

# Clackamas Middle College

**North Clackamas School District  
A Public Charter High School**

## *Application*



## *Clackamas Middle College*

12021 SE 82nd Avenue

Happy Valley, Oregon, 97086

[www.clackasmiddlecollege.org](http://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?

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

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Adult signature: \_\_\_\_\_

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



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phone 503-518-5925

fax 503-518-5928

If you have any questions, please contact Eric Stone, CMC Counselor at (503)518-5925 Ext. 22 or at [stonee@nclack.k12.or.us](mailto:stonee@nclack.k12.or.us)

or Michael Ferber, Cohort and CEO Counselor, at (503)518-5925 Ext. 20 or at [ferberm@nclack.k12.or.us](mailto:ferberm@nclack.k12.or.us)

or Karyn Renehan, School-to-Careers Coordinator, at (503)518-5925 Ext. 21 or at [renehank@nclack.k12.or.us](mailto:renehank@nclack.k12.or.us)

**AUTHORIZATION TO RELEASE RECORDS**

**ATTENTION:**

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

STUDENT _____	DOB _____
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**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

SHADED AREA FOR OFFICE USE ONLY

STUDENT I.D. NO.

SCHOOL	ADMISSION REASON	ENTRY DATE	GRADE	COUNSELOR (OR TEACHER) NAME
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**STUDENT INFORMATION** - If student is living in any of the following circumstances, additional services may be available: **SHARING HOUSING WITH FRIENDS OR FAMILY, LIVING IN A SHELTER OR MOTEL, OR IF YOU ARE A STUDENT WHO IS LIVING AWAY FROM YOUR PARENT OR LEGAL GUARDIAN.** PLEASE CHECK THE BOX AND NOTIFY OFFICE STAFF.

**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"/>	11. ETHNICITY: HISPANIC/LATINO (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/>		12. RACE (Check at least One, and all that apply) <input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
13. HOME ADDRESS (Street Address & Apartment No.)				14. CITY		15. STATE	16. ZIP CODE		17. IS MAILING ADDRESS SAME AS HOME ADDRESS? Yes <input type="checkbox"/> No <input type="checkbox"/> (If NO, please fill in box Nos. 18-21)			
18. DIFFERENT MAILING ADDRESS				19. CITY		20. STATE	21. ZIP CODE					
22. PREVIOUS SCHOOL DISTRICT ATTENDED		23. PREVIOUS SCHOOL ATTENDED		24. DATES ATTENDED		25. PREVIOUS SCHOOL ADDRESS						
26. STATE OF BIRTH <i>(If in USA)</i>	27. COUNTRY OF BIRTH <i>(If not USA)</i>	28. 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"/>	<small>(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.)</small>		
29. 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

30. 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:											
31. FIRST PARENT/RESPONSIBLE ADULT: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER:				32. Contact in event of emergency: Yes <input type="checkbox"/> No <input type="checkbox"/>		Contact Order #		33. LAST NAME		34. FIRST NAME	
35. ADDRESS: Living with student? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, please fill address in box No. 36 and check <input type="checkbox"/> to Same as student address? Yes <input type="checkbox"/> No <input type="checkbox"/> receive copy of report card/correspondence.						36. DIFFERENT ADDRESS					
37. HOME PHONE NO. ( )		38. WORK PHONE NO. ( )		39. CELL PHONE NO. ( )		40. PLACE OF EMPLOYMENT		41. EMAIL ADDRESS			
42. SPEAKS ENGLISH: Yes <input type="checkbox"/> No <input type="checkbox"/>		43. Willing to volunteer: Yes <input type="checkbox"/> No <input type="checkbox"/>	44. LIVE/WORK ON FEDERAL PROPERTY: Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(ESTABLISHES DISTRICT ELIGIBILITY FOR FEDERAL FUNDING)</small>		45. MIGRANT WORKER: Yes <input type="checkbox"/> No <input type="checkbox"/>		<small>(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.)</small>				
46. SECOND PARENT/RESPONSIBLE ADULT: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER:				47. Contact in event of emergency: Yes <input type="checkbox"/> No <input type="checkbox"/>		Contact Order #		48. LAST NAME		49. FIRST NAME	
50. ADDRESS: Living with student? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, please fill address in box No. 51 and check <input type="checkbox"/> to Same as student address? Yes <input type="checkbox"/> No <input type="checkbox"/> receive copy of report card/correspondence.						51. DIFFERENT ADDRESS					
52. HOME PHONE NO. ( )		53. WORK PHONE NO. ( )		54. CELL PHONE NO. ( )		55. PLACE OF EMPLOYMENT		56. EMAIL ADDRESS			
57. SPEAKS ENGLISH: Yes <input type="checkbox"/> No <input type="checkbox"/>		58. Willing to volunteer: Yes <input type="checkbox"/> No <input type="checkbox"/>	59. LIVE/WORK ON FEDERAL PROPERTY: Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(ESTABLISHES DISTRICT ELIGIBILITY FOR FEDERAL FUNDING)</small>		60. MIGRANT WORKER: Yes <input type="checkbox"/> No <input type="checkbox"/>		<small>(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.)</small>				

**ADDITIONAL EMERGENCY CONTACTS****(In emergency, parent/guardians on page 1 will be called 1st and 2nd unless shown otherwise below)**

61. FIRST CONTACT LAST NAME		62. FIRST NAME		63. RELATIONSHIP		64. CALL	
						<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	
65. HOME PHONE NO. (   )		66. WORK PHONE NO. (   )		67. CELL PHONE NO. (   )		68. PLACE OF EMPLOYMENT	
						69. CAN THIS PERSON PICK UP STUDENT AT SCHOOL? Yes <input type="checkbox"/> No <input type="checkbox"/>	
70. SECOND CONTACT LAST NAME		71. FIRST NAME		72. RELATIONSHIP		73. CALL	
						<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	
74. HOME PHONE NO. (   )		75. WORK PHONE NO. (   )		76. CELL PHONE NO. (   )		77. PLACE OF EMPLOYMENT	
						78. 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.

