

# **ENROLLMENT PACKET 2025-2026**



**824 N Bloodworth Street  
Open Table United Methodist Church  
Raleigh, North Carolina 27604**



Wake Monarch Academy  
824 N. Bloodworth Street | Raleigh, NC  
<https://www.wakemonarchacademy.org>

## WELCOME!

We are so glad you have chosen Wake Monarch Academy (WMA)! You have shown commitment to your recovery. We are excited for you to be a part of our school community! As you proceed through the enrollment process, there are many important documents needed to complete your enrollment. Please sign all documents where appropriate for student and/or parent(s)/guardian(s).

### **Student/Family Handbook**

The Student/Family Handbook ("the Handbook") is available on our website at <https://www.wakemonarchacademy.org>. It is very important that parent(s)/guardian(s) AND student read this document thoroughly. The handbook includes reference materials and policies that impact the daily functioning of our school.

### **Checklist of Documents Needed for Enrollment**

- |   |   |
|---|---|
| <input type="checkbox"/> Copy of High School Transcript                     | <input type="checkbox"/> Copy of Student's Birth Certificate              |
| <input type="checkbox"/> Copy of High School Attendance Record              | <input type="checkbox"/> Copy of Last Report Card                         |
| <input type="checkbox"/> Parent(s)/Guardian(s) ID (license and/or passport) | <input type="checkbox"/> Copy of Withdrawal Form                          |
| <input type="checkbox"/> Copy of Immunization Record                        | <input type="checkbox"/> Copy of latest IEP Documentation (if applicable) |

### **Checklist of Additional Documents Needed for Enrollment (Please read, sign, and return)**

- |  |   |
|--|---|
| <input type="checkbox"/> Student Enrollment Form                         | <input type="checkbox"/> Emergency Contact and Medical Information Form         |
| <input type="checkbox"/> Psychosocial History                            | <input type="checkbox"/> Understanding of Financial Responsibility              |
| <input type="checkbox"/> Credit Card Authorization Form                  | <input type="checkbox"/> Student Parent Enrollment Contracts (4)                |
| <input type="checkbox"/> Attendance Policy and Procedures                | <input type="checkbox"/> Release of Student Information & Photo Release Opt Out |
| <input type="checkbox"/> Public Relations Release                        | <input type="checkbox"/> Computer Usage and Internet Policy                     |
| <input type="checkbox"/> Consent for Drug Screenings and Searches        | <input type="checkbox"/> Medication Consent Form                                |
| <input type="checkbox"/> General Consent for Student to Volunteer Form   | <input type="checkbox"/> General Field Trip Permission Form                     |
| <input type="checkbox"/> Riding in Student Car Permission Form           | <input type="checkbox"/> Riding in School Van Permission Form                   |
| <input type="checkbox"/> Receipt of Student/Family Handbook              | <input type="checkbox"/> Student Parking Form (If Applicable)                   |
| <input type="checkbox"/> Referral from Individual Counselor or Clinician | <input type="checkbox"/> Consent to Obtain Release of Information Forms (9)     |


### **Returning the Required Documents**

If you have questions or need clarification about any part of the enrollment process, please don't hesitate to contact me. You can email me at [leah@wakemonarchacademy.org](mailto:leah@wakemonarchacademy.org) or call my personal cell phone at 919-418-2394.

We cannot wait to work with you and look forward to a successful school experience. We look forward to seeing you soon!

Many thanks,  
Leah Wright  
Executive Director  
Wake Monarch Academy

*Transforming Hearts and Minds for a Better Tomorrow*



# Wake Monarch Academy

## 2025 - 2026 School Calendar

August '25						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

September '25						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October '25						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
	Spirit Week: Oct 27-31					

November '25						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

December '25						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

January '26						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February '26						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March '26						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April '26						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May '26						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June '26						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July '26						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

	First Day of School		School Closed/Holidays		Teacher Workday
	Peer Days and Spirit Week		Graduation		WMAPOG
	Family Engagement Night for WMA and WMAPOG				

Wake Monarch Alternative Peer Group (WMAPOG) meets at Brooks Avenue Church of Christ, 700 Brooks Avenue, Raleigh, 5:30-7:30 PM. Attending WMAPOG can be counted as a recovery meeting.



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## **Student Enrollment Form**

**PLEASE PRINT CLEARLY**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **SS# (optional):** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**Please circle the following:**

Student Race:

Caucasian/Hispanic    Caucasian/Non-Hispanic    Hispanic    African American    Asian

American Indian or Alaska Native    Native Hawaiian or Other Pacific Islander

Do not wish to answer

**Student resides with\*:**

Mother    Father    Both    Legal Guardian    Transitional Housing    Host Family    Other

\*Please provide a copy of any applicable court orders or other documentation related to custody or the student's living arrangement

**Treatment Programs Attended (circle all that apply and provide dates if applicable):**

Long Term Residential \_\_\_\_\_ Individual Counseling \_\_\_\_\_ Short Term Residential \_\_\_\_\_

Group Counseling \_\_\_\_\_ Outpatient Treatment \_\_\_\_\_ Medication Assisted \_\_\_\_\_

Other (Please Explain): \_\_\_\_\_

**Recovery Support Name:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_

**Counselor's Name:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_

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**PARENT/GUARDIAN INFORMATION #1**

Please check all that apply: MOTHER FATHER LEGAL GUARDIAN

Legal Last Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Name You Prefer to Be Called: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone #1: \_\_\_\_\_

WORK CELL HOME

Daytime Phone #2: \_\_\_\_\_

WORK CELL HOME

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Are you the student's legal guardian: YES NO

**PARENT/GUARDIAN INFORMATION #2**

Please check all that apply: MOTHER FATHER LEGAL GUARDIAN

Legal Last Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Name You Prefer to Be Called: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone #1: \_\_\_\_\_

WORK CELL HOME

Daytime Phone #2: \_\_\_\_\_

WORK CELL HOME

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Are you the student's legal guardian: YES NO

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I, the student's parent or other guardian, warrant the truthfulness of the information provided in this application.

**Printed Name and Signature of Parent or Guardian (or student if over 18)**

Printed Name: \_\_\_\_\_

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



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### **Emergency Contact and Medical Information Form**

#### **EMERGENCY CONTACT #1**

**Name:** \_\_\_\_\_

**Daytime Phone #1:** \_\_\_\_\_

WORK

CELL

HOME

**Daytime Phone #2:** \_\_\_\_\_

WORK

CELL

HOME

**Relationship to student:**

Please circle all that apply: MOTHER

FATHER

LEGAL GUARDIAN

#### **EMERGENCY CONTACT #2**

**Name:** \_\_\_\_\_

**Daytime Phone #1:** \_\_\_\_\_

WORK

CELL

HOME

**Daytime Phone #2:** \_\_\_\_\_

WORK

CELL

HOME

**Relationship to student:**

Please circle all that apply: MOTHER

FATHER

LEGAL GUARDIAN

**PLEASE LIST ANY ALLERGIES:**

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**PLEASE LIST ANY PRESCRIBED MEDICATIONS:**

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### **Psychosocial History**

*(Parent(s)/guardian(s) and student may need to complete together)*

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Family**

Is the student adopted? \_\_\_\_\_ If so, at what age? \_\_\_\_\_

Does the student know? \_\_\_\_\_

#### **Family History of Chemical Dependency and/or Mental Illness**

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Grandparents: \_\_\_\_\_

Siblings: \_\_\_\_\_

Other: \_\_\_\_\_

Any history of family abuse (physical, sexual, emotional)? \_\_\_\_\_

\_\_\_\_\_

Has the family ever been involved in CPS? \_\_\_\_\_

If so, please elaborate: \_\_\_\_\_

Are parents divorced or otherwise not together? \_\_\_\_\_

If so, how old was the student when that happened? \_\_\_\_\_

Has either (both) parent remarried? \_\_\_\_\_ How has that affected the student? \_\_\_\_\_

\_\_\_\_\_

Any custody issues (If so, please provide any applicable court orders or proof of guardianship)?

