



# Cliff Park High School

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## **Enrollment Packet 2017 - 2018**

- Enrollment is between 9:00 a.m. – 2:00 p.m. Monday through Friday.
- Upon enrollment, student must be at least 16 years old, no more than 21 years old and have previously been in the 9<sup>th</sup> grade.
- If a student was expelled from a previous school, parent/guardian must bring the expulsion letter. At that time, a determination regarding enrollment will be made by the Director.

### **Documents needed to enroll 16 or 17 year olds (must have first 6 items):**

- ✓ - Parent/Guardian and student must be present at time of enrollment
- ✓ - Parent **MUST HAVE ID** and student **MUST HAVE STATE ID**
  - Court-ordered custody papers, if applicable
- ✓ - Birth Certificate
- ✓ - Social Security Card
- ✓ - Complete shot (immunization) records from birth to present
- ✓ - Current month **LIGHT** or **GAS** bill **ONLY** (from address at which the student is living)
  - \* Official transcripts from last and previous schools attended
  - \* Withdrawal letter at time of enrollment

### **Documents needed to enroll 18 to 21 year olds (must have first 5 items):**

- ✓ - Student **MUST HAVE STATE ID or DRIVER'S LICENSE**
  - Court-ordered custody papers, if applicable
- ✓ - Birth Certificate
- ✓ - Social Security Card
- ✓ - Complete shot (immunization) records from birth to present
- ✓ - Current month **LIGHT** or **GAS** bill **ONLY** (from address at which the student is living)
  - \* Official transcripts from last and previous schools attended
  - \* **MUST HAVE** withdrawal letter at time of enrollment

**MUST HAVE ALL DOCUMENTS** and a **COMPLETED APPLICATION** to be accepted for enrollment.



Students living with parent(s) **MUST** have proof of residence (1 required per board policy) with a parent name and address of where parent lives

Students declaring they are independent **MUST HAVE BOTH** proof of residence (1 required per board policy) AND proof of income (paystub from current job or government assistance).

### Acceptable Forms for Proof of Residence

1. Monthly Utility Bill (Electric, Water, Gas, Sewage)
  - Cell phone bills are **NOT** accepted
  - Must be within 60 days of enrollment date
2. Signed Lease/Rental Agreement
  - Must contain street address (a P.O. Box address cannot be used)
  - Must be dated and include lessor and lessee names and signatures and the length of lease
3. Monthly Mortgage Statement
  - Must contain street address (a P.O. Box address cannot be used)
  - Must be dated within 60 days of enrollment date
4. Rent Receipt
  - Must contain street address (a P.O. Box address cannot be used)
  - Must be dated within 60 days of enrollment date
5. Paycheck/Paystub
  - Must contain street address (a P.O. Box address cannot be used)
  - Must be dated within 60 days of enrollment date
6. Monthly Bank statement
  - Must contain street address (a P.O. Box address cannot be used)
  - Must be dated within 60 days of enrollment date

**Note:** In certain unique situations, additional forms of documentation may be acceptable as proof of residency should you be unable to provide one of the above.



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## ENROLLMENT / FILE CHECKLIST

Please initial and/or provide the date each document was received. Please mark items N/A for items that are not needed for specific students.

- \_\_\_\_\_ Enrollment Application Form
- \_\_\_\_\_ Proof of Residency
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Copy of Photo ID or current picture
- \_\_\_\_\_ Custodial/Guardianship Paperwork
- \_\_\_\_\_ Transcripts
- \_\_\_\_\_ Immunization Records
- \_\_\_\_\_ Emergency Medical Form
- \_\_\_\_\_ Home Language Survey
- \_\_\_\_\_ Media Release Form
- \_\_\_\_\_ FERPA Consent/Confidentiality and Communication Consent
- \_\_\_\_\_ CBI Form
- \_\_\_\_\_ Title I Compact
- \_\_\_\_\_ FES Consent Form
- \_\_\_\_\_ Request for Records
- \_\_\_\_\_ Free/Reduced Lunch Form

### Additional Documents Collected:

- \_\_\_\_\_ Alternative Assessment Questionnaire
  - \_\_\_\_\_ Enrollment Info Sheet
  - \_\_\_\_\_ Notarized Letter
  - \_\_\_\_\_ Affidavits
-

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OFFICE USE ONLY	
Date Rec'd	_____
Session	_____
Orientation Date	_____
SSID #	_____

