of the following (Please Circle): Anxiety, Depression, Schizophrenia, Bipolar Disorder, Borderline Personality Disorder, Oppositional Defiant Disorder, ADD/ADHD, Other \_\_\_\_\_  
\_\_\_\_\_

**Yes No** Has your child been hospitalized? If yes, please list date(s), location(s), and reason(s) for hospitalization: \_\_\_\_\_  
\_\_\_\_\_

**Yes No** Has your child ever exhibited aggression toward self or others? \_\_\_\_\_  
\_\_\_\_\_

**Yes No** Are there strategies or incentives used at home that best help your child control his or her behavior? \_\_\_\_\_  
\_\_\_\_\_

**Yes No** Does your child get adequate sleep at night? \_\_\_\_\_  
\_\_\_\_\_

**Yes No** Do you have an advocate? If so Who? \_\_\_\_\_  
Phone \_\_\_\_\_

What activities does your child enjoy? \_\_\_\_\_  
\_\_\_\_\_

What talents does your child enjoy? \_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
**Legal Parent/Legal Guardian Print**

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



Yes No Seizure Disorder or Frequent Seizures (Epilepsy) Frequency: \_\_\_\_\_

Current Medication(s) including dosage and how long taken: \_\_\_\_\_

Type of Seizure: \_\_\_\_\_ Age at onset: \_\_\_\_\_

Yes No Diabetes Type 1 \_\_\_\_\_ Type 2 \_\_\_\_\_ Date Diagnosed: \_\_\_\_\_

Current Medication(s) including dosage and how long taken: \_\_\_\_\_

*\*If given at school, parent/guardian must provide medication and materials.*

Yes No Asthma

Current Medication(s) including dosage and how long taken: \_\_\_\_\_

*\*If given at school, parent/guardian must provide medication and materials.*

Yes No Heart, Blood, or High Blood Pressure

If yes, please explain: \_\_\_\_\_

Yes No Chronic Ear or Throat Infections

If yes, please explain: \_\_\_\_\_

Yes No Frequent Headaches or Migraines

Yes No Head injuries or major accidents/trauma of any kind

If yes, please explain: \_\_\_\_\_

Yes No Hearing Impairment

Degree of Loss: \_\_\_\_\_

Uses Hearing Aids: Yes \_\_\_ No \_\_\_

Yes No Visual Impairment

Degree of Impairment: \_\_\_\_\_

Uses Glasses: Yes \_\_\_ No \_\_\_

*I agree to inform Victory Autism Academy of any changes in my child's medical conditions and/or medications or dosages. I understand that medication changes can seriously affect my child's behavior at school. I understand that this information may be shared with other school personnel on a need-to-know basis to help provide a safe learning environment for my child.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Parent/Legal Guardian Print

\_\_\_\_\_  
Date



Request for Giving Medication at School | Victory Autism Academy

Name of Medication and Dosage taken at School

Table with 3 columns: Name of Medication, Reason for Medication, Time to be given at School. Contains 3 empty rows.

This medication is to be furnished by a parent or guardian and is to be in the original prescription container with the name of the medication, the amount to be given, the time to be given, and the physician's name.

Medication Taken at Home

Table with 3 columns: Name of Medication, Reason for Medication, Time to be given at School. Contains 3 empty rows.

Yes No Allergies

If yes, please describe below:

Food \_\_\_\_\_
Insects \_\_\_\_\_
Environmental \_\_\_\_\_
Animals \_\_\_\_\_
Medications \_\_\_\_\_
Other \_\_\_\_\_

Yes No EPI-Pen

I give Victory Autism Academy personnel the authority to use an EPI-Pen if they deem it necessary.

\_\_\_\_\_ (Legal parent/Legal guardian Initial)

I give permission for Victory Autism Academy to contact my child's doctor:

Name \_\_\_\_\_ Phone \_\_\_\_\_
Address \_\_\_\_\_

I give permission to Victory Autism Academy employees to give the above medication(s) at school. I agree to inform Victory Autism Academy of any changes in my child's medical conditions and/or medications or dosages. I understand that medication changes can seriously affect my child's behavior at school. I understand that this information may be shared with other school personnel on a need-to-know basis to help provide a safe learning environment for my child.

