

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.

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.

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 a transcript has been turned in with the application, we will review it and an enrollment interview will be set up as soon as possible. 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.

Frequently asked Questions-CEO

What is College Extended Options (CEO)?

The College Extended Options Program is a program within Clackamas Middle College. The program's design allows students an opportunity to acquire their high school diploma while also giving them an opportunity to work toward their collegiate goals. Student who are enrolled in this program generally place high on their college placement tests, thus ensuring "college readiness." Listed below are a few frequently asked questions about the CEO program.

Who is eligible for the program?

Students eligible for the CEO program are those who have not received their high school diploma and have not reached their 21st birthday.

How do students enroll?

Students enroll in the CEO program by submitting a completed application along with their placement test scores from the community college they wish to attend. The application will be reviewed by CMC staff to ensure proper placement.

What classes must I take?

Students are required to take at least 7 college credits per term and at least one of the courses must be in a core subject area needed for high school completion. We do not pay for no credit classes. Other than that students have an enormous amount of flexibility as to what they can enroll in.

Students will also be required to take Youth Take Action (YTA), our service learning course and participate in a senior internship experience. Both of these require a 40 hour commitment, including coursework.

How do I sign up for classes at the community college?

Contact the counselor at Clackamas Middle College who will assist in creating an online account for registration.

Do I need to pay for my tuition & books?

You will need to supply us with your online password and account number for the college you are attending. CMC will cover up to \$800 per term for all credited classes (tuition and fees), as well as up to \$450 towards the cost of books for the academic year. Any costs incurred over these amounts are the responsibility of the student and his/her family. CMC will not cover the cost of parking permits or the cost of student ID cards.

All textbooks are the property of Clackamas Middle College. Students are asked to check with Janet Lorenz at lorenzj@nclack.k12.or.us or at 503-518-5925 by supplying the name and author of the book to find out if we have the textbooks in stock prior to purchasing any books. If we do not have the books in stock the student may purchase the book and turn in an original receipt for reimbursement. No copies of receipts will be accepted. Receipts must be turned in by the end of the third week of the term. Reimbursement takes about a month, so please be patient and keep book purchases separate from other transactions. If you are purchasing for more than one student it is best to keep purchases separate.

What happens if I'm unsuccessful or I need to drop one of my courses?

If a student drops a course after the two week deadline in which a full refund can be received or if a student gets a failing or incomplete grade then the student is placed on academic probation. In addition to academic probation, the student may have to pay for the dropped class. If this occurs over two consecutive terms then the student will be asked to find another program within the Clackamas Charter Alliance or another program. All dropped classes must be reported to Michael Ferber and Janet Lorenz before the two week deadline.

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. Students enrolled in the CEO program are therefore required to abide by the state testing process in reading, writing, math and science. Please contact your CEO Counselor to assist you with the coordination of your testing. Failure to meet the North Clackamas School District testing requirements will result in forfeiture of tuition funds.

When do I need to turn in my books used for my college classes to Clackamas Middle College?

All college books used by CEO students need to be turned into CMC within three working days of finals week. Failure to do so could result in forfeiture or delay of book funds/reimbursement for the following term.

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: _____



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phone 503-518-5925

fax 503-518-5928

If you have any questions, please contact Eric Stone, CMC Counselor at 503-518-5929 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 _____
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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 0131-8-05

STUDENT REGISTRATION FORM

STUDENT I.D. NO.