**ENROLLMENT APPLICATION**  
 Please print in blue or black ink  
 School Year \_\_\_\_\_

**STUDENT INFORMATION**

Date \_\_\_\_\_

Name of Student \_\_\_\_\_

First Middle Last

Address \_\_\_\_\_ Apt.# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Parent Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_ Email \_\_\_\_\_

Social Security # (optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Last 4 numbers of SSN (if full number not provided) \_\_\_\_\_ (required)

Birth Date \_\_\_\_\_ Gender:  Male  Female

Birthplace \_\_\_\_\_  
City State Country

Native Language \_\_\_\_\_ U.S. Citizen?  Yes  No If no, list nationality \_\_\_\_\_

**Student Ethnicity:**

1. Is the student of Hispanic/Latino heritage?  Yes  No (Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish culture or origin, regardless of race)

2. Race/Ethnic Element (choose one):

- Asian  American Indian or Alaskan Native  Black or African American  Native Hawaiian or Pacific Islander
- White  Multi-racial

3. Race Detail Element: If #1 is Yes or #2 is Multi-racial, please include one of the following:

- Asian  American Indian or Alaskan Native  Black or African American  Native Hawaiian or Pacific Islander
- White

**STUDENT'S FAMILY DATA**

PLEASE CHECK ALL THAT APPLY IN THE FOLLOWING CATEGORIES

Who has legal custody of the student?

- Both Parents  One Parent (Mother or Father)
- Mother & Stepfather\*  Father & Stepmother\*
- Foster Care  Guardian
- Ward of the State  Other: \_\_\_\_\_
- Independent (Self-Supporting)

Marital status of the student's parents:

- Married
- Separated
- Divorced
- Never Married

\* Only choose Mother & Stepfather or Father & Stepmother if BOTH the parent and stepparent have legal custody of the student and documentation can be provided.

Type of custody?

- Full Custody  Do you have a court order restricting the non-custodial parent(s)?  Yes  No  N/A
- Shared/Joint Custody  Do you have complete custody papers?  Yes  No  N/A

**A complete set of custody and/or guardianship papers must be on file with the school**

Legal Mother/Guardian Name: \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Social Security # XXX-XX-\_\_\_\_\_ (last four digits)

Legal Father/Guardian Name: \_\_\_\_\_ Social Security # XXX-XX-\_\_\_\_\_ (last four digits)





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Does the student have any children?  Yes  No If Yes, How many? \_\_\_\_\_

Will the student need daycare for their child?  Yes  No

Is the student presently reporting to a probation officer?  Yes  No \* Please Note: Responding Yes will **NOT** exclude the student from admission

If yes, will the student need an enrollment letter from the school for his/her probation officer?  Yes  No

Probation Officer/Social Worker Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### STUDENT'S PREVIOUS EDUCATION

Does the student have a current or active Individualized Education Plan (I.E.P.)?  Yes  No

Did the student ever have an I.E.P.?  Yes  No If Yes, what school year? \_\_\_\_\_

If Yes, please provide a copy of the student's I.E.P. and Evaluation.

What year did student start 9<sup>th</sup> grade: \_\_\_\_\_

<u>List of Previous Schools</u>	<u>Yrs. Attended</u>	<u>Grade Level</u>	<u>Outcome</u> <u>(Suspended/Expelled/Dropped Out)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any additional information that would be helpful for the school to know: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

The following information should be completed referring to parent(s), guardian(s), and/or grandparent(s) with who the student resides:

Parent/Guardian: \_\_\_\_\_  
Last First

Parent/Guardian: \_\_\_\_\_  
Last First

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work or Cell Phone #: \_\_\_\_\_

Work or Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred session: \_\_\_\_\_







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## PARENT/STUDENT CONTRACT

We have read and understand all of the information contained in the Parent/Student Handbook. By signing below, I/we agree to abide by and support the Cliff Park High School rules and regulations, including the Code of Conduct and all other policies, as outlined in the Parent/Student Handbook. Although the Parent/Student Handbook reflects the current policies of Cliff Park High School, it may be necessary to make changes from time to time to best serve the needs of our school and its students.

STUDENT SIGNATURE \_\_\_\_\_  
Signature Date

I hereby state that the information provided in this document is true and current. I am the legal guardian or custodian of this student.

