



La Joya Independent School District

CAMPUS CONFERENCE

Name of School

THIS IS TO DOCUMENT THAT A CAMPUS DISCIPLINE CONFERENCE HAS BEEN HELD BY THE ADMINISTRATIVE OFFICE.

Date: _____ Time: _____ A.M./P.M.

Last Name: _____ First Name: _____

ID#: _____ Date of Birth: _____ Grade: _____ Phone: _____

Parent/Guardians Name: _____

Mailing Address: _____

Administrator: _____

Parents were Notified By: _____ PHONE _____ LETTER _____ HOMEVISIT

PLACEMENT: _____ DDAEP(HOPE Academy) _____ JJAEP _____ CDAEP

Date & Description of Infraction: _____

Student's Response: _____

Regulation Applicable: _____

Action Recommendation: _____

NOTICES:

Appeal: The parents and students are hereby informed that any decision made at this conference may be appealed to the Superintendent by contacting Ms. Marina Abdullah, Executive Director for Student Services at (956) 580-5041.

Coursework Notice: All high school students placed in a DAEP will have the opportunity to complete coursework required for graduation through direct instruction and computer based instructional programs at the DAEP as well as summer programs at no cost to the student.

Trespassing: The parents and students are also notified that students expelled or removed to the Alternative Center are not allowed to attend or enter any La Joya ISD activity or facility. Students who disregard this rule will have Trespass Charges filed against them.

_____	_____
Administrator Signature	Date
_____	_____
Parent Signature	Date
_____	_____
Student Signature	Date



**La
Joya**

Independent School District
604 N. Coyote Blvd., La Joya, Texas 78560
Tel (956) 580-5100 Fax (956) 580-5103

Board of Trustees

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Arnoldo Ochoa, Vice- President
Juan "JJ" Pena, Jr., Secretary
John V. Alaniz, Member
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Narciso Solis, Member
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**La Joya Independent School District
Notificación de Padres**

Fecha: _____

A los Padres de: _____

Departamento de: _____

Escuela: _____ Grado: _____

ha sido recomendado para expulsión/ o que sea educado en una escuela alternativa, por la razón (es):

Este aviso les informa oficialmente de la fecha, lugar y hora en que se llevara a cabo una conferencia en la escuela. Se presentara información que contiene la razón por cual se hace la recomendación de la escuela alternativa. Ustedes tendrán la oportunidad de presentar su caso a este tiempo. Es de vital importancia que ustedes estén presentes en dicha reunión.

Junta Día: _____

Horario: _____

Lugar: _____

Se me ha informado que habrá una junta del Comité de Consulta del Distrito Escolar y yo atenderé a esta junta:

Padre/Guardián	Fecha	Hora	Persona Encargada

FORMA DE RENUNCIA

Yo, _____ he sido notificado de la reunión en la escuela. Quiero elegir mi derecho de no asistir a la reunión, sin embargo, entiendo que el hecho de no asistir a la reunión no limitare ninguna manera al Comité para hacer las recomendaciones necesarias basándose en la evidencia (pruebas) que se presentan.

Padre/Guardián _____

Fecha _____

Hora _____

Persona Encargada _____



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**La Joya Independent School District
Parent Notification Letter for Campus Conference**

Date: _____

To the Parents of: _____ ID # _____ Grade: _____

From: _____

Campus: _____

_____ is being recommended for expulsion/or for
Alternative placement for the following reason(s): _____

This notice officially informs you of a scheduled Campus Conference. At this conference evidence will be provided supporting the recommendation for alternative placement. Parents and student will be given an opportunity to respond to this recommendation.

Meeting: Date: _____

Time: _____

Place: _____

I have been notified of the Campus Conference and I will be attending:

Parent/Guardian

Date

Time

Contact Person

**PARENTAL NOTIFICATION OF
NON-ATTENDANCE/WAIVER TO CAMPUS CONFERENCE**

I, _____, have been notified of the Campus Conference. I wish to exercise my right of not attending; moreover, I fully understand that not attending the meeting does not in any way limit the Administration from making the necessary recommendation based in the evidence presented.

Parent/Guardian

Date

Time

Contact Person

La Joya Independent School District
STUDENT HEALTH HISTORY

Last Name: _____ First: _____

D.O.B.: _____ Grade: _____ I.D.: _____ Age: _____

Special Ed: **YES / NO** School: _____ Migrant: **YES / NO**

Address: _____ Home Phone: _____

Parent's Name: _____ Work Phone: _____

Doctor's Name: _____ Phone: _____

NAME IN CASE OF EMERGENCY:

Name: _____ Phone: _____

(Name and Relationship)

Are you living with your parents? **YES / NO**

If the answer is no with whom do you live with? _____

(Name, Relationship and length of stay)

Are you allergic to medicine, food, or environmental things?: **YES / NO**

If yes, please list: _____

CIRCLE ANY OF THE FOLLOWING CONDITIONS THAT YOU MAY HAVE HAD OR HAVE NOW.

