



Communities in Schools of Lake County PARENT OR GUARDIAN CONSENT FORM

Student Name _____

School: _____ Student ID NO _____

DEAR PARENT OR GUARDIAN:

Your child has been referred to Communities In Schools of Lake County as someone who would benefit from CIS services. Your permission is needed for your child's general participation in Communities In Schools activities designed to increase school attendance, improve learning, encourage personal and social development and (in higher grades) increase employability and eligibility for college.

Among the services offered by CIS are counseling services, recreational activities, virtual/in-person academic and enrichment programs, linkages to health and human services, field trips, career exploration, and assistance in preparing for college. In order for your child to participate, your authorization and agreement the terms of this consent form, as evidenced by your signature below, is required.

I, _____, hereby grant permission for my child, _____ to participate in Communities In Schools of Lake County and all CIS services, until supports are no longer needed or until I notify CIS of Lake County, in writing of my desire to withdraw my student from CIS services. I specifically authorize the following:

1. Conducting of interviews, tests and questionnaires for student program evaluation purposes.
2. Release of confidential information (i.e. access to the student's records, including grades, test scores, attendance or disciplinary records, interviews, etc.; access to other financial, medical, or public assistance information by appropriate agencies) to qualified professional CIS staff as needed. Subject to federal and state law, this information will be maintained in a confidential matter.
3. Referrals to other agencies for specific services (e.g. health, public assistance, 4th and Goal Mentoring counseling and or psychological testing).
4. Transportation of my child (whether by public or private transportation, including by bus, taxi, or automobile) on field trips, appointments, meetings, and other activities.
5. Participation in services specified in my child's service plan, such as counseling, tutoring, cultural enrichment, and/ or recreational activities.
6. Emergency medical or dental treatment from a local hospital or by any licensed practitioner or dentist the event of illness, accident or other emergency, if I am unable to be reached in a timely manner.
7. Participation in photos, interviews and/or videotaping pertaining to the program and use of any of these by Communities In Schools or advertising, training and / or public relations purpose
8. I acknowledge that this consent is voluntary and may be revoked at any time by informing CIS of Lake County staff, in writing, except that prior consent will still apply to the extent that agencies have already taken action in reliance of it.

I further state that I will not hold Communities In Schools of Lake County, Inc. or any other authorized work site, organization or agency, liable for medical and/ or surgical treatment in case of illness, accident or any other emergency situation. I agree that the services provided by CIS of Lake County are full and adequate consideration for this waiver.

To further my child's academic, personal and vocational development, I will participate in at least two parent/ guardian conferences per year to discuss my child's progress (either through a home visit or school visit)

Indicated below are any activities in which I do not wish my child to participate:

Signature of Parent/Guardian _____

Date: _____

Parent Email Address _____

Phone: _____

Signature of Student _____

Date: _____



For Office use only:

Date Received: _____ Initials: _____

Roster Scan Dropbox

EZ Report CISDM _____

Please **completely** fill out this registration form for your child to join Communities In Schools of East Chicago/Lake County's program. In order to maximize the effects of the program, we ask that you ensure your child attends this program regularly.

Please Select the Program for which your child is registering:

Youth PLUS Charting For Success

OTHER _____

Student Information:

Student School ID #: _____

Student: _____ Gender: _____ Race: _____ Birthday: _____

Address: _____ Grade: _____ Cumulative GPA: _____

School: McKinley Elementary Washington Elementary EC Middle (Block Jr High)

Other _____

Previous School: _____

Special needs (if applicable): Physical Educational Limited Eng. Proficiency

To Be Completed by Student if Applicable:

Have you taken the SAT/ACT? Yes No

If yes, please indicate the last time you took the SAT (month/year) _____ ACT (month/year) _____

When will you take/ retake the SAT? (month/year) _____ ACT (month/year) _____

High School Graduation Year: _____ Have you completed a graduation plan? Yes No (If yes, please provide a copy)

High School Students Only: Are you interested in Internship/Job Shadowing opportunities*, if available?

Yes No I am only interested in **paid** Internships

**Note: These opportunities may be paid or unpaid*

Parent Contact Information:

Primary Contact: (Please indicate: Mom Dad other _____)

Mother/Guardian Name: _____

Address: _____ Zip: _____ (Same as child: Yes No)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Father/Guardian Name: _____

Address: _____ Zip: _____ (Same as child: Yes No)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____





Emergency Contacts:

#1 Name: _____ Phone: _____ (Home Cell)
(Relationship to Student: _____)

#2 Name: _____ Phone: _____ (Home Cell)
(Relationship to Student: _____)

Pick-Up Policy:

It is imperative that by the end of the program, all students follow their parent’s instructions (*as indicated below*) and are on their way home. **Please check one:**

- My child has been **instructed** to walk home after the Program.
- My child **does not** have permission to walk home after the Program. I will take responsibility to have my child picked up **promptly after the program.**

School City of East Chicago will provide bus transportation to SCEC students who need a ride home from school sites. **Please check if applicable:**

- My child **does have permission to ride** the School City of East Chicago bus home.