\_\_\_\_\_

Who does student live with? \_\_\_\_\_

Describe student's relationship with parents: \_\_\_\_\_

\_\_\_\_\_



Sibling's Name	Sex	Age	Comments

Any important information about the student's relationship with brothers and sisters? \_\_\_\_\_

**Sexuality or Gender**

What is the student's sexual orientation? \_\_\_\_\_

Has the student been sexually abused or raped? \_\_\_\_\_

Any important information about sexuality or gender: \_\_\_\_\_

**Friends**

How would you describe the student's social relationships? \_\_\_\_\_

What role does the student usually play in friendships? (Leader, follower, aggressor, invisible, etc.?) \_\_\_\_\_

**Personal Grief**

Has anyone close to the student died? \_\_\_\_\_

What other kinds of losses has the student experienced? (pets, parents' divorce, etc.?) \_\_\_\_\_

Any history of abortions? \_\_\_\_\_

Any history of miscarriage? \_\_\_\_\_



**Work**

List any jobs the student has had:

Employer	Date From – To	Job Title	Reason for Leaving

List any volunteer/service work: \_\_\_\_\_

**Recreation**

List any sports, hobbies, or talents: \_\_\_\_\_

How does student spend free time? \_\_\_\_\_

\_\_\_\_\_

**Legal**

Has student ever been arrested or put in jail? If so, please provide relevant dates and charges/convictions:

\_\_\_\_\_

Are there any legal situations pending at the present time? \_\_\_\_\_

\_\_\_\_\_

Has the student been a victim of violent behavior? \_\_\_\_\_

\_\_\_\_\_

Has the student been violent towards others? \_\_\_\_\_

\_\_\_\_\_

**Physical**

Significant health history and current health status: \_\_\_\_\_

\_\_\_\_\_

How does student feel about the way the student looks? \_\_\_\_\_

Any physical limitations or disabilities? \_\_\_\_\_



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### **Education**

What is the student's previous educational experience? \_\_\_\_\_

Three adjectives that best describe the student's attitude towards school: \_\_\_\_\_

Does student have any anxiety surrounding school? \_\_\_\_\_ Test anxiety? \_\_\_\_\_

Does the student have difficulty working on computers? \_\_\_\_\_ Please explain: \_\_\_\_\_

Does the student have challenges working with others? \_\_\_\_\_ Please explain: \_\_\_\_\_

Has the student failed or repeated a grade? \_\_\_\_\_ If so, what grade(s)? \_\_\_\_\_

Has the student ever been expelled or suspended from school? \_\_\_\_\_ Please explain: \_\_\_\_\_

Has the student even been disciplined for possession of a weapon, possession of drugs, or for causing injury to another student or school employee? \_\_\_\_\_ Please explain: \_\_\_\_\_

Has the student failed to earn credits due to either numerous absences or lack of participation? If so, what subjects? \_\_\_\_\_

Does the student have a learning disability? \_\_\_\_\_

Does the student need special assistance or equipment? If so, please explain: \_\_\_\_\_

Does the student know how they learn best (is working on a computer going to be a challenge)?

Have there been challenges with taking/passing state assessments? If so, please explain: \_\_\_\_\_



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### **Emotional / Psychiatric History**

Current psychiatric diagnoses? \_\_\_\_\_

Circle if the student currently or has previously experienced:

Depression   Anxiety   Panic Attacks   Obsessive Compulsive D/O   ADD/ADHD   ODD   Conduct Disorder  
Bipolar   Personality Disorder   Other: \_\_\_\_\_

Circle any that apply:

Sleeps Too Much   Bored   Procrastinates   Lacks Self-Confidence   Angry   Lonely   Acts Without  
Thinking   Lacks Friends   Bad Temper   Worries a Lot   Unmotivated   Dishonest   Nervous   Dislikes  
People   Others Dislike Student   Shy   Awkward

Has the student previously been in a psychiatric facility for reasons not related to drug/alcohol use?

\_\_\_\_\_  
\_\_\_\_\_

Any current medications or medications discontinued in the past 12 months? If so, please provide type of medication, dosage, and dates of use: \_\_\_\_\_

\_\_\_\_\_

Any history of cutting or self-injury? \_\_\_\_\_

\_\_\_\_\_

Any history of an eating disorder? (vomiting after meals, binge eating, not eating, skipping meals, using laxatives or diet pills, etc.) \_\_\_\_\_

Any trauma, prolonged separations, or injury? \_\_\_\_\_

Any past suicide attempts: \_\_\_\_\_ Any current indicators of suicidal ideation? \_\_\_\_\_

Circle any compulsive behavior around the following:

TV   Shoplifting   Video Games   Sex/Love   Gambling   Pornography   Internet   Spending  
Anorexia/Bulimia/Overeating   Other Compulsive Behaviors: \_\_\_\_\_

### **Health Insurance**

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, who is your carrier? \_\_\_\_\_

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## **Understanding of Financial Responsibility**

### **Tuition Policy**

Wake Monarch Academy is a non-public school that is funded by tuition, private donations, and grants. Annual tuition is \$20,400 and monthly tuition is \$1,700. Wake Monarch Academy is a year-round school and tuition is due on the first of every month and is deemed late after the 5<sup>th</sup>. A \$25 late fee will be applied to any tuition payments received after the 5<sup>th</sup> of the month. If tuition payment has not been received by the 10<sup>th</sup>, the student's card on file will be automatically charged for the past due amount plus any applicable late fee and credit card processing fees incurred by WMA in this process.

Prior to the first day of enrollment, a tuition payment must be made to **Wake Monarch** for the first two months of enrollment. After these two months, tuition can be paid monthly, quarterly, or annually. This tuition is non-refundable.

All monthly tuition installments made are non-refundable upon the 5th. Tuition pre-paid annually, quarterly, or for any time frame in advance of the current month due are held as credits and future tuition is deducted from that credited amount. Pre-paid tuition is considered current on the 1<sup>st</sup> and non-refundable on the 5<sup>th</sup> of current month the payment is being applied. If a student should withdraw from WMA with a balance of pre-paid tuition, that balance will be refunded to the student in a timely manner upon request. No interest will be charged or paid to the student on pre-paid tuition held on deposit by WMA.

### **Financial Aid**

Wake Monarch Academy firmly believes that cost should not be a barrier and offers financial assistance based on the demonstrated financial need of the family. All information is confidential and financial awards are based on an objective third party assessment of the family's demonstrated need. Awards do not generally exceed fifty percent of the tuition amount. We encourage any family who feels that Wake Monarch Academy is beyond their means to apply for financial aid [here](#) or on the FAST logo on our website. Any third-party financial aid received, including the NC Opportunity Scholarship or NC State Education Assistance Authority, must be provided to FAST during application. Students are responsible for any fees associated with their original application to FAST. If it is required by WMA at any point to re-apply for FAST, the subsequent application fees will be reimbursed to the student by Wake Monarch. Financial assistance funds are limited and awarded on a first-come, first-served basis determined by financial need, and thus may not be available to all admitted students.

To be eligible to receive financial aid from Wake Monarch, a student must:

1. Be in good academic and behavioral standing.
2. Remain committed to recovery.

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3. Have a determination from FAST recommending financial assistance.
4. Have applied for, at their *earliest availability*, the NC Opportunity Scholarship. Confirmation of application and the determination should be supplied to WMA upon receipt. *Earliest availability* is defined as the next open application window following enrollment. Re-application to the NC Opportunity Scholarship is required annually to be considered for continued financial aid through Wake Monarch Academy.

Wake Monarch Academy is a Direct Payment Nonpublic School that is registered with North Carolina State Education Assistance Authority (NCSEAA). Students may qualify for an Opportunity Scholarship or ESA+ funding based on the requirements found [here](#).

Receipt of NC Opportunity Scholarship or NCSEAA financial aid is deemed a significant change in circumstance and an updated determination from FAST will be required.

#### **Payment Options**

Tuition invoices are sent by email on the 25th of each month prior and are payable online via ACH, debit, or credit card. Check payments are also accepted made payable to **Wake Monarch**. If paying by check, the payor is responsible for the timely delivery of funds and is subject to the same payment timelines as electronic payors. To avoid potential late fees resulting from issues of postal delay or lost mail, physical delivery of checks at the school is recommended. *As previously described*, all payments are due on the first of the month and by the 5th are nonrefundable.