SHADED AREA FOR OFFICE USE ONLY

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 this 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. 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	11. SOCIAL SECURITY NO. <small>(OPTIONAL - REQUESTED FOR PROPER REPORTING.)</small>	12. ETHNIC BACKGROUND <small>(THE STATE OF OREGON REQUIRES THIS INFORMATION FOR STATISTICAL REPORTS.)</small> SELECT ONE: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White		
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 No.18)	
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 <small>(if in USA)</small>	27. COUNTRY OF BIRTH <small>(if not USA)</small>	28. Is the student, or parent, or a grandparent a member of a U.S. Federally recognized American Indian Tribe? 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> If YES, please fill in tribe name:				
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"/>	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 receive copy of report card/correspondence. Same as student address? YES <input type="checkbox"/> NO <input type="checkbox"/>				36. DIFFERENT ADDRESS		
37. HOME PHONE NO. ()	38. WORK PHONE NO. ()	39. CELL PHONE NO. ()	40. PAGER PHONE NO. ()	41. EMAIL ADDRESS		
42. SPEAKS ENGLISH: YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, primary language:		43. Willing to volunteer: YES <input type="checkbox"/> NO <input type="checkbox"/>	44. LIVE/WORK ON FEDERAL PROPERTY: <small>(ESTABLISHES DISTRICT ELIGIBILITY FOR FEDERAL FUNDING.)</small> YES <input type="checkbox"/> NO <input type="checkbox"/>		45. MIGRANT WORKER: <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> YES <input type="checkbox"/> NO <input type="checkbox"/>	
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"/>	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 receive copy of report card/correspondence. Same as student address? YES <input type="checkbox"/> NO <input type="checkbox"/>				51. DIFFERENT ADDRESS		
52. HOME PHONE NO. ()	53. WORK PHONE NO. ()	54. CELL PHONE NO. ()	55. PAGER PHONE NO. ()	56. EMAIL ADDRESS		
57. SPEAKS ENGLISH: YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, primary language:		58. Willing to volunteer: YES <input type="checkbox"/> NO <input type="checkbox"/>	59. LIVE/WORK ON FEDERAL PROPERTY: <small>(ESTABLISHES DISTRICT ELIGIBILITY FOR FEDERAL FUNDING.)</small> YES <input type="checkbox"/> NO <input type="checkbox"/>		60. MIGRANT WORKER: <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> YES <input type="checkbox"/> NO <input type="checkbox"/>	

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. CAN THIS PERSON PICK UP STUDENT AT SCHOOL? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, please complete a Release Authorization Form.	
69. SECOND CONTACT LAST NAME		70. FIRST NAME		71. RELATIONSHIP		72. CALL: <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. CAN THIS PERSON PICK UP STUDENT AT SCHOOL? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, please complete a Release Authorization Form.	

Please use separate form to list additional emergency contacts if desired.

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.

77. DOCTOR'S NAME		78. PHONE NO. ()		79. DENTIST'S NAME		80. PHONE NO. ()	
81. PREFERRED HOSPITAL		82. HEALTH POLICY NO. (optional)		83. INSURANCE CARRIER (optional)			
84. PLEASE CHECK ANY CURRENT ON-GOING 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:							
85. OTHER SPECIAL HEALTH NEEDS AT SCHOOL		86. MEDICATIONS AT SCHOOL				87. LAST PHYSICAL EXAM DATE	

SIBLINGS (Attending same school district.)

88. FIRST SIBLING LAST NAME		89. FIRST NAME		90. RELATIONSHIP		91. AGE	92. GENDER <input type="checkbox"/> F <input type="checkbox"/> M	93. SCHOOL	94. GRADE
95. SECOND SIBLING LAST NAME		96. FIRST NAME		97. RELATIONSHIP		98. AGE	99. GENDER <input type="checkbox"/> F <input type="checkbox"/> M	100. SCHOOL	101. GRADE

Please use separate form to list additional siblings.

PERMISSIONS / AUTHORIZATIONS

102. 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 <u>do not</u> want my child's information or photo used in: <input type="checkbox"/> News Media <input type="checkbox"/> School Yearbook <input type="checkbox"/> School Web Page <input type="checkbox"/> Student Directory		105. HIGH SCHOOL ONLY I <u>do not</u> want my child's name, address and phone number released to: <input type="checkbox"/> Military Recruiters <input type="checkbox"/> College Recruiters	

STUDENT RECORDS

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.

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.

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.

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.

107. SIGNATURE OF FIRST PARENT/RESPONSIBLE ADULT X		108. DATE	109. SIGNATURE OF SECOND PARENT/RESPONSIBLE ADULT X		110. DATE
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