PARENT/GUARDIAN SIGNATURE (if student is under 18 yrs. old): \_\_\_\_\_  
Signature Date

### For Office Use Only

Provided proof of immunization (4 – DPT; 3 – Polio; 2 – MMR after 1<sup>st</sup> birthday & during 7<sup>th</sup> grade; Hepatitis B beginning KDG 2000)  
**Note: Immunization requirements must be met or student will be excluded on the 15th day**

Provided birth certificate                       Provided proof of residency  
 Emergency Medical Authorization             Free/Reduced Lunch and/or Income Verification

Parent/Guardian Sign Offs: \_\_\_\_\_ Request for Records, \_\_\_\_\_ FERPA, \_\_\_\_\_ CBI, \_\_\_\_\_ Title I Compact, \_\_\_\_\_ FES, \_\_\_\_\_ Info Release

Provide proof of independence (paystub, W2)

### ENROLLMENT DETERMINATION:

**ENROLLMENT - COMPLETE:** The student **MAY BE ENROLLED**, meets requirements of residency, guardianship, immunizations and age (birth certificate), and proof of independence, if applicable

**ENROLLMENT WITH CONDITIONS:** The student **MAY BE ENROLLED**, but must provide proof of immunization within 14 days. At that point, student may not continue to attend school until proof of immunizations is provided. After 24 days (105 hours) of non-attendance, the student will be automatically withdrawn.

DEADLINE DATE: \_\_\_\_\_

**ENROLLMENT POSTPONED:** The student does not meet all requirements and **MAY NOT BE ENROLLED**, and must do the following prior to admittance:

Provide birth certificate                       Provide proof of residency  
 Provide proof of custody/guardianship       Provide proof of independence (paystub, W2)

DEADLINE DATE: \_\_\_\_\_

ENROLLMENT OFFICIAL (Please Print First and Last Name) \_\_\_\_\_

CLIFF PARK HIGH SCHOOL admits students of any race, creed, color, handicapping condition, or sex. Furthermore, there will be no discrimination in the admission of students to Cliff Park High School on the basis of race, creed, color, handicapping condition, or sex. Admission preference is: returning students first, then siblings of students, and lastly open admission.





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## EMERGENCY MEDICAL AUTHORIZATION

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for their child who becomes ill or injured while under the school's authority when parents or guardian cannot be reached.

### Residential Parent or Guardian

Mother's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Other's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name of relative or childcare provider (other than parent): \_\_\_\_\_

### PART 1 OR PART 2 MUST BE COMPLETED

#### Part 1 – Grant Permission

I hereby give consent for the following medicalcare providers and local hospital to be called: Doctor's

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful I hereby give my consent for (1) the admission of any treatment deemed necessary by above named doctor; or the event the designated preferred practitioner is not available, by another licensed physician or dentist and (2) the transfer of the child to any hospitalreasonable accessible.

This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists concur in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Part 2 – Refusal to Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Cliff Park High School authorities to take the following action:

\_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## HOME LANGUAGE SURVEY

SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_  
Last Name First Name Middle I.

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
Month Day Year City State Country

NAME OF PARENT/GUARDIAN: \_\_\_\_\_  
Last Name First Name

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

\*\*\*\*\* For Parents/Guardians \*\*\*\*\*

Please answer the following questions:

1. What language did your son/daughter speak when he/she first learned to speak? \_\_\_\_\_
2. What language does your son/daughter use most frequently at home? \_\_\_\_\_
3. What language do you use most frequently with your son/daughter? \_\_\_\_\_
4. What language do the adults at home most often speak? \_\_\_\_\_
5. How long has your son/daughter attended school in the United States? \_\_\_\_\_

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (G-1270), and proceed to assess the student's English Language Proficiency.



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## INITIAL ENGLISH LANGUAGE ASSESSMENT

Listening	___	Pre-function	___	Beginning	___	Intermediate	___	Advanced	___	Proficient
Speaking	___	Pre-function	___	Beginning	___	Intermediate	___	Advanced	___	Proficient
Reading	___	Pre-function	___	Beginning	___	Intermediate	___	Advanced	___	Proficient
Writing	___	Pre-function	___	Beginning	___	Intermediate	___	Advanced	___	Proficient
Comprehension*	___	Pre-function	___	Beginning	___	Intermediate	___	Advanced	___	Proficient
Composite**	___	Pre-function	___	Beginning	___	Intermediate	___	Advanced	___	Proficient

Assessment instrument(s) used: \_\_\_\_\_

\_\_\_\_\_

Student is LEP?  Yes  No (Indicate the student's status as LEP or not LEP in EMIS Student Data Element (G1230).