If tuition is not paid by the 10<sup>th</sup> of each month, the card on file will be automatically charged for the normal tuition amount. Wake Monarch Academy is not responsible for mail carrier delays for any mailed tuition checks.

#### **Failure to Maintain Sobriety or Violation of Code of Conduct**

Failure to maintain sobriety or other violations of the Student/Family Handbook may result in withdrawal from the program and forfeiture of tuition.

#### **Students Needing a Higher Level of Care and Treatment is Required**

Adolescent treatment centers may/may not have a daily academic block. The following reflects options for academic progress and maintaining enrollment.

- Option 1: If a student does not continue academic instruction during treatment, the tuition will be adjusted to 20% of their monthly tuition to hold the student's enrollment. The academic coordinator will put a hold on all the student's academic courses and work will not be lost.
- Option 2: If a student continues academic instruction during treatment, the tuition will be adjusted to 40% of their monthly tuition to hold the student's enrollment.



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- If Option 1 or 2 are not chosen, the student will be withdrawn. Upon completion of treatment of at least 60 days, a student who wishes to re-enroll would be required to complete the enrollment process as a new student. If financial assistance was given when the student was previously enrolled, the FAST application would need to be completed again, if greater than a 3-month absence, to determine financial assistance eligibility. If the student re-enrolls within the 3-month window, the most current financial assistance award will be honored.

### **Drug Screening Fees**

Drug screening fees for actively enrolled students are included in the tuition. Prospective students on a pre-enrollment contract or students on leave wishing to return to school may be asked to pay for drug screening fees, if applicable.

### **Additional Fees**

Miscellaneous expenses may be incurred during the year. These expenses may include field trips or unforeseen expenses related specifically to the student. These expenses will be minor and will be discussed with the responsible party as needed.

### **Withdrawing Students**

The executive director or designee of Wake Monarch Academy must receive written notice when a student is being withdrawn. A withdrawal form must be signed by the parent or legal guardian if the student is under the age of 18 or signed by the student, if student is 18 or older. Students must return all textbooks, classroom supplies and media materials. All outstanding fees/balances must be paid prior to withdrawal and release of records. There will be no refunds for the student's initial deposit. Refunds for all other payments are discretionary and will be determined on a case-by-case basis.

If the student intends to enroll elsewhere, records will be sent directly to the receiving school once the withdrawal process is complete and a request for records has been received.

### **Printed Name and Signature of The Person Responsible for Program Fees/Tuition**

Printed Name: \_\_\_\_\_

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



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### **Credit Card Authorization Form**

To facilitate the prompt payment of tuition, Wake Monarch Academy requires a valid debit or credit card on file. If tuition is not paid by the 10th of each month, the card on file will be automatically charged for any past due amount plus a \$25 late fee and any credit card processing fees incurred by WMA.

Credit Card Information:

Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX

Cardholder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_

Three-Digit Card Validation Code (CVC) or Card Validation Value (CVV): \_\_\_\_\_

Cardholder ZIP Code (from credit card billing address): \_\_\_\_\_

I, \_\_\_\_\_, authorize Wake Monarch Academy to charge my credit or debit card above in the event tuition is not paid by the 10th of the month. I acknowledge that a \$30 processing fee will be added to my standard tuition amount. I understand that my information will be saved to file for future transactions on my account.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### **Academics and School Conduct Agreement**

I agree to attend school every day unless I have a valid excuse from a parent/guardian. I will also attend and be on time for all scheduled classes.

I will adhere to my academic plan and agree to give my best effort in each class. If I am struggling, I will ask for help rather than give up.

I agree to not use my cell phone during the school day except for at lunch.

I agree to not leave the school property for any reason during the school day without Wake Monarch Academy staff permission.

I acknowledge this is a smoke/vape free campus.

I agree to be respectful in my language and actions toward myself, my peers, the facility, the church staff, and Wake Monarch Academy staff. I will follow the rules of the community.

At Wake Monarch Academy we CAARE...

**Community:** Peer support that encourages honesty, empathy, and accountability

**Accountability:** Responsible to each other and for each other

**Acceptance:** Motivated by faith; we meet where you are, no matter one's beliefs, background, or experience

**Recovery First:** Recovery comes first in all we do. It is the foundation for all future success

**Education:** Rigorous and engaging curriculum that aligns with state and national standards

**THERE IS HOPE FOR EVERYONE BECAUSE EVERY LIFE HAS INHERENT VALUE.**

#### ***Conduct Pledge***

If I do not follow these guidelines, I understand a meeting will be called to discuss behavior and could be grounds for consequences up to and including expulsion from Wake Monarch Academy.

**I understand that by providing my legal signature, I acknowledge and agree to the above Academics and School Conduct Agreement.**

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

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



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### **Parent(s)/Guardian(s) Agreement**

As a parent(s)/guardian(s) of \_\_\_\_\_ (student name),

- I/we agree to be strongly involved in Wake Monarch Academy.
- I/we agree to call Wake Monarch Academy when my/our student is ill or has an appointment to help determine whether the absence should be excused.
- I/we agree to attend WEEKLY parent support/family support group meetings to work on my/our recovery as a parent(s)/guardian(s). I/we understand that addiction is a family disease and recovery is NOT the sole responsibility of my/our student. The location of these meetings is my/our choice.
- I/we agree to attend regularly scheduled conferences and goal setting meetings with Wake Monarch Academy staff.
- I/we agree to alert Wake Monarch Academy staff regarding concerns about my/our student's behavior and possible alcohol and/or drug use.
- I/we agree to make healthy decisions regarding my/our household that supports my/our student's recovery, including following recommendations from my/our student's recovery coach.

### ***Parent(s)/Guardian(s) Pledge***

**I/we understand that by providing my/our legal signature, I/we acknowledge and agree to the above Parent(s)/Guardian(s) Agreement.**

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

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



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<https://www.wakemonarchacademy.org>

## **Parent(s)/Guardian(s) and School Enrollment Agreement**

### **Wake Monarch Academy Commitment:**

- Provide a safe, sober, restorative, and challenging school climate for students committed to recovery, completing their high school education, and serving their school and community.
- Empower students to take charge of their addiction, their education, and their future.
- Focus on the whole student and each individual's road to recovery and achievement.
- Provide respectful and honest feedback to students.
- Communicate frequently and honestly with parent(s)/guardian(s).

### **Parent(s)/Guardian(s) Commitment:**

In addition to the support that your student receives at school and in community-based recovery support systems, we believe that support from parent(s)/guardian(s) in the student's home provide another essential level of support.

### **Wake Monarch Academy expects your support to include the following:**

- Compliance with the Parent(s)/Guardian(s) Agreement.
- Regular communication with school staff.
- Attendance at all parent/student conferences.
- Regular attendance at parent/guardian or school community meetings.
- Involvement with Al-Anon or other community-based support meetings for people whose lives have been affected by someone else's substance use and/or addiction.
- Timely payment of student tuition.

As parent(s)/guardian(s) of this student, I/we agree to support my/our student in honoring these enrollment choices and will work with Wake Monarch Academy staff as a member(s) of my/our student's recovery and academic support team. I/we understand that the purpose of Wake Monarch Academy is to provide quality education for students who have declared a commitment to a lifestyle free from the use of alcohol and other drugs.

I/we understand and agree that my/our student's enrollment may be terminated in the case of failure to abide by the student's commitments as stated in the enrollment agreement. I/we understand also that continued enrollment is based on parent(s)/guardian(s) compliance and commitment to this agreement. Forfeiture of tuition is a consequence of failure to provide a safe and sober living environment. In all cases, I/we understand that the final decision regarding my/our student's continued enrollment will be that of the executive director and Finance Committee.

