

Clackamas Middle College

North Clackamas School District
Charter High School

Application



Clackamas Middle College

19729 Highway 213

Oregon City, OR 97045

www.clackasmiddlecollege.org

(503)-518-5925 Fax (503)-518-5928

Clackamas Middle College

Clackamas Middle College (CMC) is a charter high school operating under the umbrella of the North Clackamas School District and it is also a member of the Northwest Association of Accredited Schools. North Clackamas School District teachers provide a high school curriculum that addresses District standards. Additional support is provided by counseling, service learning and senior project coordination. Students have the opportunity to enroll in college courses taught by Clackamas Community College instructors on the Clackamas Middle College campus. A strong emphasis is placed on preparation for the world of work and the pursuit of college entrance. CMC is currently in its fifth year and receives funding through the State of Oregon based on student enrollment.

College Transitional Programs

There are three programs within Clackamas Middle College where students can obtain college credit. Each program will allow students the opportunity to transition to Clackamas Community College as a full-time college student. Every term, Clackamas Middle College assesses its students, and places them in the proper program based on their "college readiness." As students develop college readiness skills, CMC offers access to Clackamas Community College opportunities for which students are awarded dual high school and college credit toward a high school diploma, college certificate, and transfer degree. The three programs are listed below:

1. CMC College Prep
2. CMC Cohort (Cohort 1 or Cohort 2)
3. College Extended Options (CEO)

CMC offers an accredited North Clackamas School District High School Diploma through innovative high school/college transition classes along with a specialized service learning and senior internship program. The requirements of the diploma follow NCSA requirements and guidelines. For information about our college transition programs, refer to our website.

Frequently asked Questions-CMC

What is a charter school?

A charter school is a public school created or organized by a group of teachers, parents and community leaders and is usually sponsored by an existing local public school board or county board of education. Clackamas Middle College receives funding through the State of Oregon based on student enrollment. In addition to being a North Clackamas School District school and a charter school, Clackamas Middle College is also a member of the Northwest Association of Accredited Schools.

What is a complete application?

A complete application consists of the completed application, transcript, compass test scores and a letter of recommendation from a school counselor or an adult not related to the student.

Do I have to pay tuition?

No, Clackamas Middle College is a public charter school and therefore there is no tuition. For information about our college transition programs, refer to our website.

What is the admissions process?

Complete this application and turn it in to the secretary at CMC who will date it and create a file for the counselors to process. Turning the application in directly to CMC will speed the process.

How soon are students admitted after turning in an application?

Once an application has been turned in, we will review it, place the student in the proper program, and an enrollment interview will be set up. If we have reached our enrollment cap, then the student will be placed on a waiting list. Our desire is to start helping the student as soon as we can.

Can I transfer back to my original high school?

Yes, students who choose to go elsewhere can transfer back to their original high school. However, you should talk to your current high school counselor for more specific details on transitioning between high schools.

What types of students attend CMC?

Students experiencing success at Clackamas Middle College demonstrate consistent attendance, show academic ability (through grades and or college entrance test scores) and are motivated to have college opportunities.

Is transportation provided?

Yes, but only if your student lives in the North Clackamas School District.

Do I need to complete any District or State proficiency testing?

Yes, Clackamas Middle College abides by the academic requirements set forth by both the North Clackamas School District and the State of Oregon. All students in the program are expected to be working toward their high school diploma.

Adult Recommendation

An adult recommendation must come from a school counselor, teacher or an adult not related to you. This recommendation needs to be completed for your application to be considered complete. The quality of this recommendation will not be considered as criteria for acceptance. Please take a moment to describe the student's strengths and explain why you think Clackamas Middle College will be a good school for this student.

