



SELF ENHANCEMENT, INC.

Youth Potential Realized

In-School Program/SUN COMMUNITY SCHOOL

2018-19



Parkrose School District
Portland, Oregon

STUDENT INFORMATION

SUN SCHOOL: ROOSEVELT

Legal Name: _____ Nicknames: _____
(First Name) (MI) (Last Name)

Address: _____
(Street) (City) (State) (Zip Code)

DOB: ____ / ____ / ____ Age: ____ Primary Language Spoken: _____ Teacher | Home Rm: _____

What is student's gender? Male Female Non Binary Transgender Male to Female Transgender Female to Male

Race/Ethnicity: (Mark as many boxes as appropriate):

- African American
- Somali
- Congolese
- Eritrean
- North African
- Other African
- Caribbean
- Other Black
- White
- Mexican
- Central American
- South American
- Indigena
- Mestizo
- Afro Latino
- Other Hispanic/Latino
- Indigenous Mexican, Central American or South American
- Canadian Inuit, Metis or First Nation
- Chinese
- Vietnamese
- Zomi
- Hmong
- Thai
- Burmese
- Karen
- Korean
- Laotian
- Filipino/a
- Japanese
- South Asian
- Asian Indian
- Other Asian
- Slavic
- Middle Eastern
- Tongan
- Chuukese
- Native Hawaiian
- Guamanian/Chamorro
- Samoan
- Other Pacific Islander
- American Indian
- Alaska Native
- Other: _____

School Grade for 2018-19: _____ School Attending 2018-19: _____ Student's T-Shirt Size: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____
(First Name) (MI) (Last Name) (Relationship to Student)

Address: _____
(Street) (City) (State) (Zip Code)

Email Address: _____ Home Phone: _____

EMERGENCY MEDICAL CONTACT INFORMATION

In case of emergency, please notify:

1st Emergency Contact: _____ Phone: _____
(First Name) (Last Name)

Address: _____
(Street) (City) (State) (Zip)

Health Plan/Insurance Co: _____ Physician's Name: _____ Physicians Phone: _____

2nd Emergency Contact: _____ Phone: _____
(First Name) (Last Name)

Conditions that may affect child's participation in activities (e.g. medical condition, allergies): _____

ADDITIONAL QUESTIONS

Please indicate whether student is currently pregnant or parenting YES NO Not applicable

Has student ever been involved in the Juvenile Justice System? YES NO Prefer not to say

* If yes, is student currently involved in the Juvenile Justice System? YES NO

Has student ever dropped out of school? YES NO Prefer not to say

Is your Student eligible for Free or Reduced-priced meal benefits? YES NO Prefer not to say

RELEASES & LIABILITY

I, _____, (Parent/Guardian's Name) have received, read and understand the releases and agreements listed below. I understand, acknowledge and agree to the terms and conditions effective as of the date set forth below:

- Permission For Enrollment & Release of SEI From Liability
- Release of Education Record
- Notice of Non-Discrimination
- Media Consent and Release
- Emergency Medical Release
- Behavioral Expectations
- Release of Free/Reduced Lunch Status
- Acceptable Internet Usage and Regulation Agreement
- The Family Education Rights and Privacy Act
- Client Consent to Release of Information for Data Sharing in Multnomah County
- Grievance Procedure



Parent/Legal Guardian (Signature)

Parent/Legal Guardian Name (Printed)

Date

To opt out of the Release of Education Record or Media Consent & Release please initial next to the statement below:

_____ **I DO NOT** consent to having my child photographed or interviewed by the news media.

SUN ONLY: _____ **I DO NOT** give permission for the release or exchange of information to be shared.

SEI YOUTH SERVICES ONLY: _____ **I DO NOT** give permission for the release or exchange of information to be shared.

(NOTE: A student **cannot** enroll in SEI Youth Services or participate in any SEI Program activities if you opt out of the Release of Education Record.)

By writing your initials below, you **DO NOT agree** to share the following level of information with other Northwest Social Service Connections' HMIS/CMIS partner agencies:

_____ Beyond the minimum required data elements (Name, DOB, Gender, Veteran Status, SSN), **I DO NOT agree to share** any additional information through the Northwest Social Service Connections' HMIS/CMIS with other Northwest Social Service Connections' HMIS/CMIS partner agencies.

FOR OFFICE USE ONLY

Parent Coordinator: _____

ServicePoint: _____

Date: _____

Student Coordinator: _____

DocRecord: _____

Date: _____

ETO: _____

Date: _____

YS Manager Signature: _____

Caseload Start Date: _____

School District ID (Synergy): _____

State Student ID (SSID): _____

SEI Client ID: _____

Service Point Client ID: _____