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

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

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

Executive Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Chemical and Mental Health Agreement**

I, \_\_\_\_\_, am applying to Wake Monarch Academy. I understand that Wake Monarch Academy integrates essential recovery principles into the daily educational curriculum and lives of its students. I want to attend a school that will provide a safe, sober community for recovering students in grades 9 – 12 who share a commitment to high academic success and personal growth. I understand that by applying to Wake Monarch Academy, I am making a commitment to recovery and to active participation in maintaining a supportive sober school culture. I agree to the following expectations:

- I agree to work a recovery plan that has been established with the lead recovery coach, the executive director, or other appropriate persons (such as parents, family members, physicians, sponsors, counselors, probation officers).
- I agree that honesty is an important part of recovery. I will immediately report any personal use to the staff. Immediate honesty will be dealt with differently than discovery of use from a drug screen. I agree that I will be honest with peers and staff about my recovery as well as others' recovery. I agree that I will not hold secrets about my own or my peers' return to use.
- If I return to use, I know that a meeting will be called as soon as possible with my parent(s)/guardian(s) and my peer community. I understand that I may not be permitted to return to school until this meeting has been scheduled. I will be able to stay in school the day I admitted the return to use if my behaviors are appropriate.
- I understand that Wake Monarch Academy staff is there to support my recovery. If there is severe and/or repeated return to use and I am NOT abiding by my Return to Use Recovery Success Plan, it will result in a "30-day break" or consequences up to and including withdrawal from Wake Monarch Academy. Upon withdrawal, I know that Wake Monarch Academy would not be a good fit for me AT THAT TIME, but know I am always welcome back when I am committed to working a plan of recovery.
- I agree to provide a urine sample for drug screening at any time when requested by Wake Monarch Academy staff and agree to any necessary safeguards implemented by Wake Monarch Academy to ensure authenticity of the sample. I understand that my refusal to do a drug screen will be recorded as a positive drug screen.
- I agree to take prescription medication only as prescribed by a doctor or medical professional and not stop taking them on my own.



Wake Monarch Academy  
824 N. Bloodworth Street | Raleigh, NC  
<https://www.wakemonarchacademy.org>

- I will not provide any medication to my peers.
- I agree that if I am in therapy, I will continue until my therapist reports that I am done.
- Remembering that recovery is the goal, I will work on making healthy choices that support my recovery and the recovery of those around me.
- I agree to follow the terms of my treatment discharge plan. I agree to complete a list of goals to work on during my enrollment at Wake Monarch Academy with the help of a chemical health specialist.

### ***Sobriety Pledge***

I understand that the Wake Monarch Academy is a school for students who are in recovery from substance use disorder. Therefore, as a Wake Monarch Academy student and in exchange for my enrollment at Wake Monarch Academy, I pledge to not use alcohol or drugs (other than as prescribed by a medical professional) and to follow my recovery plan to the best of my ability.

**I understand that by providing my legal signature, I acknowledge and agree to the above Chemical and Mental Health Agreement.**

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

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

Executive Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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824 N. Bloodworth Street | Raleigh, NC  
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## **Attendance Policy and Procedures**

Student attendance is one of the most vital elements of enrollment at Wake Monarch Academy. School is your full-time job and therefore your attendance at school should be a high priority.

You will find a large section in our Student/Family handbook dedicated to attendance. You will find more detailed information about attendance, state law, verification of enrollment forms, and loss of credits. Please review that section as well as reading and understanding:

1. **ATTEND SCHOOL EVERY DAY.** Appropriate reasons to miss school: court, vomiting, fever, illness severe enough to seek medical attention. Wake Monarch Academy staff does **NOT** accept tired, mild headache, stayed up too late with sponsor, allergies, “not feeling it” or similar excuses as valid.
2. **IF YOU ARE ABSENT:** We must receive confirmation via phone or email from a parent, preferably by 8:00 AM. If we do not hear from a parent by 9:00 AM, we will call to discuss the absence.
3. Your attendance is directly tied to your success at school and to our success as an organization.

**Wake Monarch Academy may decide to review your enrollment and appropriateness for the school if excessive absences (more than 10) occur.**

### **Documenting Excused Absences**

Every time a student is absent, the student **must** bring a note signed by a parent on the day of return. The note **must** be turned into a Wake Monarch Academy staff member and should contain the following:

- Current date
- Dates of absences
- Full name of student
- Reason for absence
- Signature of parent/guardian/adult student

**I have read and understand the Attendance policy and will follow all policies and procedures. I understand that my commitment to adhere to this policy is in exchange for my student’s enrollment at Wake Monarch Academy.**

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

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



Wake Monarch Academy  
824 N. Bloodworth Street | Raleigh, NC  
<https://www.wakemonarchacademy.org>

### **Release of Student Information & Photo Release Opt Out Form**

*This form should be filled out **ANNUALLY** and kept on file with the student's school **ONLY IF PARENT(S)/GUARDIAN(S) CHOOSE AN OPT-OUT OPTION.***

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. Wake Monarch Academy has decided to voluntarily follow the guidance of FERPA, but as is the case with FERPA, the school shall not be liable in the event of any accidental disclosure. Parents and eligible students will be given an opportunity to opt out of disclosure of information that the school has designated "directory information" (such as the student's name and grade), disclosure of directory information to the armed forces, and publication of the student's photo/image and work. If you wish to opt out, you must check the box(es) below and return this form no later than ten days following the student's enrollment. This election is good for the remainder of the current school year.

#### **PLEASE CHECK ALL THAT APPLY:**

☐ Please do not include my student's information in **DIRECTORY INFORMATION\*** that may be released without my consent including, but not limited to:

- Yearbooks
- Newsletters
- Brochures
- Awards
- District calendar

☐ Please do not release my student's directory information to the **ARMED FORCES\***

☐ Please do not release my student's directory information to **INSTITUTIONS OF HIGHER EDUCATION\***

☐ Please do not publish my student's **PHOTO/IMAGE AND STUDENT WORK\***

**I understand that by providing my legal signature, I acknowledge that I am opting out of disclosure as indicated above.**

Parent/Guardian Name (Please PRINT): \_\_\_\_\_

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

**\*EXPLANATION OF DISCLOSURES IS PROVIDED ON THE BACK OF THIS FORM**

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Wake Monarch Academy  
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<https://www.wakemonarchacademy.org>

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. Wake Monarch Academy does not receive such funding, but has chosen to follow the guidance in FERPA. Note that as is the case with FERPA, the school shall not be liable in the event of any accidental disclosure. FERPA governs student education records. Authority transfers to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom authority has transferred are "eligible students." Parents or eligible students may inspect and review the student's education records maintained by the school. Wake Monarch Academy will not provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Wake Monarch Academy may charge a fee for copies. Generally, Wake Monarch Academy must have written permission from the parent or eligible student to release any information from a student's education record. However, Wake Monarch Academy may disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

▪ **School officials with legitimate educational interest** ▪ **Other schools to which a student is transferring** ▪ **Specified officials for audit or evaluation purposes** ▪ **Appropriate parties in connection with financial aid to a student** ▪ **Organizations conducting certain studies for or on behalf of the school** ▪ **Accrediting organizations** ▪ **To comply with a judicial order or lawfully issued subpoena** ▪ **Appropriate officials in cases of health and safety emergencies** ▪ **State and local authorities, within a juvenile justice system, pursuant to specific state law**

**Public Disclosure of Student Directory Information** – In accordance with federal and state laws, Wake Monarch Academy may release student directory information for various purposes. Student directory information is defined by the Wake Monarch Academy Board of Directors, and may include:

▪ **Student name, address, and telephone number** ▪ **Date and place of birth** ▪ **Major field of study** ▪ **Participation in officially recognized activities and sports** ▪ **Weight and height of members of athletic teams** ▪ **Dates of attendance** ▪ **Honors, awards & degrees received** ▪ **School & grade level** ▪ **Previous educational agencies or institutions attended by the student** ▪ **Photographs, videos, and other similar information**

**Public disclosure of student directory information** – This may occur in many ways, such as:

▪ **School yearbooks (including photos)** ▪ **Team rosters and class lists** ▪ **Graduation, theater, athletic, and music program** ▪ **Video performances, school activities, and athletic events** ▪ **Articles about school activities and athletic events** ▪ **School honor roll, scholarships, and other awards** ▪ **Releases to media**

**Release of Directory Information to the ARMED FORCES AND INSTITUTIONS OF HIGHER EDUCATION** – Under the Elementary and Secondary Education Act of 1965, as amended by the Every Student Succeeds Act in 2015, military recruiters and institutions of higher education (IHEs) are entitled to request and receive access to directory-type information on secondary school students. Upon request, and after notifying parents, schools will release to military recruiters and IHEs the name, address, and telephone numbers of high school juniors and seniors, unless the parent or eligible student has opted out of the release of this information to military recruiters and IHEs. If you wish to opt out, you must check the box below and return this form no later than September 30 or ten days following the student's enrollment in the district, whichever is later. This election is good for the remainder of the current school year.