If student has been in U.S. schools for less than three years, is the student eligible for extended accommodations for statewide academic assessments?  Yes  No

- \* The Comprehension level is derived from listening and reading.
- \*\* The Composite level is derived from listening, speaking, reading, writing and comprehension.





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## **FERPA Consent:**

The Family and Educational Rights and Privacy Act (FERPA) provides parents and students over 18 years of age ("eligible students") certain rights regarding the student's educational records. In order to serve the student's educational needs, Cliff Park High School may find it necessary to disclose a student's name and address to a vendor to provide them with the appropriate learning solutions. These vendors agree to the confidentiality of the student's name and address and will not use such information for any purpose other than those required under their vendor contract with Cliff Park High School. I hereby agree that my student's name and address may be provided to these entities to ensure that Cliff Park High School can best meet the educational needs of my student.

## **Confidentiality and Communication Consent:**

As the parent/guardian, I agree to allow Cliff Park High School personnel the right to contact me or my student in any manner of communication that pertains to the student's academic well-being. This may include, but is not limited to: Director, Assistant Directors, Teachers, Family Advocate, Employability Specialists, Administrative Assistants, and EMIS/Student Data Specialists. This information will remain confidential except in cases where there is an ethical and or legal responsibility to limit the above said confidentiality.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student (if 18 years old)

\_\_\_\_\_  
Date



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## **CAREER BASED INTERVENTION PROGRAM INFORMATION**

As a Student at Cliff Park High School, you will be participating in a Career Based Intervention Program. This Program allows the Student to earn high school credits for time spent at work. In order to receive the appropriate amount of credits for work, the Student must regularly provide the School with employment information including but not limited to the name and address of the employer, the amount of time worked per pay period, the date of termination/last date worked, and efforts made to obtain new or previous employment. Failure to provide appropriate documentation will prevent the Student from earning the corresponding credits. All Students are required to complete all regular academic coursework. Additionally, Students under the age of 18 must have a valid work permit.

## **STUDENT AND PARENT CONTRACT FOR CAREER BASED INTERVENTION**

The Career Based Intervention (CBI) Program is designed to give students the opportunity to complete their education while learning the obligations of the world of work. The success of students in the CBI Program is dependent upon their desire to improve. There are definite responsibilities the STUDENT must agree to carry out before being enrolled:

As a condition of enrollment into the Cliff Park High School Career Based Intervention Program, I, \_\_\_\_\_, agree to the following conditions:

- 1) To be in school every day and on time unless excused from school.
- 2) If in a paid work experience, to be at work on time and to miss work only if excused by the employer, school, or parent.
- 3) If it is necessary to miss a scheduled shift at work, the student agrees to notify the employer in a timely and courteous manner, prior to the time that the student was supposed to begin working his or her shift.
- 4) The Student must notify the School immediately of any school or work problems and accept the designated staff member's counseling, guidance, and any reassignments or adjustment of the Student's work experience.
- 5) The Student must exercise good personal hygiene and be properly dressed and groomed per the direction of the School and the Student's employer.
- 6) The Student must understand that s/he may be dropped from the program if s/he cuts a class, lies, cheats, steals, fails a class, or is fired from a paid work experience.
- 7) The Student must report to any work experience in a timely manner and not loiter around the School once dismissed for the day.
- 8) The Student must assume the responsibility of transportation to and from his or her work experience.
- 9) The Student agrees to make an honest effort to succeed in all academic subjects and at work and to perform all academic and work obligations in a manner that will reflect positively on self and Cliff Park High School.
- 10) The Student agrees to immediately notify the School of any changes in employment, rate of pay job description, full or part time work status, and residency.
- 11) The Student understands that not fulfilling any of the above conditions may result in dismissal from the CBI Program and or loss of credits.