1. What would you like us to know about this applicant?

2. What are the first thoughts that come to your mind when thinking of this applicant?

Adult signature: _____

Phone: _____



19729 Highway 213, Oregon City, OR 97045

www.clackasmiddlecollege.org

phone 503-518-5925

fax 503-518-5928

If you have any questions, please contact Eric Stone, CMC Counselor at 503-518-5929 or at stonee@nclack.k12.or.us

or Michael Ferber, CEO Counselor, at (503)518-5925 Ext. 20 or at

ferberm@nclack.k12.or.us

AUTHORIZATION TO RELEASE RECORDS

ATTENTION:

School/Agency _____ Date of Request _____
 Name _____ Phone _____ Fax _____
 Address _____ City/State/Zip _____

STUDENT _____	DOB _____
---------------	-----------

SEND RECORDS TO:

School _____ Contact _____
 Address _____ Phone _____
 City/State/Zip _____ Fax _____

SCHOOL RECORDS REQUESTED:

The above named student has enrolled in our district. Please release records including permanent record, Certificate of Immunization Status, tuberculosis certificate, Health Record Folder, special education records, special program records (TAG, etc.), behavioral records relating to suspension, expulsion, or eligibility for special education and any other records typically maintained for students. Parent/guardian signature is not required in this district for these records.

ALL OTHER SERVICES/AGENCIES:

Parent/guardian written consent has been obtained (see below) to exchange the following information on the above named student.

INFORMATION REQUESTED: _____

PURPOSE OF THIS REQUEST: _____

Parent/Guardian Signature _____ **Date** _____

I hereby request and permit the release and forwarding of the student records indicated herein for the above named student. I understand my right to review these records.

As defined by Oregon law:

1. Educational records are those records that are directly related to a student and maintained by another educational agency or institution.
2. Release means to permit access to, transfer or other communication of educational records or personally identifiable information contained in those records, by any means, oral, written, or electronic.

White Copy - Previous School/Service Agency
 Green Copy - Student Education Record
 Pink Copy - Student Support Services of IEP student

STD 013F-9-05

NCS D STUDENT REGISTRATION FORM

SHADED AREA FOR OFFICE USE ONLY

STUDENT I.D. NO.

SCHOOL	ADMISSION REASON	ENTRY DATE	GRADE	ADMISSION STATUS	FTE	GRAD YEAR	HOME RM	COUNSELOR (OR TEACHER) NAME	
OFFICE NOTES:					LOCKER NO.	BUS	<input type="checkbox"/> P/P <input type="checkbox"/> TITLE I	<input type="checkbox"/> SPEC ED <input type="checkbox"/> 504	<input type="checkbox"/> TAG <input type="checkbox"/> ELL

INSTRUCTIONS: The Registration form is an official record. The questions on the form ask for important information that will help provide services for your child. Some of the questions are explained below. If you need further information, please contact your school. **Please print using a ball-point pen, completing both pages.**

STUDENT INFORMATION

1. LEGAL LAST NAME	2. LEGAL FIRST NAME	3. LEGAL MIDDLE NAME	4. SUFFIX	5. USUAL LAST NAME (if different)	6. PREFERRED FIRST NAME	7. GENDER <input type="checkbox"/> F <input type="checkbox"/> M
8. BIRTH DATE / /	9. HOME PHONE NO. ()	10. UNLISTED Yes <input type="checkbox"/> No <input type="checkbox"/>	11a. ETHNICITY: HISPANIC/LATINO (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/>	11b. RACE (Check at least One, and all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
12. HOME ADDRESS (Street Address & Apartment No.)		13. CITY		14. STATE	15. ZIP CODE	16. IS MAILING ADDRESS SAME AS HOME ADDRESS? Yes <input type="checkbox"/> No <input type="checkbox"/> (If NO, please fill in box Nos. 17-20)
17. DIFFERENT MAILING ADDRESS		18. CITY		19. STATE	20. ZIP CODE	
21. PREVIOUS SCHOOL DISTRICT ATTENDED		22. PREVIOUS SCHOOL ATTENDED		23. DATES ATTENDED		24. PREVIOUS SCHOOL ADDRESS
25. STATE OF BIRTH (If in USA)	26. COUNTRY OF BIRTH	27. Is the student, or parent, or a grandparent a member of a U.S. Federally recognized American Indian Tribe? If YES, please fill in the tribe name:			Yes <input type="checkbox"/> No <input type="checkbox"/>	(THIS INFORMATION ESTABLISHES THE DISTRICT'S ELIGIBILITY FOR A FEDERAL GRANT UNDER TITLE IV-A OF THE INDIAN EDUCATION ACT. COMPLETE INFORMATION WILL BE SENT TO STUDENTS MARKING "YES" ON THIS ITEM.)
28. IS A LANGUAGE OTHER THAN ENGLISH THE STUDENT'S FIRST LANGUAGE OR THE LANGUAGE USED AT HOME OR WITH FRIENDS? Yes <input type="checkbox"/> No <input type="checkbox"/>						
If YES, please complete the following:						
• Student's first language:		• Language spoken at home or with friends:		• Student is or has been in ESL/Bilingual Program? Yes <input type="checkbox"/> No <input type="checkbox"/>		• Send printed materials in language spoken at home? (if available) Yes <input type="checkbox"/> No <input type="checkbox"/>
• Interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/>						