Media Release:

During the course of the program students may be photographed to promote and publicize the program.

Please indicate you give permission for your child to be photographed to promote and publicize the program by signing here:



If you choose not to give permission for your child to be photographed, please sign here: _____

Please note that if you prefer your child not be photographed, it is the parent’s responsibility to instruct child on your decision.

Permission for Program Participation:

I give permission for my child, _____, to participate in the Communities In Schools of East Chicago/Lake County Program. By signing this form, I am authorizing the release/exchange of documents and/or electronic data specific to my child, to better track student’s academic performance, including data on district or state-wide assessment; attendance; disciplinary issues; qualification for free/reduced lunch fare; special education eligibility and services; health information; family demographics. I understand that the exchange of information will be limited to authorized CISEC/LC staff, including the CISDM data entry system and School City of East Chicago and that records and information gathered will be protected by regulations that govern the exchange of confidential information.



Parent/Guardian Signature: _____ Date: _____

Student: _____ School: _____



21st Century Community Learning Centers Parent Release of Records and Information Consent Form

The Indiana Department of Education (“IDOE”) would like to collect data on activities and events taking place in classrooms, schools, and school related programs throughout the state. The Family Educational Rights and Privacy Act (“FERPA”) requires the IDOE and 21st Century Community Learning Center (“21st CCLC”) to obtain prior written consent from the parent, guardian, or eligible student before releasing any personally identifiable information about a student. The information requested will be used to calculate the impact the 21st CCLC has on student performance and to meet reporting requirements as a result of receiving state and federal funds.

Communities In Schools of East Chicago/LC is dedicated to establishing a community learning center designated to provide students with academic and enrichment opportunities, as well as additional activities to complement their regular academic programs. Quality programs are those that demonstrate a high daily attendance rate and engagement with family members of active participants. Programs that demonstrate these characteristics are more likely to have higher student growth, increased passage rates of local and state assessments, and students pursue post-secondary education

I understand that this authorization is made pursuant to the Family Educational Rights and Privacy Act (“FERPA”), set forth in 20 USC §1232g and its regulation in 34 CFR Part 99 (as amended in 2012). Furthermore, I understand that this consent is made pursuant to 34 CFR 99.30(a), which requires that (1) the parent or eligible student’s consent specify the records to be disclosed, (2) state the purpose of the disclosure, and (3) identify the party or parties to whom the disclosure may be made.

By signing this form, I grant the school my student attends permission to disclose to the 21st CCLC the following information. I also grant permission to the 21st CCLC to re-disclose the following information to the re-disclosure parties.

1. **Records Disclosure:** School Registration Information/Demographic Data, Assessment Data, Student Grades, School Day Attendance, Survey Data, Free and Reduced Lunch Status, Attendance Data Student Grades, Assessment Data, Demographic Data
2. **Disclosure Parties:** 21st CCLC
3. **21st CCLC Re-disclosure Parties:**
 - a. Indiana Department of Education
 - b. IDOE contracted statewide evaluator
 - c. United States Department of Education
4. **Purpose of Each Disclosure:** Collect data to calculate the impact 21st CCLC has on student performance.

All records and information regarding services will be protected by FERPA, which governs the exchange of confidential information. The exchange of information will be limited to the authorized staff of the 21st CCLC and the aforementioned re-disclosure parties. No individual student data will be released beyond that which is specified in this authorization.

This authorization, to receive services from the 21st CCLC and to exchange confidential information, shall remain in effect for the period of my student’s enrollment in the 21st CCLC, or until rescinded in writing. I understand that this release may be revoked by me at any time with a written request dated and signed by me, except to the extent that the 21st CCLC, has already acted in reliance upon this consent. Written revocations shall be sent to:

Patricia Simes
Communities In Schools of East Chicago/LC
100 West Chicago Avenue
219-378-9114, 219-398-9118
p.simes@cisoflc.org

I understand the 21st CCLC program requires ten (10) business days to process my request. I understand that personal records are protected by FERPA and any additional disclosure or re-disclosure, not authorized by this consent or otherwise permissible pursuant to federal or state law, is prohibited.

I have read this authorization before signing and I fully understand the contents, meaning, and impact of this release.

Student Name: (Please Print) _____

Date: _____

Parent/Guardian Name/Eligible Student: (Please Print) _____

Signature of Parent/Guardian: _____

Relationship to Student: _____





Authorization to Treat a Minor/ Release/ Health Information

Minor's Name: _____ Date of Birth _____ Height _____ Weight _____
Address _____ City _____ State _____ Zip _____ School: _____

I/we, the parent(s) or legal guardian(s) of the above named minor, hereby give my/our permission for my/our child to participate in the CISEC-LC program and activities, including transportation involved for his/her participation in off-campus activities, and absolve CISEC-LC from liability to me/us and my/our children because of illness or injury to my/our child or loss of his/her property resulting from such participation. Further, I/we hereby assume all risk associated with my/our child's participation the CISEC-LC program and activities, and agree to hold harmless CISEC-LC, its employees, agents, representatives, and volunteers from any and all liability, actions, course of actions, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection my/our child's participation in any activity related to CISEC-LC program.

