

**Robert Gray Middle School
2018-19 SUN General Registration Form**

**SUN General registration form covers student participation for the entire year in Morning Library & Open Gym, RGMS Drama, and SUN Lunch Clubs.
If your student participates in SUN after-school classes and activities, the registration form for the applicable term will be required.**

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): _____

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 Signature

Student Signature

**** 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.

-----Please complete the front and back of the form.-----

Robert Gray Middle School
2018-2019 SUN General Registration Form

SUN Community School Release of Student Information 2018-19

Student Name: _____ **Grade:** _____ **DOB:** _____

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, 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 check 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**