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The Cliff Park High School's Career Based Intervention Program affords the Student the ability to attend school for a shorter time period each day than the required four and one-half hour session. **ONLY STUDENTS WHO ARE REGULARLY WORKING MAY TAKE ADVANTAGE OF THIS PRIVILEGE. IF A STUDENT IS NOT REGULARLY WORKING, THE STUDENT MUST ATTEND THE FULL 4.5 HOUR SESSION.**

By signing below the Student acknowledges that s/he will be participating in the Cliff Park High School's Career Based Intervention Program, and that s/he will comply with the rules and regulations of the Program.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

I, \_\_\_\_\_, the Parent/Guardian fully understand and agree with the goals, program requirements, and rules of the Cliff Park High School's Career Based Intervention Program. I will fully cooperate with the school to accomplish the goals and to ensure that the requirements are met and the rules are adhered to by my Student. I give my permission for my Student, to participate in the Career Based Intervention Program at this school.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



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## Cliff Park High School Title I Compact

### **What is a "school-parent compact?"**

Each Title I, Part A School must jointly develop, with the parents of children served under Title I, Part A, a school-parent compact as a component of its written parental involvement policy. A school-parent compact is a written agreement between the school and the parents of children participating in Title I, Part A programs that identifies the activities that the parents, the entire school staff, and the students will undertake to share the responsibility for improved student academic achievement, in addition, the school-parent compact outlines the activities that the parents, school staff, and students will undertake to build and develop a partnership to help the children achieve to the State's high academic standards.

### **What information and opportunities must schools provide parents of children participating in Title I, Part A programs?**

Schools served under Title I, Part A must provide to parents of participating children, in a timely manner, information about the programs, funded by Title I, Part A. That information must include:

- A description and explanation of the school's curriculum;
- Information on the forms of academic assessment used to measure student progress; and
- Information on the proficiency levels students are expected to meet.

Upon the request of parents, schools must provide the opportunities for regular meetings for parents to formulate suggestions and to participate, as appropriate, in decisions about the education of their children. The school must respond to any suggestions as soon as practicably possible.

The School, the students, and the parents of the minor students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State's high standards.

### **This school-parent compact is in effect during the 2017-2018 school year.**

The purpose of this Compact, found in Section 118 of Public Law 103-382, is to build and foster development of the school-student partnership to help all students achieve the State of Ohio's high standards. Parent/Guardians, students, and teachers will share the responsibility for improved student achievement.

Each student is responsible for his or her own academic progress in mastering the necessary skills in order to complete the academic program at Cliff Park High School.

The school will provide high-quality curriculum and instruction in a supportive and effective environment that enables all students to meet the State's student performance standards.

The school will provide students and parents of minor children with reports on their children's progress.

The school will provide parents with opportunities to volunteer, observe, and participate in their child's learning.

The school will provide reasonable access to staff through parent/teacher conferences and consultations.



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## Cliff Park High School Title I Compact

### STUDENT AGREEMENT

Communication between the Student and the School staff is important. As a student who has responsibility for his or her own education, I will attend the daily sessions on a regular basis and do all that is asked of me at the School to the best of my abilities.

I, \_\_\_\_\_ agree to Title I service for myself and that I will be responsible for supporting my learning in the following ways:

- Attending school regularly and punctually
- Being prepared to learn by being well-rested, fed and dressed according to the Cliff Park High School dress code each day
- Being prepared to learn by bringing the necessary supplies and learning tools to class each day
- Working on learning activities including computer-based learning, teacher-led, and vocational education to the best of my abilities
- Asking questions when I do not know something
- Supporting the school in efforts to maintain proper discipline
- Respecting all school staff, my fellow students, and the cultural differences of others

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

### FAMILY REPRESENTATIVE AGREEMENT

Communication between the home and the School staff is important. As a parent or adult who has responsibility for the above-named student, I will attend at least one parent/teacher conference during which this Compact will be discussed as it relates to my child's achievement. I will read each progress report and talk to my child about the progress report. I understand that I will have reasonable access to my child's teachers, and will be able to observe classroom activities.

I, \_\_\_\_\_ agree to Title I service for my child and that I will be responsible for supporting learning of my child in the following ways:

- Reading Progress Reports
- Discussing Progress Reports with my child
- Participating in parent/teacher conferences
- Monitoring my child's school attendance
- Assisting my child in learning to resolve conflicts in positive ways
- Supporting the school in efforts to maintain proper discipline
- Respecting all Cliff Park High School staff and students, and the cultural differences of others
- Assuring that my child is prepared to learn by being well-rested, fed and dressed according to the Cliff Park High School dress code each day and that he/she has the necessary supplies and learning tools to class each day

\_\_\_\_\_  
Signature of Family Representative

\_\_\_\_\_  
Date



## **Family Education Services**

### **Parent/Guardian Consent for Individual and Group Services**

Your permission is requested for your child to participate in individual advising sessions and group activities. This time will be used to discuss ideas, behaviors, feelings, attitudes, and opinions of the student.