In event of medical emergency, I/we hereby authorize CISEC-LC leadership to exercise its discretion in obtaining and/or providing medical attention for my/our child. I/we hereby assume full responsibility for all financial obligations arising from transporting my/our child to a medical facility, and for all other expenses related to obtaining and/or providing medical attention for my/our child. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is give to provide authority and release to obtain or render care which CISEC-LC leadership, in the exercise of its best judgment, may deem advisable. It is understood that effort will be made to contact the undersigned prior to rendering treatment to the patient, but that treatment will not be withheld if the undersigned cannot be reached.

Name of Health Insurance Co. _____ Policy # _____

Name of Physician _____ Phone _____

Do you have any of the following? If yes, please explain type and severity:

Medication Allergies NO YES _____ Asthma NO YES _____
Food Allergies NO YES _____ Diabetes NO YES _____
Other Allergies NO YES _____ Epilepsy NO YES _____

Do you take any medication(s) on a regular, on-going basis? If yes, please list:

Please list any other health condition or medical information that may need to be disclosed to medical professionals before treatment _____

I hereby certify that the forgoing is true & correct, and that I understand and agree to all provisions described herein.

Printed Name of Mother/Legal Guardian _____ Date _____



Signature _____ Home Ph _____ 2nd Ph _____

Printed Name of Father/Legal Guardian _____ Date _____

Signature _____ Home Ph _____ 2nd Ph _____

Person other than parent(s)/guardian(s) to be called in case of emergency: [**Relationship to Student:** _____]
Name _____ Home Ph _____ 2nd Ph _____

Discipline Policy

Students must comply with all regular school rules and with the directions of Communities In Schools of Lake County -Youth PLUS after school staff. It is the purpose of these policies to prevent behavior problems by keeping the program well organized, setting clear expectations, modeling responsible and respectful behavior, offering appropriate activities, meeting students' academic support needs, and providing positive reinforcement for good behavior. When disciplinary actions are necessary, we use suspension of privileges, separation from the group, notices to parents, and suspension or expulsion from the program as needed.

Corporal punishment and other physical punishment (such as requiring a student to stand in a corner, run laps or do pushups, or withholding food or bathroom privileges) are prohibited.

Discipline Action Steps –

CIS LC staff will utilize the following forms of discipline

- 1st offense – “Personal Time” Removal of child from a situation for up to minutes according to their age so they can regain control of their behavior. **This does not mean standing in a corner.**
- 2nd offense – “Written Report” Time out with the Site Coordinator and call to parent to discuss the behavior. Written report of behavior must be submitted to CIS Lake County administrative office.
- 3rd offense – Call to parent to immediately pick up the child including informing the student's parent that permanent suspension from Youth PLUS program may result.

5. Termination of participation in any CIS Lake County activities.

CIS Lake County's Youth PLUS After School Program cannot serve students who display chronically disruptive behavior. Chronically disruptive behavior is defined as verbal or physical activity which may include, but is not limited to:

- behavior that requires constant attention from the staff
- behavior that inflicts physical or emotional harm on other children or self
- behavior that abuses the staff and/or ignores or disobeys the rules
- Repeated discipline problems such as disruptive behavior, refusal to follow instructions, or speech or actions disrespectful to other students or the staff.

ZERO TOLERANCE

If a student is found to have committed the following offenses, student will receive an immediate permanent suspension from CIS Lake County activities:

1. Knowing or voluntary possession of a weapon, a “look alike” weapon of any kind or dangerous object.

In case of possessing a gun or brandishing a knife, a permanent expulsion will be given.

“Weapon” means any firearm, look alike or real, whether loaded or unloaded; knife; any chemical substance; any device or instrument designed as a weapon or through its use capable of threatening or providing bodily harm or death; or any device or instrument that is utilized to threaten, strike terror, or cause bodily harm or death; such as but not limited to the following:

Small pocketknives
Fireworks, fire crackers or fire bombs
Throwing darts
Nuisance items and toys
Unauthorized tools
Mace or pepper spray



2. Possession or under the influence of illegal substances, alcohol or drugs. This applies to all incidents, including “holding” the illegal substance for a friend or attending CIS Lake County events under the influence of alcohol or drugs including selling a controlled substance.

3. Threatening to cause, or causing a physical injury to another person this includes hitting and punching other students.

4. Participation in graffiti incidents upon CIS LC property and/or school property, buildings, structures, or equipment.

Student Termination from CIS Lake County programs must have written documentation sent to CIS Lake County administrative office prior to implementation. This written documentation must be sent to both Executive Director and Director of Operations.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan agreed upon suggestions.

_____ **Child’s Name**

_____ **Date of Birth**

Additional techniques to be used with my child:

Please Sign to complete registration form

Parent/Guardian Signature_____

Date:_____