



SELF ENHANCEMENT, INC.

Youth Potential Realized
In-School Program/SUN COMMUNITY SCHOOL
2019-20



STUDENT INFORMATION

SUN SCHOOL: PENINSULA

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

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

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

School Grade for 2019-20: _____ School Attending 2019-20: _____ Student's T-Shirt Size: _____

Student's gender: Male Female Non Binary I identify my gender as _____ I prefer not to say

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

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

Is your student eligible for Free or Reduced-priced meal benefits? YES NO I prefer not to say

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: _____ Physician's 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 *(Middle & High School Participants Only)*

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 in Foster Care? YES NO If Yes, DHS Case # / OR Kids # _____

*DHS Case Manager: _____ Case Worker Contact Information: _____

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 CS & Youth Advocacy 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: _____

Student Coordinator: _____

YS Manager Signature: _____

Student RF: _____

Caseload Start Date: _____

SEI Client ID: _____

School District ID (Synergy): _____

State Student ID (SSID): _____

Service Point Client ID: _____