PARENT/GUARDIAN INFORMATION

29. CHILD LIVES WITH: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> OTHER:						
30. FIRST PARENT/RESPONSIBLE ADULT: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER:			31. Contact in event of emergency: Yes <input type="checkbox"/> No <input type="checkbox"/>	Contact Order #	32. LAST NAME	33. FIRST NAME
34. ADDRESS: Living with student? Yes <input type="checkbox"/> No <input type="checkbox"/> Same as student address? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, please fill address in box No. 35 and check <input type="checkbox"/> to receive copy of report card/correspondence.				35. DIFFERENT ADDRESS		
36. HOME PHONE NO. ()	37. WORK PHONE NO. ()	38. MOBILE NO. ()		39. PLACE OF EMPLOYMENT	40. EMAIL ADDRESS	
41. SPEAKS ENGLISH: Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, primary language:		42. Willing to volunteer: Yes <input type="checkbox"/> No <input type="checkbox"/>	43. LIVE/WORK ON FEDERAL PROPERTY: Yes <input type="checkbox"/> No <input type="checkbox"/> (ESTABLISHES DISTRICT ELIGIBILITY FOR FEDERAL FUNDING)		44. MIGRANT WORKER: Yes <input type="checkbox"/> No <input type="checkbox"/> (TO QUALIFY FOR MIGRANT EDUCATION SERVICES, A CHILD MUST HAVE MOVED WITHIN THE PAST THREE (3) YEARS ACROSS THE SCHOOL DISTRICT, CITY, COUNTY, OR STATE LINES WITH THEIR PARENTS OR GUARDIANS TO OBTAIN TEMPORARY OR SEASONAL EMPLOYMENT IN AN AGRICULTURAL OR FISHING ACTIVITY.)	
45. SECOND PARENT/RESPONSIBLE ADULT: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER:			46. Contact in event of emergency: Yes <input type="checkbox"/> No <input type="checkbox"/>	Contact Order #	47. LAST NAME	48. FIRST NAME
49. ADDRESS: Living with student? Yes <input type="checkbox"/> No <input type="checkbox"/> Same as student address? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, please fill address in box No. 50 and check <input type="checkbox"/> to receive copy of report card/correspondence.				50. DIFFERENT ADDRESS		
51. HOME PHONE NO. ()	52. WORK PHONE NO. ()	53. MOBILE NO. ()		54. PLACE OF EMPLOYMENT	55. EMAIL ADDRESS	
56. SPEAKS ENGLISH: Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, primary language:		57. Willing to volunteer: Yes <input type="checkbox"/> No <input type="checkbox"/>	58. LIVE/WORK ON FEDERAL PROPERTY: Yes <input type="checkbox"/> No <input type="checkbox"/> (ESTABLISHES DISTRICT ELIGIBILITY FOR FEDERAL FUNDING)		59. MIGRANT WORKER: Yes <input type="checkbox"/> No <input type="checkbox"/> (TO QUALIFY FOR MIGRANT EDUCATION SERVICES, A CHILD MUST HAVE MOVED WITHIN THE PAST THREE (3) YEARS ACROSS THE SCHOOL DISTRICT, CITY, COUNTY, OR STATE LINES WITH THEIR PARENTS OR GUARDIANS TO OBTAIN TEMPORARY OR SEASONAL EMPLOYMENT IN AN AGRICULTURAL OR FISHING ACTIVITY.)	

