

# Clackamas Middle College

North Clackamas School District

A Public Charter High School

## *Application Process*



### *Clackamas Middle College*

12021 SE 82nd Avenue

Happy Valley, Oregon, 97086

[www.clackamasmiddlecollege.org](http://www.clackamasmiddlecollege.org)

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

---

**For enrollment into CMC, please complete Step 1 and Step 2 below:**

#### **Step 1**

- Complete the online application (click on Step 1 located on the menu bar to the right) to be considered for enrollment or placed on the waiting list if our school is at capacity.
- All fields must be completed for consideration.

#### **Step 2**

- Once Step 1 (online application) is complete, download, print and complete the following documents for enrollment to Clackamas Middle College:
  - Adult recommendation
  - Online application to Clackamas Community College (see directions on documents for admission on Step 2 located on the menu bar to the right)
  - Print out of email confirmation of CCC enrollment including information pertaining to your myClackamas username and password
  - Take Accuplacer Placement Tests in math, reading, writing (bring in a copy of your test scores)
  - Transcripts from prior high school (if applicable)

# **Clackamas Middle College**

Clackamas Middle College (CMC) is a public charter school approved by the State of Oregon and the North Clackamas School District. CMC is accredited and is a member of Oregon Schools Activity Association (OSAA). Clackamas Middle College provides students with a blend of strong academic coursework, skills for college success, and beginning college opportunities. Additional support is provided through counseling, mentoring and an in-school tutoring program. CMC provides courses that meet the North Clackamas School District expectations and standards.

## **College Transitional Programs**

There are four 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 four programs are listed below:

1. **CMC College Prep**
2. **Pathways to College**
3. **Pathways to Careers**
4. **College Extended Options**

CMC offers an accredited high school diploma (24 credits) through innovative high school/college transition classes along with a specialized service learning and senior internship program. The requirements of the diploma follow state requirements and guidelines. For information about our college transition programs, refer to our website.

## **Frequently asked Questions**

### **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 is sponsored by North Clackamas School District and receives funding through the State of Oregon.

### **What is a complete application?**

A complete application consists of the completed application, middle/high school transcript, current school schedule, CCC Compass test scores, letters of recommendation, completed student essay, email verification of CCC ID# and account (see page 1).

### **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 admissions' committee to process. Turning the application in directly to CMC will speed the process. All items listed on front page will constitute a completed application.

### **How soon are students admitted after turning in an application?**

As soon as there is an opening, students will be notified by a CMC counselor, 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.

### **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 makes a successful CMC student?**

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

### **Is transportation provided?**

Only students living within the North Clackamas School District boundary will be provided school busing. However, CMC is located next to a TriMet stop and near the MAX Greenline. If a student lives outside the boundaries of the North Clackamas School District, it is the responsibility of the family to provide for transportation to and from CMC.

### **Do I need to complete any District or State testing?**

Yes, Clackamas Middle College abides by the academic requirements set forth by both the North Clackamas School District and the state of Oregon.

# Application

Today's Date: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender (Circle One): M F

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

Name: \_\_\_\_\_  
Last First Middle

Current Grade in school: \_\_\_\_\_

Synergy (six digit student number): \_\_\_\_\_

Guardian's Name(s): \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardian's Home phone: ( ) \_\_\_\_\_  
Father Mother

Guardian's Work phone: ( ) \_\_\_\_\_  
Father Mother

Guardian's Cell phone: ( ) \_\_\_\_\_  
Father Mother

Student's Cell phone: ( ) \_\_\_\_\_

*Parent's Current Email Address:* \_\_\_\_\_ *(required)*

*Student's Current Email Address:* \_\_\_\_\_ *(required)*

Last Grade Attended: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

**Resident High School:** \_\_\_\_\_ *(required)*

**Counselor's name:** \_\_\_\_\_ *(required)*

List current academic status:

\_\_\_ currently enrolled at \_\_\_\_\_

\_\_\_ not currently enrolled in a school

Have you ever been suspended? \_\_\_ yes \_\_\_ no.....expelled? \_\_\_ yes \_\_\_ no

If yes, please briefly explain:

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

**Student signature:** \_\_\_\_\_

**Parent/legal guardian signature:** \_\_\_\_\_

.....  
**All students are required to take the following placement tests for admission into Clackamas Middle College**

Accuplacer Test score in Math: \_\_\_\_\_

Accuplacer Test score in Reading: \_\_\_\_\_

Accuplacer Test score in Writing: \_\_\_\_\_

*We must have a copy of test scores included with application.*

*For information about the placement tests and location of the testing centers, click on the **Enroll** link on the home page of the website: [www.clackasmiddlecollege.org](http://www.clackasmiddlecollege.org)*

# **Adult Recommendation**

An adult recommendation must come from a school counselor, teacher or an administrator. 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. Why is this student a good fit for CMC?**

---

---

---

---

---

---

---

---

---

---

**2. What are some strengths this student possesses and what may hinder future success for this student?**

---

---

---

---

---

---

---

---

---

---

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

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



12021 SE 82nd Avenue, Happy Valley, Oregon 97086    www.clackasmiddlecollege.org  
phone 503-518-5925    fax 503-518-5928

**If you have any questions, please contact one of our CMC Counselors below at 503-518-5925**

**Michael Ferber, CMC Counselor, at Ext. 20 or at [ferberm@nclack.k12.or.us](mailto:ferberm@nclack.k12.or.us)**

**Karyn Renehan, College Transition Counselor, at Ext. 18 or at [renehank@nclack.k12.or.us](mailto:renehank@nclack.k12.or.us)**

**Kami Aguilar, CMC Counselor, at Ext. 21 or at [aguilark@nclack.k12.or.us](mailto:aguilark@nclack.k12.or.us)**



## Online Application for Clackamas Community College

Go to CCC website ([www.clackamas.edu](http://www.clackamas.edu)).

On the top navigation bar, hover over ADMISSIONS & FINANCIAL AID and select 'Apply Now' from the drop down bar.

In the third box labeled 'Earn college credit while I am still in high school,' select 'at my high school or other designated location.'

This is where you will enter your personal information to create your account, beginning with your social security number.

The online application has three pages:

- 1<sup>st</sup> Page - personal information
- 2<sup>nd</sup> page - contact information
- 3<sup>rd</sup> page - high school information (Enter 'Clackamas Middle College' and select 'Find School.'

When filling out your application, the ***MOST IMPORTANT*** things to make sure you enter correctly are:

- *First and Last name – double check they are spelled correctly*
- *Email address (this should be the student's email address, not parent address)*
- *Date of Birth (eight numbers – mm/dd/yyyy)*

On the third page of the application, read the certification of application information and academics standards policies, click 'I agree' and then click 'Submit.'

You will then get a series of two emails within the next 24 hours. You will receive an initial email confirming your application and another containing your myClackamas account information (your username and password).

You will be able to change your password upon logging into your myClackamas account for the first time. Please change your temporary password to your date of birth (eight numbers – mmddyyyy).

# NCS D STUDENT REGISTRATION

SHADED AREA FOR OFFICE USE ONLY

STUDENT I.D. NO.

SCHOOL	ADMISSION REASON	ENTRY DATE	GRADE	COUNSELOR (OR TEACHER) NAME
--------	------------------	------------	-------	-----------------------------

**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 (If in USA)	27. COUNTRY OF BIRTH (If not USA)	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 STUDENT'S 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? 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"/>	Same as student address? 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.	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:	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"/>	Same as student address? 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.	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"/> Diabetes <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Serious Allergies <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)**

X

**108. DATE**