Legal Parent/Legal Guardian Signature

Date

Legal Parent/Legal Guardian Print

Date



## Photo, Video, and Animal Therapy Consent | Victory Autism Academy

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During the school year, students may be photographed, recorded, or filmed by Victory Autism Academy staff, while participating in fun and exciting school programs, events, and activities.

The purpose of this consent form is to give Victory Autism Academy permission and authority to use and/or publish your child's name, image, and/or creative works to further the educational mission of Victory Autism Academy. For example, uses may include positive recognition, yearbook, school newsletters, our website, our Facebook page, or pictures displayed in the school or office.

- I do hereby authorize and consent to use, release, and/or publication by Victory Autism Academy of my child's name, image (in any form), and creative work through any medium whatsoever, including but not limited to display, internet, written publication, and broadcast for any educational, promotional, business or other purposes without prior notice or compensation. Victory Autism Academy may exercise its rights as it deems appropriate for its productions, for advertising, and for other purposes.
- I do not authorize the Photo and Video Consent.

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I understand that Victory Autism Academy uses live animals in therapy and education with students. Some of the animals would include: chickens, ducks, pigs, mini-ponies, bunnies, donkeys, dogs, and etc. Students are always well supervised when they are in close proximity to the animals; however, it is possible for an accident or injury to occur. If you wish for your child to participate in this very valuable part of our program, please sign the release below:

- I hereby release Victory Autism Academy and employees from any harm, injury, or accident that might happen to my child as a part of the Animal Therapy program; and give my child permission to participate.
- I do not wish to have my child participate in the animal therapy program.

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**Legal Parent/Legal Guardian Signature**

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**Date**

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**Legal Parent/Legal Guardian Print**

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**Date**



## Agreement for Student Use of Technology | Victory Autism Academy

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Victory Autism Academy will strive to enforce all rules concerning student access to the Internet through the use of technology. The school will also make every attempt to keep all students safe from inappropriate information and/or contact while using technology. Victory Autism Academy has installed Barracuda Web filtering software, which is utilized by most of the school districts in the state to eliminate student access to objectionable materials, information, and sites. Each student is responsible for their own behavior and will be held accountable. Parents will be required to make a decision of whether or not to allow their child access to the Internet. All parties are aware of the consequences for inappropriate behavior or rules violations.

As a parent/guardian of this child, I have read the Parent/Student Agreement for Student Use of Victory Autism Academy Technology and Appropriate Use Policy for Student Access to the Internet.

- I recognize it is impossible for the school to restrict access to all objectionable material, and I will not hold Victory Autism Academy responsible for materials acquired or contacts made on the internet.
- I understand that students may have access to inappropriate information, and should my child access this information, I will not hold Victory Autism Academy liable for any harm it may cause.
- I understand that any conduct by my child that is in conflict with these responsibilities is inappropriate, and such behavior may result in the termination of any and all access to Victory Autism Academy's technology, including the Internet, as well as possible disciplinary action.
- I have explained these responsibilities to my child and discussed the possible consequences for inappropriate behavior.
- I give permission to Victory Autism Academy to provide Internet access to my child.

I agree to pay any cost of repair to hardware and/or software that my child may damage through misuse. We ask parents to assist us in training students to help us care for this costly equipment. Our desire is to provide the very best resources available.

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

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

\_\_\_\_\_  
**Legal Parent/Legal Guardian Print**

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



## Behavior Intervention Policy | Victory Autism Academy

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Victory Autism Academy (VAA) staff strives for excellence in providing the highest quality educational programs for all students. We make every effort to provide a healthy, positive, and safe environment promoting academics, life skills, social skills, and positive behavior. We use a variety of behavioral and Crisis Prevention Intervention (CPI) techniques to ensure the care, welfare, safety, and security for all students, staff, and others in the educational environment are a top priority.

Physical intervention will only be used as a last resort where we deem a child to be putting themselves or others in immediate physical danger. Therapeutic holds and physical restraint will not be used unless less restrictive interventions appear insufficient to mitigate the imminent danger of bodily harm to the student or others.