ADDITIONAL EMERGENCY CONTACTS (In emergency, parent/guardians on page 1 will be called 1st and 2nd unless shown otherwise below)							
60. FIRST CONTACT LAST NAME		61. FIRST NAME		62. RELATIONSHIP		63. CALL ORDER <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	
64. HOME PHONE NO. ()		65. WORK PHONE NO. ()		66. CELL PHONE NO. ()		67. PLACE OF EMPLOYMENT	
69. SECOND CONTACT LAST NAME		70. FIRST NAME		71. RELATIONSHIP		72. CALL ORDER <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	
73. HOME PHONE NO. ()		74. WORK PHONE NO. ()		75. CELL PHONE NO. ()		76. PLACE OF EMPLOYMENT	
						77. CAN THIS PERSON PICK UP STUDENT AT SCHOOL? Yes <input type="checkbox"/> No <input type="checkbox"/>	

MEDICAL INFORMATION			
School staff need to know when your child has a current ongoing health problem for which he or she may require help during the school day. Remember to advise your school of any changes in information.			
78. DOCTOR'S NAME		79. PHONE NO. ()	80. DENTIST'S NAME
			81. PHONE NO. ()
82. PREFERRED HOSPITAL		83. HEALTH POLICY NO. (optional)	84. INSURANCE CARRIER (optional)
85. PLEASE CHECK ANY CURRENT OR ONGOING PROBLEMS: <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease		<input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Type I <input type="checkbox"/> Type II Date of Diagnosis:	<input type="checkbox"/> Serious Allergies <input type="checkbox"/> Other:
86. OTHER SPECIAL HEALTH NEEDS AT SCHOOL		87. MEDICATIONS AT SCHOOL	88. LAST PHYSICAL EXAM DATE

SIBLINGS (Attending same school district.)						
89. FIRST SIBLING LAST NAME		90. FIRST NAME		91. RELATIONSHIP	92. AGE	93. GENDER
						94. SCHOOL
96. SECOND SIBLING LAST NAME		97. FIRST NAME		98. RELATIONSHIP	99. AGE	100. GENDER
						101. SCHOOL
						102. GRADE

Please use separate form to list additional siblings.

PERMISSIONS / AUTHORIZATIONS	
103. My student has permission to use the Internet. Yes <input type="checkbox"/> No <input type="checkbox"/> (THE STUDENT'S USE OF THE INTERNET IS SUBJECT TO AGREEING TO ABIDE BY THE NORTH CLACKAMAS SCHOOL DISTRICT INTERNET USE AGREEMENT.)	
104. I do not want personally identifiable information about my child used in: <input type="checkbox"/> Newspaper (school, local and national) <input type="checkbox"/> Student Directory <input type="checkbox"/> Television/Radio <input type="checkbox"/> Yearbook <input type="checkbox"/> District Website <input type="checkbox"/> Photo	105. HIGH SCHOOL ONLY: I do not want my child's name, address and phone number released to: <input type="checkbox"/> Military Recruiters <input type="checkbox"/> College Recruiters

STUDENT RECORDS			
<p>Annual Parent Notification for Family Education Rights and Privacy Act. Parent Rights. 1. May inspect and review the student's education records. 2. May request an amendment to correct inaccurate or misleading information. 3. May consent to disclosure of record information except where the law allows disclosure without parental consent. 4. May file a complaint with the US Department of Education concerning District failure to comply with the requirements of this Act. 5. May obtain a copy of the District's policy on Student Records from the school.</p>		<p>Release of General Information About Student. The information on this form may be used by the District to meet its duty to monitor and enforce school attendance. The following information is designated as "directory information" which schools may release for school purposes without parent consent: student's name, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous school attended. Within 30 days of enrollment a parent may request, in writing to the school, that directory information not be released while the student is enrolled.</p>	
<p>Transferring Records - Grades K - 12. Student records will be transferred within 10 days of receipt of a request and notice of enrollment in a new school.</p>		<p>Records Retention. Student records will be retained the minimum time set by the State of Oregon. The District will retain speech pathology and physical therapy records until the student reaches age 21 or five years after last seen, whichever is longer. The District will retain all other special education records for a minimum of five years after the school year in which the records were created. The District may destroy these records after these periods of time unless the parent or adult student requests these records.</p>	
106. SIGNATURE OF FIRST PARENT/RESPONSIBLE ADULT X		107. DATE	108. SIGNATURE OF SECOND PARENT/RESPONSIBLE ADULT X
			109. DATE