**Publishing of Pictures, Videos & Student Art/Work in Schools** – Wake Monarch Academy likes to celebrate the achievements of our students and staff. Throughout the year, staff may take photographs of students and school activities. These photographs may appear in various materials, including the school's website, <https://www.wakemonarchacademy.org> newsletters, yearbooks, brochures, report card, district calendar, etc. We, at times, may also publicize student work.



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### **Public Relations Release**

I, \_\_\_\_\_ (parent or guardian's name) understand that Wake Monarch Academy is a non-profit organization which depends upon financial support to operate. I also understand that Wake Monarch Academy engages in public relations programs and fundraising designed to create public awareness of its needs, including financial contributions and availability of academic services. It is requested that I give permission to use photographs, audios, or similar likeness of myself and/or my student involved in Wake Monarch Academy's activities to support the mission and vision of the school. I have been assured that permission is not required as a condition of admission to receive services from the school.

I consent to photographs, slides, audiotape, videos, and other likenesses being taken and used of my student and/or myself. All questions regarding this document have been answered to my satisfaction. I expect no monetary or valuable benefit from this agreement and expressly release from liability Wake Monarch Academy as an institution and/or any officers, staff personnel, board members, agents, or individuals receiving the likeness. I understand that this authorization can be revoked at any time by providing written request for such action to the executive director. Revocation of this consent will have no impact on the materials that have already been created and/or distributed according to this authorization.

**I am aware my student may be photographed or videotaped at various events and programs hosted by Wake Monarch Academy. I hereby grant Wake Monarch Academy the right and permission to copyright, use, re-use and publish videos, photographic portraits, or pictures of my student in which they may be included in advertising or other organizational purposes.**

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

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



Wake Monarch Academy  
824 N. Bloodworth Street | Raleigh, NC  
<https://www.wakemonarchacademy.org>

## **Computer Usage and Internet Policy**

Wake Monarch Academy offers electronic network access for all students, teachers, and staff during school hours. A component of the network access is the Internet. The purpose of having the network is to support the instructional program – the North Carolina Standard Course of Study, learning opportunities, information retrieval, searching strategies, research skills, critical thinking skills, and lifelong learning.

Through the Internet, students, teachers, and staff can access current information, news, resources from businesses, libraries, educational institutions, government agencies, research institutions and associations, and a variety of other sources. In addition, students may communicate with other students and groups around the world by having electronic pen pals, participating in projects with other schools, and joining educational newsgroups.

Staff, students, and parents of students who use the network are hereby informed that Wake Monarch Academy cannot control the content of the information available on the Internet. Some information may be controversial and/or offensive. Wake Monarch Academy does not condone the use of such materials and takes all reasonable precautions to prevent access to these materials. The school uses filtering and blocking technology, provides adult supervision, and trains employees on acceptable use and students in responsible use of the network. Within reason, freedom of speech and access to information will be honored.

School employees, students, and parents must be aware that access to the Internet will be withdrawn from users who do not respect the rights of others or who do not follow the rules and policies established by Wake Monarch Academy.

### **Warranties/Indemnification**

Wake Monarch Academy makes no warranties of any kind, either express or implied, in connection with its provision of access to and use of its computer networks and the Internet provided under this policy. It shall not be responsible for any claims, losses, damages, or costs (including attorney fees) of any kind, suffered directly or indirectly, by any user or their parent(s) or guardian(s) arising out of the user's use of its computer networks or the Internet under this policy.

By signing this policy, users are taking full responsibility for their use, and the user who is 18 or older or, in the case of a user under 18, the parent(s) or guardian(s) are agreeing to indemnify and hold the board, the school, Open Table United Methodist Church, and the site that provides computer and Internet access to Wake Monarch Academy and all of their board members, administrators, teachers, and staff harmless from any and all loss, costs, claims or damages resulting from the user's access to its computer network and the Internet, including but not limited to any fees or charges incurred through purchases of goods or services by the user. The user or, if the user is a minor, the user's parent(s) or guardian(s) agree to cooperate with the school in the event the school initiates an investigation of the user's use of their access to its computer network and the Internet, whether that use is on a school computer or on another computer outside Wake Monarch Academy's network.



Wake Monarch Academy  
824 N. Bloodworth Street | Raleigh, NC  
<https://www.wakemonarchacademy.org>

You will find a large section in our Student/Family Handbook with more information regarding the Computer Usage and Internet Policy. Please review that section as well as reading and understanding below:

**I have read and understand the terms of the Computer Usage and Internet Policy for Wake Monarch Academy located in the Student/Family Handbook. By signing below, you acknowledge that you received a copy of this policy, that you understand the responsibilities of authorized users, and further understand that intentional misuse of data and/or computers can result in disciplinary action up to and including expulsion.**

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

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



Wake Monarch Academy  
824 N. Bloodworth Street | Raleigh, NC  
<https://www.wakemonarchacademy.org>

### **Consent For Drug Screenings and Searches**

I, \_\_\_\_\_, (student's name) have read and agree to the policy below. Wake Monarch Academy (WMA) requires frequent and ongoing drug screenings of all students as part of our Mission and accountability for the school. Drug screenings will be performed at the school site by trained staff. Students must comply with all procedures and protocols established by the school. A student's failure to submit to a drug screening or to comply with all procedures and protocols is a violation of this Policy and may result in discipline, up to and including withdrawal. It is important to remember that a positive test result does NOT automatically identify a student as in violation. The staff will determine whether any legitimate alternative medical explanation could account for the positive result.

When a student is notified by WMA staff to provide a drug screening, they will be allotted 30 minutes to provide the sample. Any positive drug screening or suspicion of the student "avoiding" or "withholding," this will be communicated to parents and the appropriate recovery support staff. We acknowledge the difference between "getting honest" and "getting caught." Efforts will be made to continue a student's enrollment if student is honest about a return to use and effectively moves forward with a Return to Use (RTU) Recovery Success Plan for compliance.

WMA staff may conduct **unannounced** searches for alcohol, drugs, paraphernalia, or missing/stolen items. Entering the campus property constitutes consent to searches. Students are expected to cooperate in such searches. Searches of students and their personal property may include, but are not limited to, lunch containers, backpacks, cell phones, desks, work area, purses, wallets, and vehicles. Consent to a search is required as a condition of continued enrollment and the student's refusal to consent may result in withdrawal. No student will be touched as part of the search or detained without consent. Students being searched may be asked to empty pockets and remove hats and outer clothing, such as jackets and sweaters. Any illegal or non-prescribed drugs discovered will be turned over to the appropriate law enforcement agency. Any action taken by law enforcement agencies will be completely independent of this Policy.

**I understand that by providing my legal signature, I acknowledge and agree to the above Consent for Drug Screenings and Searches.**

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

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

Current Medications: \_\_\_\_\_

Current Diagnoses (if applicable): \_\_\_\_\_



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824 N. Bloodworth Street | Raleigh, NC  
<https://www.wakemonarchacademy.org>

## Medication Consent Form

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Grade \_\_\_\_\_

To help protect your student's health, your consent **and** written authorization from a health care provider with prescriptive authority is required when it is necessary for your student to receive prescription and/or non-prescription medicines.

**A separate consent form is required for each medication.**

### Parent or Guardian's Permission

- I give permission for my student to receive this medicine during school hours. This medication has been prescribed by a licensed physician.
- I also give permission for school staff to contact the prescribing healthcare provider with questions/concerns.
- I understand that it is my responsibility to purchase and supply this medicine in its original container with the student's name on the container.
- I understand that it is my responsibility to have an adult transport the medication to school.
- I understand that non-medical personnel will conduct the medication administration.
- I request that the medication be administered as indicated in the below physician's order.
- I understand that this form must be resubmitted within 48 hours of any change in dosage or instructions.
- On behalf of myself and my student, I absolve Wake Monarch Academy, and its board members, agents, and employees from all liability whatsoever that may result from my student taking this medicine at school.
- I acknowledge that Wake Monarch Academy reserves the right to seek emergency medical attention for my student at the discretion of school personnel.