Therapeutic holds will not impede the student's ability to breathe and will not be out of proportion to the student's age or physical condition. Therapeutic holds will end when the student no longer is a physical danger to themselves or others.

A therapeutic hold is defined as a treatment technique where a person in crisis is contained by a group of trained personnel rather than mechanical or chemical restraint.

Victory Autism Academy does not use "seclusion" as a form of intervention. Victory Autism Academy staff may, however, take a student on a walk to calm him or her, or provide an alternative area away from the classroom to maintain student dignity, and privacy, and to maintain the safety of peers.

Victory Autism Academy staff are trained in the use of physical interventions as well as de-escalation strategies. Physical interventions can be as subtle as a physical cue and as restrictive as a therapeutic hold. Victory Autism Academy staff are trained in therapeutic holds and are overseen by a Crisis Prevention Intervention trainer. Staff are fully trained each year and provided no less than two refreshers within the school year.

When a therapeutic hold occurs, the lead staff member who responded will document the incident on a therapeutic report form and administration will check the student for any injury that may have occurred during the intervention. Parents or guardians will be informed that day via phone call. Parents may request a copy of the incident report at any time. All incidents are tracked so that we analyze any patterns related to the behaviors that lead to physical interventions to develop, different techniques to prevent the behavior from occurring in the future, to determine whether a child may need extra supports, and to develop replacement behaviors that will be taught to the student.

### Consent for Crisis Prevention Interventions and/or Therapeutic holds

I understand and accept the above conditions, and I grant permission for the staff of Victory Autism Academy to utilize Crisis Prevention Interventions and/or therapeutic holds consistent with state and federal laws. Furthermore, I will contact Victory Autism Academy if I have any questions about behavioral interventions, Crisis Prevention Interventions, or therapeutic holds. I acknowledge that the signature of one legal parent/legal guardian is sufficient for these consents.

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

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

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

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

\_\_\_\_\_  
**Legal Parent/Legal Guardian Print**

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



**Authorization to Release Confidential Information | Victory Autism Academy**

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Date of Request: \_\_\_\_\_

Students Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Requested By: Victory Autism Academy  
1781 N. Central Avenue, Goodyear, AZ 85383  
Phone Number: 623-248-8624  
Fax Number: \_\_\_\_\_

Requested For: \_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
**Legal Parent/Legal Guardian Print**

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

I understand that this information will be used in a confidential and professional manner and in the student's best interests. All information will be maintained in accordance with the Family Education Rights and Privacy Act. I understand that my consent is voluntary and may be revoked in writing at any time.

\_\_\_\_\_  
Please Mail, Email, or Fax the following records:

- \_\_\_\_\_ Withdrawn grades-SAIS ID
- \_\_\_\_\_ Transcripts
- \_\_\_\_\_ Discipline Records
- \_\_\_\_\_ Attendance Records
- \_\_\_\_\_ All records of placement in special education
- \_\_\_\_\_ Evaluation reports-including Psychological, reports from outside agencies, Occupational Therapy, Speech/Language Therapy, Physical Therapy, and Counselors
- \_\_\_\_\_ Signed MET reports
- \_\_\_\_\_ Individual Education Plan (IEP)
- \_\_\_\_\_ General medical data and reports
- \_\_\_\_\_ Other \_\_\_\_\_





**For a complete application with Victory Autism Academy, the following items must be submitted.**

- **Victory Autism Academy Application (attached)**
- **Pawsitive Friendship Consent Form**
- **Student and Parent Acknowledgement Form**
- **Copy of student's birth certificate**
- **Most recent copy of student's IEP**
- **Most recent copy of student's MET**
- **Proof of ESA Scholarship or a copy of the confirmation letter that you have applied for the scholarship**
- **Proof of residency (any bill with parent's name and physical address)**
- **Immunization records**
- **Photocopy of parent's ID (driver's license)**

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**Victory Autism Academy**

1781 N. Central Avenue  
Goodyear, AZ 85338  
623-248-8624

Email: [info@victoryautimacademy.com](mailto:info@victoryautimacademy.com)