Asthma / Lung Problems

Fracture / Dislocation/Strain

Heart Problems

Kidney Problems

Diabetes / Hepatitis

Ear / Nose / Throat

Epilepsy / Seizures

Skin / Toes

Ulcers / Digestive Problems

Head Injury

Hearing Aid / Orthopedic Braces

Surgeries

Attention Deficit Disorder (ADHD)

OTHER: _____

Explain any of the circled above: _____

Do you have vision problems? **YES / NO**

If so, do you wear your glasses? **YES / NO**

Are you a teen parent? **YES / NO**

If, so when is the due date? _____

List all Medications you are currently taking, their purpose and time:

Parent Signature

Student Signature (If 18 yrs of age)

Date

La Joya Independent School District
HISTORIA MÉDICA

Nombre Del Estudiante: _____

Fecha De Nacimiento: _____ Grado: _____ ID# _____ Edad: _____

Educación Especial: **SI / NO** Migrante: **SI / NO** Escuela: _____

Dirección: _____

Nombre De Los Padres: _____

Teléfono De La Casa: _____ Trabajo: _____

Nombre De Doctor: _____ Teléfono: _____

EN CASO DE EMERGENCIA NOTIFICAR:

Nombre: _____ Teléfono: _____

(Relación)

Vives Con Tus Padres? **SI / NO**

Si No, Con Quien? _____

(Nombre, Relación Y Tiempo De Estancia)

Eres alergico/alergica a alguna medicina, alimento o cosa que te rodea?

Si, haga una lista?: _____

CIRCULE LAS CONDICIONES QUE HAYA TENIDO O QUE TIENE ACTUALMENTE.

Asma / Problemas Con Pulmones

Fracturas / Dislocaciones

Problemas Del Corazón

Problemas Del Riñón

Diabetes / Hepatitis

Oído / Nariz / Garganta

Epilepsia / Convulsiones

Piel / Dedos De Los Pies

Úlcera / Problemas Digestivos

Lesión De La Cabeza

Aparato De Oído / Frenos Ortopédicos

Cirugías

Desorden / Deficiencia Atenuativa

OTRAS: _____

Explique cualquiera de los condiciones circulas. _____

Tiene problemas con la vista? **SI / NO**

Si su respuesta es si, usas lentes? **SI / NO**

Eres Madre / Padre? **SI / NO**

Estas embarazada? **SI / NO**

Si su respuesta es sí, fecha aproximada para tener el bebe? _____

Haga una lista de medicamento que está tomando, su propósito Y instrucciones:

Esta bajo cargo de un doctor por algún problema especifico? **SI / NO**

Si la respuesta es sí, que problema es? _____

Firma de Padres

Fecha

Firma de Alumno (Si tiene 18 años)



LA JOYA INDEPENDENT SCHOOL DISTRICT CHECKLIST FOR ALTERNATIVE EDUCATION PLACEMENT

Campus: _____

Date: _____

RECOMMENDATION: DDAEP (HOPE Academy) _____ CDAEP _____ JJAEP(District Hearing Required) _____

Name of Student _____ ID# _____

Date of Birth: ___/___/___ Classification: Grade: _____

This file has been reviewed by: Administrator _____

Date Reviewed: ___/___/___

Part A

Parent Notification of Campus Conference	Yes _____	No _____	N/A _____
Campus Conference Form	Yes _____	No _____	N/A _____
Referral/Discipline Record	Yes _____	No _____	N/A _____
Discipline Interventions	Yes _____	No _____	N/A _____
Grades/Progress Reports	Yes _____	No _____	N/A _____
Transcript & TAKS Scores	Yes _____	No _____	N/A _____
Attendance / Truancy Notices/Warning Letters	Yes _____	No _____	N/A _____
Health Assessment History & Immunization Record	Yes _____	No _____	N/A _____
Personal Graduation Plan	Yes _____	No _____	N/A _____
Referral to RTI	Yes _____	No _____	N/A _____

Counseling Session Reports	Yes _____	No _____	N/A _____
Social Worker or Communities in School Reports	Yes _____	No _____	N/A _____

Part B

Special Education	Yes _____	No _____	N/A _____
Copy of the IEP and BIP	Yes _____	No _____	N/A _____
Manifestation Determination	Yes _____	No _____	N/A _____
Section 504	Yes _____	No _____	N/A _____
Copy of the Accommodation Plan and BIP	Yes _____	No _____	N/A _____
Manifestation Determination	Yes _____	No _____	N/A _____
Migrant Student	Yes _____	No _____	N/A _____
LEP Student	Yes _____	No _____	N/A _____
LPAC Held	Yes _____	No _____	N/A _____
Recommended Language of Instruction			

Part C

Placement Order	Yes _____	No _____	N/A _____
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Date folder received at Office of Student Services or HOPE Academy: _____

NOTE: Students cannot enroll in the DDAEP without a withdrawal form.



**La
Joya**

Independent School District
Office of Student Services
201 East Expressway 83, La Joya, Texas 78560
Tel (956) 580-5041 Fax (956) 584-0885

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Placement Order To

Elementary HOPE Academy
4431 Minnesota Road
Mission, Texas 78572

Mrs. Mayra Ramos:

The following student will be placed at the HOPE Academy

Order for Elementary DAEP Placement

Campus: _____ Grade _____ Date: _____

Mandatory Placement

Discretionary Placement

Student: _____ ID#: _____ DOB: _____

Parent(s) / Guardian (s): _____ Phone #: _____

Mailing Address _____

Physical Address: _____

Description of Infraction: _____

Regulation Applicable: _____

Term of Placement: _____

Sincerely,

Marina Abdullah
Executive Director for Student Services



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Placement Order To

HOPE Academy
221-A N. Stadium Dr.
La Joya, Texas 78560

Mr. Lindolfo Zamora:

The following student will be placed at the HOPE Academy.

Order for Secondary DAEP Placement

Campus: _____ Grade _____ Date: _____

Mandatory Placement

Discretionary Placement

Student: _____ ID#: _____ DOB: _____

Parent(s) / Guardian (s): _____ Phone #: _____

Mailing Address _____

Physical Address: _____

Description of Infraction: _____

Regulation Applicable: _____

Term of Placement: _____

Sincerely,

Campus Principal or Designee