79. DOCTOR'S NAME		80. PHONE NO. (   )		81. DENTIST'S NAME		82. PHONE NO. (   )	
83. PREFERRED HOSPITAL		84. HEALTH POLICY NO. (optional)		85. INSURANCE CARRIER (optional)			
86. PLEASE CHECK ANY CURRENT OR ONGOING PROBLEMS:							
<input type="checkbox"/> Asthma		<input type="checkbox"/> Heart Disease		<input type="checkbox"/> Seizure Disorder		<input type="checkbox"/> Serious Allergies	
				<input type="checkbox"/> Diabetes <input type="checkbox"/> Type I <input type="checkbox"/> Type II		Date of Diagnosis:	
						<input type="checkbox"/> Other:	
87. OTHER SPECIAL HEALTH NEEDS AT SCHOOL		88. MEDICATIONS AT SCHOOL				89. LAST PHYSICAL EXAM DATE	

**SIBLINGS (Attending same school district.)**

90. FIRST SIBLING LAST NAME		91. FIRST NAME		92. RELATIONSHIP		93. AGE	94. GENDER	95. SCHOOL	96. GRADE
97. SECOND SIBLING LAST NAME		98. FIRST NAME		99. RELATIONSHIP		100. AGE	101. GENDER	102. SCHOOL	103. GRADE

Please use separate form to list additional siblings.

**PERMISSION INFORMATION - A PARENT MAY SUBMIT A CHANGE TO THIS REQUEST, IN WRITING TO THE SCHOOL OFFICE, AT ANY TIME DURING THE SCHOOL YEAR.**

104. INTERNET ACCESS/DIRECTORY INFORMATION - STUDENTS WILL BE GRANTED INTERNET ACCESS AND EMAIL ACCOUNTS. UNDER FEDERAL LAW AND SCHOOL POLICY, THE SCHOOL DISTRICT MAY RELEASE THE FOLLOWING INFORMATION WITHOUT PRIOR CONSENT: STUDENT NAME, PARTICIPATION IN OFFICIALLY RECOGNIZED ACTIVITIES AND SPORTS, WEIGHT AND HEIGHT OF MEMBERS OF ATHLETIC TEAMS, DEGREES, HONORS AND AWARDS RECEIVED, MAJOR FIELD OF STUDY, DATES OF ATTENDANCE, AND THE MOST RECENT SCHOOL ATTENDED. IF YOU DO NOT WANT THIS INFORMATION RELEASED, PLEASE SUBMIT A WRITTEN REQUEST TO YOUR SCHOOL. THIS REQUEST MUST BE COMPLETED EACH YEAR.

STUDENT PHOTOS, VIDEOS AND STUDENT WORK ARE COMMONLY USED IN YEARBOOKS, NEWSLETTERS, WEBSITES, AND OTHER SCHOOL RELATED PUBLICATIONS. IF YOU DO NOT WANT YOUR STUDENT'S PHOTO, VIDEO, OR WORK USED OR RELEASED FOR THESE PURPOSES OR FOR NEWS MEDIA, PLEASE CONTACT YOUR SCHOOL TO SUBMIT A WRITTEN REQUEST.

**MEDICAL EMERGENCY TRANSPORT**

105. EVERY STUDENT HAS THE RIGHT TO BE TRANSPORTED IN CASE OF A MEDICAL EMERGENCY. EMS (EMERGENCY MEDICAL SYSTEM) MAKES FINAL DECISION FOR SITE OF BEST AVAILABLE CARE WHEN SERIOUS ILLNESS, ACCIDENT, OR OTHER EMERGENCY EVENT DIRECTS NEED FOR TRANSPORTING TO A HOSPITAL. IF POSSIBLE, THE SCHOOL WILL ADVISE EMS OF YOUR HOSPITAL PREFERENCE.

**MILITARY/COLLEGE RECRUITMENT - HIGH SCHOOL STUDENTS ONLY**

106. THE 'NO CHILD LEFT BEHIND' ACT OF 2001 REQUIRES SCHOOL DISTRICTS TO PROVIDE, UPON REQUEST, THE NAMES, ADDRESSES AND PHONE NUMBERS OF JUNIORS AND SENIORS TO MILITARY RECRUITERS, COLLEGES AND UNIVERSITIES. IF YOU DO NOT WANT THE SCHOOL DISTRICT TO PROVIDE INFORMATION ABOUT YOUR STUDENT TO EITHER THE MILITARY OR COLLEGES AND UNIVERSITIES, YOU HAVE THE OPPORTUNITY TO 'OPT OUT'. IN ORDER TO DO SO, YOU MUST CHECK NEXT TO ONE OR BOTH OF THE FOLLOWING CATEGORIES:

NO MILITARY RECRUITERS

NO COLLEGE/UNIVERSITY RECRUITERS

**107. SIGNATURE OF PARENT/RESPONSIBLE ADULT (REQUIRED)****108. DATE**

X