### **\*\* For Student Self-Carry and Self-Administration of Emergency Medication Only (check, if applicable)**

- ☐ This medication is to be used for emergencies only (asthma, allergy, insulin, other).

Please allow this student to self-carry and self-administer this medication. I agree to provide a back-up medication (in addition to what the student will carry) that shall be kept at school. My student will be subject to disciplinary action if the medication is used in any manner other than as prescribed.

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

Daytime Phone #1: \_\_\_\_\_

WORK CELL HOME

Daytime Phone #2: \_\_\_\_\_

WORK CELL HOME



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824 N. Bloodworth Street | Raleigh, NC  
<https://www.wakemonarchacademy.org>

**Authorization from Healthcare Provider**

Medication: \_\_\_\_\_ Strength/Dose: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

**Specific Directions**

Dosage amount: \_\_\_\_\_

How often and/or at what time (hour): \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Relationship to meals (if applicable): \_\_\_\_\_

Expected side effects or adverse reactions: \_\_\_\_\_

Specific indications: \_\_\_\_\_

Other information: \_\_\_\_\_

**\*\*For Student Self-Carry and Self-Administration of Emergency Medication Only\*\***

The student must self-carry emergency medication during the school day to address the following:

- ☐ Asthma
- ☐ Allergy
- ☐ Insulin/Diabetes
- ☐ Other: \_\_\_\_\_

Adult supervision is **not required** for self-administration of this emergency medication. The student has been instructed in self-administration and has demonstrated the necessary skills to self-administer this medication.

**My signature below indicates that it is necessary for this student to receive the medication referenced on this form during school hours to maintain or improve health and to benefit from school attendance. Please notify the executive director and parent(s)/guardian(s) if there are any problems.**

Healthcare Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please Print Practitioner's Last Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_



Wake Monarch Academy  
824 N. Bloodworth Street | Raleigh, NC  
<https://www.wakemonarchacademy.org>

**Wake Monarch Academy Use ONLY**

Amount of Medication Received: \_\_\_\_\_

Received by staff: \_\_\_\_\_

Record of Administration (to be filled out by the person administering medication):

DATE	TIME	INITIALS	DATE	TIME	INITIALS	DATE	TIME	INITIALS



Wake Monarch Academy  
824 N. Bloodworth Street | Raleigh, NC  
<https://www.wakemonarchacademy.org>

### **General Consent for Student to Volunteer**

I, \_\_\_\_\_, (parent/guardian name) understand that Wake Monarch Academy (WMA) provides volunteer opportunities at facilities, local schools, and hospitals to promote “carrying the message” of sober academics. I give consent for my student, \_\_\_\_\_, (student’s name) to participate in these volunteer opportunities.

I also agree that any questions or concerns regarding these matters will be addressed to WMA and that the recipient facility shall not be held liable in any manner. I understand that this authorization can be revoked at any time by providing written request for such action to the executive director.

**Note:** This consent form shall be in effect for a term of one (1) year from date of execution unless earlier revoked by the student’s parent or guardian. Separate consent forms will be sent home for any special events outside of those regularly scheduled in accordance with the WMA curriculum and programming.

**I hereby release and forever discharge and hold harmless Wake Monarch Academy, successors, assigns, and its board members, employees, and agents from all liability claims, demands, and causes of action, of whatever kind of nature, either in law or equity, which may hereafter arise from my student’s participation in volunteer activities. I understand and acknowledge that this release discharges Wake Monarch Academy from any liability or claim that I may have against Wake Monarch Academy with respect to any bodily or other injuries, illness, death, or property damage that may result from my student’s participation as a volunteer. I also understand that Wake Monarch Academy does not assume any responsibility or obligation to provide financial assistance, including, but not limited to, medical, health, or disability insurance, in the event of injury, illness, death, or property damage.**

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

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



Wake Monarch Academy  
824 N. Bloodworth Street | Raleigh, NC  
<https://www.wakemonarchacademy.org>

### **General Field Trip Permission Form**

I, \_\_\_\_\_ (parent/guardian name), give permission for my student \_\_\_\_\_ (student), to participate in any Wake Monarch Academy (WMA) off campus field trips. These trips are educational as well as therapeutic for many of the students. I understand that WMA or affiliate partner staff will not allow any alcohol/drug use and will not be responsible for any accidents that may occur. I voluntarily release and agree to indemnify and hold harmless WMA and its affiliate staff from all claims, demands, or causes of action, which are in any way connected with participation in these trips.

**Note:** This consent form shall be in effect for a term of one (1) year from date of execution unless earlier revoked by the student's parent or guardian. Separate consent forms will be sent home for any special events outside of those regularly scheduled in accordance with the WMA curriculum and programming.

#### **Emergency Contacts:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an emergency and if parents or emergency contacts are not available, I agree that Wake Monarch Academy has the authority to obtain medical assistance. Furthermore, I release Wake Monarch Academy and its employees from any liability and/or responsibility for any illness or injury suffered because of my student's participation in a field trip.

Furthermore, I understand that if my student's behavior is deemed inappropriate while participating, or if my student is under the influence, or in possession of alcohol and/or drugs, my student will be separated from the other participants, and I may be contacted to pick up my student.

All school and employee rules and policies must be followed when on a school field trip. Attendance for students who are not participating in a field trip is still required unless the absence qualifies as a lawful/excused absence.

Photographs will be taken on trips for the purpose of displaying in the school, our website, graduation ceremonies, our annual fundraising events, and marketing purposes. Please check the box if you would NOT like your student to be photographed.



Wake Monarch Academy  
824 N. Bloodworth Street | Raleigh, NC  
<https://www.wakemonarchacademy.org>

☐ Please check the box if you do NOT want your student to be photographed on field trips. I do NOT consent to photography.

**I hereby release and forever discharge and hold harmless Wake Monarch Academy and its board members, employees, agents and its successors, and assigns from all liability claims, demands, and causes of action, of whatever kind of nature, either in law or equity, which may hereafter arise from my student's participation on field trips. I understand and acknowledge that this release discharges Wake Monarch Academy from any liability or claim that I may have against Wake Monarch Academy with respect to any bodily or other injuries, illness, death, or property damage that may result from my student's participation on field trips. I also understand that Wake Monarch Academy does not assume any responsibility or obligation to provide financial assistance, including, but not limited to, medical, health, or disability insurance, in the event of injury, illness, death, or property damage.**

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

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



Wake Monarch Academy  
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**Riding in School Van**  
**PERMISSION FORM**

I, \_\_\_\_\_ (parent/guardian name), give permission for my student \_\_\_\_\_ (student), to ride in the Wake Monarch Academy school van for the intention of traveling to and from field trips or any off campus school activities including outside activities and meetings after school hours which support student recovery. I also give permission for my student to be transported by a WMA staff member in the event of an emergency, under the advisement of the executive director. These trips are educational as well as therapeutic for many of the students. I understand that Wake Monarch Academy or affiliate partner staff will not allow any form of alcohol/drug use and will not be responsible for any accidents that may occur.

**Note:** This consent form shall be in effect for a term of one (1) year from date of execution unless earlier revoked by the student's parent or guardian. Separate consent forms will be sent home for any special events outside of those regularly scheduled in accordance with the WMA curriculum and programming.

**Emergency Contacts:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an emergency and if parents/guardian or emergency contacts are not available, I agree that Wake Monarch Academy has the authority to obtain medical assistance. Furthermore, I release Wake Monarch Academy and its employees from any liability and/or responsibility for any illness or injury suffered because of my student's participation in a field trip or off campus activity.

Furthermore, I understand that if my student's behavior is deemed inappropriate while participating, or if my student is under the influence, or in possession of alcohol and/or drugs, my student will be separated from the other participants, and I may be contacted to pick up my student.



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824 N. Bloodworth Street | Raleigh, NC  
<https://www.wakemonarchacademy.org>

All school and employee rules and policies must be followed when on a school field trip or off campus activity. Attendance for students who are not participating in a field trip is still required unless the absence qualifies as a lawful/excused absence.

