

**Robert Gray Middle School  
Spring 2019 SUN Registration Form**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender Pronouns: \_\_\_\_\_ Race/Ethnicity/Origin (Mark as many boxed as apply): African Asian

Black/African American Latino/Hispanic Middle Eastern Native American/Alaska Native  
Native Hawaiian/Pacific Islander Slavic White Decline to answer **\*\*Language(s) spoken at home:** \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent(s) email address(es) (for class confirmations): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**MEDICAL INFORMATION: Please list any allergies or medical concerns of which we should be aware:**

**Permission for Enrollment and Release of Impact NW from Liability for Academic Year 2018-19**

I give permission for the above-named child to participate in any activities that are held at Robert Gray Middle School as part of the SUN program. In an emergency and I can't be reached, I grant permission for emergency medical treatment to be given to my child. I agree to pay all medical bills not covered by the insurance company listed below. I release Portland Public Schools, Impact NW, and SUN's partners from responsibility for any bills resulting from injuries incurred in these programs. I understand that my child will be responsible for checking in and out with the SUN program staff every day when arriving/leaving the SUN Extended-day program. I release SUN, Impact NW, Portland Public Schools and program partners from responsibility for my child after s/he checks out with SUN program staff and/or leaves school property. I have included information regarding allergies or other medical conditions about my child of which staff should be aware.

**Signature waives liability & ensures child can/will meet behavior expectations.**

Parent/Guardian

**REQUIRED: Student agrees to behavior expectations.**

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

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

**Notice of Non-discrimination**

SUN Community Schools programs and services reflect the diversity of our community. We do not discriminate based on the basis of religion, race, color, gender, national origin, sexual orientation, age or disability.

**Behavioral Expectations**

The safety and well-being of all participants and staff is of utmost importance. To ensure safety in SUN Community Schools, we require that all participants be able to follow all three of the following criteria:

- Be age-appropriate for the activity/program.
- Be able to maintain safe behavior during the activity. This means that they can participate without harming themselves or others.
- Specific required behaviors include:
  - Treating adults and other students with respect; Following directions of adult instructors and coordinators
  - Remaining in the assigned room until dismissal
  - Engaging in safe, non-violent behavior; Participate meaningfully in the activity and not disrupt or distract others.

**SUN Community School Release of Student Information 2018-19**

Our SUN Community School is a collaboration of Portland Public Schools, Multnomah County, the City of Portland and many community partners and agencies who come together to support children's success in school and life. We do this by working together to meet the specific needs of our students and their families.

In order to provide your child with the best services and support possible, the SUN Community School Site Coordinator needs your permission to be able to share information with the people who are teaching and serving your child specifically. This information may include student name, student ID #, grade level, achievement test scores, course grades and grade point averages, attendance,



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Individual Education Plan, demographic, and behavior/discipline information. The SUN Community School Site Manager will only share this information when it is required by a partner organization or supports your student's success. This information may also be shared with the City/County SUN Initiative and their evaluation contractors for program evaluation.

Organizations receiving information about your student are informed of state and federal confidentiality provisions. This includes employees and volunteers managed by the SUN Community School site manager and staff of other partner agencies providing the activities in which my child participates. They are not authorized to release information to any agency or person not listed in this release without specific written consent of the parent/legal guardian.

Children may participate in SUN activities whether or not their Parent/Guardian agrees to the release or exchange of educational information to other staff or agencies.

### ***Photo Release Statement***

**Please circle one:**

**I give / I do NOT give** permission to allow photos that include my child to be taken and used by Impact NW for program materials (brochures, et al.), or publicity purposes.

### ***Check box AND sign below:***

**YES**, I authorize the release and exchange of student records with staff of programs/activities that I register my child for, and for evaluation purposes.

**NO**, I do NOT authorize the release and exchange of student records with staff of programs/activities that I register my child for or for evaluation purposes, but I want my child to participate in SUN activities.

**\*\*Parent/Guardian Signature affirms photo release and release and exchange permissions or denials. This permission is effective from 7/10/2018 until 8/31/2019 unless cancelled in writing.**

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

SUN Classes dismiss at 5:15 PM and students walk to the front of the school for pickup. For safety reasons, parents are asked to wait for students at the front of the building. Do not pick up students earlier than the scheduled dismissal.

### **After SUN School, my student will be...**

-Picked up by parent or authorized adult (list name, relationship, & phone): \_\_\_\_\_

-Walk home with my permission: Y/N

-I, \_\_\_\_\_ give permission for my child(ren) \_\_\_\_\_ to travel home from SUN school in the Portland Public School Activity Bus. SUN Activity Bus (**Tuesday and Thursday**)- stops at **Reike, Bridlemile, Maplewood, Hayhurst, Stephens Creek Crossing, Multnomah Arts Center, & 4040 Beaverton Hillsdale Hwy.**

\*My child's bus stop is: \_\_\_\_\_

The above youth has my permission to ride in PPS activity bus to get home from school after SUN School activities. I release all Impact NW and PPS staff and volunteers from liability of injuries, known or unknown, which my child may incur by riding the activity bus home from SUN School activities. Parents and/or guardians are responsible for their child(ren) after they are dropped off at their designated stop.

**\*\*Parent/guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*SIGNATURE REQUIRED TO COMPLETE REGISTRATION*

### ***List student's class choices below:***

Day	Spring Class Choice April 9 - May 30	*Fees (submit payment with form)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday	<b>AM ACTIVITIES and RGMS Drama ONLY</b>	<b>FREE</b>
Mon-Fri	<b>SUN LUNCH CLUBS</b>	<b>FREE</b>

**Lunch Club(s):** \_\_\_\_\_ **RGMS Drama Y/N** **AM ACTIVITIES Y/N**

***\*Please make checks payable to Impact Northwest. Refunds will not be permitted after the first day of class. If the cost of classes present a hardship, please contact Dave Strom, SUN Site Manager at dstrom@impactNW.org for scholarship information.***