Because advising is based on a trusting relationship between the Advocate and the student, the FES Advocate will keep the information shared in the sessions confidential except in certain situations in which there are an ethical and/or legal responsibility to limit confidentiality. In the following circumstances you will be notified.

1. If the child reveals information about hurting himself/herself or another person.
2. If the child reveals information about child abuse.
3. Other situations that ethically and/or legally compel disclosure.

By signing this form I give my informed consent for my child to participate in individual advising sessions and group activities. I understand that

1. This time will be utilized to strengthen interpersonal skills, discuss feelings, share idea, practice new behaviors, and build self-esteem.
2. Anything that is shared during this time will be kept confidential by the Family Advocate except in the above-mentioned cases.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Student \_\_\_\_\_ Date \_\_\_\_\_

Return to \_\_\_\_\_



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## REQUEST FOR RECORDS (Entering Students)

➡ ➡ TO:

\_\_\_\_\_  
(previous school)  
\_\_\_\_\_  
\_\_\_\_\_

➡ ➡ A. You are authorized to release the following records for:

Student's Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Date Requested: \_\_\_\_\_

B. Specific Data to be Released: (Please indicate with X )

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Directory Information               | <input checked="" type="checkbox"/> Official Transcripts w/ Seal |
| <input checked="" type="checkbox"/> Health Records                      | <input checked="" type="checkbox"/> OGT Scores (Scaled & Raw)    |
| <input checked="" type="checkbox"/> Permanent/Cumulative Records        | <input checked="" type="checkbox"/> Fees / Obligations owed      |
| <input checked="" type="checkbox"/> Pupil Personnel Services/Special Ed | <input checked="" type="checkbox"/> Other: IEP / MFE             |

C. Reason for Request: (Please indicate with X )

- Enrollment
- To aid in present and future educational decisions
- Other: \_\_\_\_\_

➡ ➡

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature  
(if student is under 18 years of age)

\_\_\_\_\_  
Date

### OHIO REVISED CODE OHIO STATUS 3319.32.1

*Text of Statute:* Nothing shall prevent the transfer of a student's record (this includes transcripts and IEP's) to an educational institution for a legitimate educational purpose. A parent, legal guardian or a person 18 years or older can request transcripts upon withdrawal from one public school district for the purpose of attending another school. This is a State Law and must be followed.

**Please return requested records to address listed below**

Cliff Park High School  
Attn: Student Registrar  
821 North Limestone Street  
Springfield, OH 45503



## Student Enrollment Information Entry Sheet

First Name		Parent/Guardian Name	
Middle Name		Parent Employer and Work #	
Last Name		Parent Cell #	
Social Security # (optional)		Emergency Contact Name	
Birth Date		Em. Cont. Relation	
Age		Em. Cont Phone #	
Present Address		Ethnicity (Race)	White <input type="checkbox"/> A/A <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/>
City		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
State and Zip		Are you an IEP student?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone		Are you a JVS Student	Yes <input type="checkbox"/> No <input type="checkbox"/>
Student Cell #		Is the Student Married	Yes <input type="checkbox"/> No <input type="checkbox"/>
Year Student Started 9 <sup>th</sup> grade		Does the Student have Children?	Yes <input type="checkbox"/> No <input type="checkbox"/> If so how many? _____
# of Suspensions at Previous School		Is the Student Pregnant Now	Yes <input type="checkbox"/> No <input type="checkbox"/>
Student Email Address		Parent/Guardian Email Address	
Student Employed If so, where?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Last School Attended & the Location	
# of Months not enrolled in School		Referred by District	
Student Health Issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, What?	
Prescribed Medications		Facebook Name or Twitter Name	

Have you ever needed Tutoring? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when? \_\_\_\_\_

In what subjects did you receive the tutoring? \_\_\_\_\_

Have you ever taken Special Education Courses? \_\_\_\_\_

Have you ever been told that you were Exempt from the Ohio Graduation Tests (OGT's)? Yes \_\_\_\_\_ No \_\_\_\_\_  
Why and when were you told? \_\_\_\_\_

### DO NOT WRITE BELOW – FOR OFFICE USE ONLY

Date of Enrollment		Lab/Session/Teacher	
DASL ID		CSADM Days	
SSID #		CTA Hours	/
		Student First Day	
Birth City and State		Hospital Record/Birth Certificate	BC <input type="checkbox"/> HR <input type="checkbox"/> Other _____
Previous School IRN		Resident District IRN	