**I hereby release and forever discharge and hold harmless Wake Monarch Academy and its board members, employees, agents and its successors, and assigns from all liability claims, demands, and causes of action, of whatever kind of nature, either in law or equity, which may hereafter arise from my student riding in the Wake Monarch Academy school van. I understand and acknowledge that this release discharges Wake Monarch Academy from any liability or claim that I may have against Wake Monarch Academy with respect to any bodily or other injuries, illness, death, or property damage that may result from my student riding in the Wake Monarch Academy school van. I also understand that Wake Monarch Academy does not assume any responsibility or obligation to provide financial assistance, including, but not limited to, medical, health, or disability insurance, in the event of injury, illness, death, or property damage.**

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

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



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### **Riding in Student Car** **PERMISSION FORM**

I, \_\_\_\_\_ (parent/guardian name), give permission for my student \_\_\_\_\_ (student), to ride in any student's car for the intention of traveling to and from field trips or any off campus school activities. These trips are educational as well as therapeutic for many of the students. I understand that Wake Monarch Academy or affiliate partner staff will not allow any form of alcohol/drug use and will not be responsible for any accidents that may occur.

**Note:** This consent form shall be in effect for a term of one (1) year from date of execution unless earlier revoked by the student's parent or guardian. Separate consent forms will be sent home for any special events outside of those regularly scheduled in accordance with the WMA curriculum and programming.

#### **Emergency Contacts:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an emergency and if parents/guardian or emergency contacts are not available, I agree that Wake Monarch Academy has the authority to obtain medical assistance. Furthermore, I release Wake Monarch Academy and its employees from any liability and/or responsibility for any illness or injury suffered because of my student's participation in a field trip or off campus activity.

Furthermore, I understand that if my student's behavior is deemed inappropriate while participating, or if my student is under the influence, or in possession of alcohol and/or drugs, my student will be separated from the other participants, and I may be contacted to pick up my student.

All school and employee rules and policies must be followed when on a school field trip or off campus activity. Attendance for students who are not participating in a field trip is still required unless the absence qualifies as a lawful/excused absence.



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**I hereby release and forever discharge and hold harmless Wake Monarch Academy and its board members, employees, agents and its successors, and assigns from all liability claims, demands, and causes of action, of whatever kind of nature, either in law or equity, which may hereafter arise from my student riding in another student's car. I understand and acknowledge that this release discharges Wake Monarch Academy from any liability or claim that I may have against Wake Monarch Academy with respect to any bodily or other injuries, illness, death, or property damage that may result from my student riding in another student's car. I also understand that Wake Monarch Academy does not assume any responsibility or obligation to provide financial assistance, including, but not limited to, medical, health, or disability insurance, in the event of injury, illness, death, or property damage.**

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

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



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### **Receipt Of Student/Family Handbook**

The Student/Family Handbook is posted on Wake Monarch Academy's website at  
<https://www.wakemonarchacademy.org/>

#### **PLEASE READ THE HANDBOOK THOROUGHLY**

Our handbook gives detailed information about Wake Monarch Academy's policies and procedures. You will be required to read and acknowledge that you have done so upon enrollment as a new student and every school year thereafter. **By signing below, you acknowledge having read the handbook and having had the opportunity to ask questions you had regarding the content of the handbook.**

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

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



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## **Student Parking**

Student Name: \_\_\_\_\_

### **Primary Vehicle Information**

Plate Number: \_\_\_\_\_ Color: \_\_\_\_\_ Make: \_\_\_\_\_

Year: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Vehicle is Registered to: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Student Parking Contract: I, \_\_\_\_\_, (student) understand that a parking permit is a privilege. The following must be adhered to along with any other school policy or rules that are deemed necessary for the safety and protection of Wake Monarch Academy (WMA) students, and all personnel. I understand that I park on the street near the school. I acknowledge that I am parking at my own risk and release Wake Monarch Academy from any future claims regarding loss or damage to my personal property.

Student will:

- Have their parking tag hanging and clearly visible on the front mirror of the car being driven
- Follow all traffic rules and always display prudent safe driving practices
- Follow all posted rules regarding speed limits, traffic direction, and parking assignments
- Not be part of any illegal activities on the parking lots or misuse of the parking permit
- Agree to mandatory drug screenings and/or vehicle searches
- Follow all other regulations concerning driving/parking listed in the handbook
- Respect all other vehicles parked near me
- Maintain good student conduct and academic performance
- Maintain a valid North Carolina License and Insurance on said vehicle

**Violation of any school policy as written in the handbook could lead to the revocation of parking pass.**

We, as a student and parent/guardian, understand the rules and release stated above and agree to abide by them.

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

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



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824 N. Bloodworth Street | Raleigh, NC  
<https://www.wakemonarchacademy.org>

### **Referral from Individual Counselor or Clinician**

Our mission at Wake Monarch Academy is to provide a safe and supportive environment that empowers adolescents recovering from substance use disorders to successfully pursue academic, personal, and professional goals. Our recovery-centered education strives to create a sense of belonging, self-confidence, and purpose. Our students have made a personal commitment to recovery, have a desire to learn, want to attain a high school diploma, and are willing to be an active part of a recovery school community of like-minded students, faculty, and staff.

The following student is being recommended for attendance at Wake Monarch Academy:

**Name of Student:** \_\_\_\_\_

I believe the student named above meets the following criteria for admission:

- 30 days in recovery from a substance use disorder
- Actively working and committed to a program of recovery
- Willing to participate in random and frequent drug screenings
- Willing to work with a sponsor or peer in recovery
- Complying with a medical professional's recommendations for psychiatry and/or medication compliance

#### ***Wake Monarch Academy's commitment to you, the recovery support:***

- Support the treatment goals and recommendations of your program/counselors
- Effectively communicate any concerns that we see in this academic environment that could be helpful to you
- Join your clinical team on a monthly basis to maintain communication
- Discourage group hopping
- Provide ongoing/frequent drug screenings and inform you of positive results
- Provide co-counseling support with students when needed/requested
- Keep you informed of major school events (finals, graduations, holidays, field trips, etc.)
- Notify you of any behavioral consequences (attendance, aggressive behavior, cheating, acting out)
- Inform you immediately of major clinical issues that are brought to our attention (suicidal ideation, return to use, self-harm, emerging process addictions, psychiatric concerns, major family discord, etc.)

#### ***The individual counselor or referring clinician's commitment to Wake Monarch Academy:***

By signing this referral letter, you agree to:

- Communicate any concerns about this student's recovery with the Wake Monarch Academy staff
- Provide on-going counseling/coaching and services to this client and their family
- Invite our staff to any major program events; inform us of any special events that may require a student to leave early
- Notify us if client is not living in the home
- Notify us of any changes in medication and/or treatment plan/goals
- Notify us of changes in program status

**By submitting this referral, I hereby agree to uphold the commitments set forth herein should the student enroll in Wake Monarch Academy. I will notify Wake Monarch Academy immediately, should the student's recovery support point of contact change in order to ensure continuation of care and communication.**

Counselor or other Medical Professional's Printed Name: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Consent to Obtain/Release Information**  
**Intensive Outpatient Program (IOP) COUNSELOR**

I, \_\_\_\_\_ (parent or guardian's name or student's name if student is 18 or over), authorize Wake Monarch Academy to release and/or receive the following information from my student's records:

- Drug Screening Results
- Assessment Results
- Treatment Information
- Program Participation
- Follow-up Information
- Billing/Financial Info
- Education records (as defined by FERPA)
- Other \_\_\_\_\_

**The purpose of the disclosure is to allow Wake Monarch Academy, collaboration, or program partner, to share information with other important treatment providers.**

Name of IOP Counselor: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I understand that my student's records are protected and cannot be disclosed without my written consent unless otherwise permitted by applicable state or federal law. I authorize the use or disclosure of my student's personally identifiable health information (including by electronic delivery, acknowledging that Wake Monarch Academy cannot warrant the security of electronic transmission of health information) as described above and that this authorization is voluntary. I understand that I may revoke this consent at any time except to the extent that action has been taken reliance on it, and that in any event this consent expires automatically as at the beginning of the new school year.

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

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



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### **Consent to Obtain/Release Information** **THERAPIST**

I, \_\_\_\_\_ (parent or guardian's name or student's name if student is 18 or over), authorize Wake Monarch Academy to release and/or receive the following information from my student's records:

- Drug Screening Results
- Assessment Results
- Treatment Information
- Program Participation
- Follow-up Information
- Billing/Financial Info
- Education records (as defined by FERPA)
- Other \_\_\_\_\_

**The purpose of the disclosure is to allow Wake Monarch Academy, collaboration, or program partner, to share information with other important treatment providers.**

Name of Therapist: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I understand that my student's records are protected and cannot be disclosed without my written consent unless otherwise permitted by applicable state or federal law. I authorize the use or disclosure of my student's personally identifiable health information (including by electronic delivery, acknowledging that Wake Monarch Academy cannot warrant the security of electronic transmission of health information) as described above and that this authorization is voluntary. I understand that I may revoke this consent at any time except to the extent that action has been taken reliance on it, and that in any event this consent expires automatically as at the beginning of the new school year.

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

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

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**Consent to Obtain/Release Information**  
**PSYCHIATRIST**

I, \_\_\_\_\_ (parent or guardian's name or student's name if student is 18 or over), authorize Wake Monarch Academy to release and/or receive the following information from my student's records:

- Drug Screening Results
- Assessment Results
- Treatment Information
- Program Participation
- Follow-up Information
- Billing/Financial Info
- Education records (as defined by FERPA)
- Other \_\_\_\_\_

**The purpose of the disclosure is to allow Wake Monarch Academy, collaboration, or program partner, to share information with other important treatment providers.**

Name of Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I understand that my student's records are protected and cannot be disclosed without my written consent unless otherwise permitted by applicable state or federal law. I authorize the use or disclosure of my student's personally identifiable health information (including by electronic delivery, acknowledging that Wake Monarch Academy cannot warrant the security of electronic transmission of health information) as described above and that this authorization is voluntary. I understand that I may revoke this consent at any time except to the extent that action has been taken reliance on it, and that in any event this consent expires automatically as at the beginning of the new school year.

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

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



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**Consent to Obtain/Release Information**  
**PEDIATRICIAN/PRIMARY PRACTITIONER/PRESCRIBING PRACTICITONER**

I, \_\_\_\_\_ (parent or guardian's name or student's name if student is 18 or over), authorize Wake Monarch Academy to release and/or receive the following information from my student's records:

- Drug Screening Results
- Assessment Results
- Treatment Information
- Program Participation
- Follow-up Information
- Billing/Financial Info
- Education records (as defined by FERPA)
- Other \_\_\_\_\_

**The purpose of the disclosure is to allow Wake Monarch Academy, collaboration, or program partner, to share information with other important treatment providers.**

Name of Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I understand that my student's records are protected and cannot be disclosed without my written consent unless otherwise permitted by applicable state or federal law. I authorize the use or disclosure of my student's personally identifiable health information (including by electronic delivery, acknowledging that Wake Monarch Academy cannot warrant the security of electronic transmission of health information) as described above and that this authorization is voluntary. I understand that I may revoke this consent at any time except to the extent that action has been taken reliance on it, and that in any event this consent expires automatically as at the beginning of the new school year.

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

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

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### **Consent to Obtain/Release Information** **TREATMENT CENTER**

I, \_\_\_\_\_ (parent or guardian's name or student's name if student is 18 or over), authorize Wake Monarch Academy to release and/or receive the following information from my student's records:

- Drug Screening Results
- Assessment Results
- Treatment Information
- Program Participation
- Follow-up Information
- Billing/Financial Info
- Education records (as defined by FERPA)
- Other \_\_\_\_\_

**The purpose of the disclosure is to allow Wake Monarch Academy, collaboration, or program partner, to share information with other important treatment providers.**

Name of Treatment Center: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I understand that my student's records are protected and cannot be disclosed without my written consent unless otherwise permitted by applicable state or federal law. I authorize the use or disclosure of my student's personally identifiable health information (including by electronic delivery, acknowledging that Wake Monarch Academy cannot warrant the security of electronic transmission of health information) as described above and that this authorization is voluntary. I understand that I may revoke this consent at any time except to the extent that action has been taken reliance on it, and that in any event this consent expires automatically as at the beginning of the new school year.

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

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



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## **Consent to Obtain/Release Information** **CASEWORKER**

I, \_\_\_\_\_ (parent or guardian's name or student's name if student is 18 or over), authorize Wake Monarch Academy to release and/or receive the following information from my student's records:

- Drug Screening Results
- Assessment Results
- Treatment Information
- Program Participation
- Follow-up Information
- Billing/Financial Info
- Education records (as defined by FERPA)
- Other \_\_\_\_\_

**The purpose of the disclosure is to allow Wake Monarch Academy, collaboration, or program partner, to share information with other important treatment providers or others involved in the student's recovery programming.**

Name of Caseworker: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I understand that my student's records are protected and cannot be disclosed without my written consent unless otherwise permitted by applicable state or federal law. I authorize the use or disclosure of my student's personally identifiable health information (including by electronic delivery, acknowledging that Wake Monarch Academy cannot warrant the security of electronic transmission of health information) as described above and that this authorization is voluntary. I understand that I may revoke this consent at any time except to the extent that action has been taken reliance on it, and that in any event this consent expires automatically as at the beginning of the new school year.

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

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



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**Consent to Obtain/Release Information**  
**PROBATION OFFICER**

I, \_\_\_\_\_ (parent or guardian's name or student's name if student is 18 or over), authorize Wake Monarch Academy to release and/or receive the following information from my student's records:

- Drug Screening Results
- Assessment Results
- Treatment Information
- Program Participation
- Follow-up Information
- Billing/Financial Info
- Education records (as defined by FERPA)
- Other \_\_\_\_\_

**The purpose of the disclosure is to allow Wake Monarch Academy, collaboration, or program partner, to share information with other important treatment providers or others involved in the student's recovery programming.**

Name of PO: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I understand that my student's juvenile and treatment records are protected and cannot be disclosed without my written consent. I authorize the use or disclosure of my student's records as described above and that this authorization is voluntary. I understand that I may revoke this consent at any time except to the extent that action has been taken reliance on it, and that in any event this consent expires automatically as at the beginning of the new school year.

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

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



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**Consent to Obtain Information**  
**ACADEMIC PROVIDER**  
**(IF CURRENTLY ENROLLED AT ANOTHER SCHOOL)**

I, \_\_\_\_\_ (parent or guardian's name or student's name if student is 18 or over), authorize Wake Monarch Academy to receive the following information from my student's records:

- All academic records and cumulative file information, including any disciplinary records
- Student grades and academic standing
- Test results including state standardized tests, diagnostic, and others
- Any Individualized Education Plans (IEPs), 504 Plans, Behavior Plans, Healthcare Plans, or other individualized plans relevant to the student's functioning at school
- Other \_\_\_\_\_

**The purpose of the disclosure is to allow Wake Monarch Academy or collaborate to understand how to best serve the student.**  
**Records may be requested from and released by:**

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

I understand that my education records may be protected by the Family Educational Rights and Privacy Act (FERPA) and if so, cannot be disclosed without my written consent unless otherwise permitted by applicable state or federal law. I authorize release of my records as described above to Wake Monarch Academy. I understand that I may revoke this consent at any time except to the extent that action has been taken reliance on it, and that in any event this consent expires automatically as at the beginning of the new school year.

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

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



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**Consent to Obtain Information**  
**ACADEMIC PROVIDER**  
**(PAST SCHOOL)**

I, \_\_\_\_\_ (parent or guardian's name or student's name if student is 18 or over), authorize Wake Monarch Academy to release and/or receive the following information from my student's records:

- All academic records and cumulative file information, including any disciplinary records
- Student grades and academic standing
- Test results including state standardized tests, diagnostic, and others
- Any Individualized Education Plans (IEPs), 504 Plans, Behavior Plans, Healthcare Plans, or other individualized plans relevant to the student's functioning at school
- Other \_\_\_\_\_

**The purpose of the disclosure is to allow Wake Monarch Academy or collaborate to understand how to best serve the student.**  
**Records may be requested from and released by:**

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

I understand that my education records may be protected by the Family Educational Rights and Privacy Act (FERPA), and if so, cannot be disclosed without my written consent unless otherwise permitted by applicable state or federal law. I authorize release of my records as described above to Wake Monarch Academy. I understand that I may revoke this consent at any time except to the extent that action has been taken reliance on it, and that in any event this consent expires automatically as at the beginning of the new school year.

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

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