



CREDIT RETRIEVAL SUMMER 2019

Newport School District
After-School Program
PO Box 70
1380 W. 5th Street
Newport, WA 99156
509.447.2481 ext. 6501
<http://www.newport.wednet.edu/domain/31>

For Staff Use
G _____
E _____
S _____
L _____
F _____
S <input type="checkbox"/> A <input type="checkbox"/>

STUDENT INFORMATION

Student's Name: _____ Student ID#: _____
Address: _____ City: _____ Zip: _____
Mailing: _____ City: _____ Zip: _____
Grade: _____ Age: _____ Birth Date: _____ Gender: M F

Does student qualify for free/reduced lunch program? Yes No

Newport High School Grade: 10 11 12 Class Needed: _____

PARENT INFORMATION

Parent/Guardian Name: _____
Home phone: _____ Work: _____ Cell: _____
Email address: _____

Parent/Guardian Name: _____
Home phone: _____ Work: _____ Cell: _____
Email address: _____

EMERGENCY INFORMATION

Emergency Contacts (other than parent/guardian)

Name: _____ Phone: _____ Relationship to student: _____
Name: _____ Phone: _____ Relationship to student: _____

MEDICAL CONCERNS AND/OR ALLERGIES

Does your child have any medical concerns and/or allergies we should be aware of? ___ No ___ Yes
If yes, please specify:

Prescriptions:

Family Doctor: _____ Telephone: _____

Dentist: _____ Telephone: _____

TRANSPORTATION INFORMATION

The District is providing modified busing services for students involved in the program. Buses will arrive at the school at 8:00 AM and depart at 12:00 PM. Students not arriving or departing at these times will need to make their own transportation arrangements. The latest students may be picked up is 12:15 PM.

My student will use the following form(s) of transportation:

walk home from program

I will pick up my student

Bus

My student will be picked up by _____

Person(s) **NOT** allowed to pick up student: _____

PERMISSIONS & CORRECTIVE BEHAVIOR ACKNOWLEDGMENT

I _____ (parent/guardian name), give permission for my student _____ to participate in Newport School District's 21st Century Community Learning Center Credit Recovery Program. I understand that 21st Century will track the services my child receives and report data to state and national offices without using my child's name. In addition, my child's academic progress, attendance, and behavior will be tracked and monitored to ensure my child is progressing and meeting goals.

_____ Regular attendance in the program will assist in greater participant success. I understand that space may be limited and by choosing to enroll my student, **I AM AGREEING THAT HE/SHE WILL ATTEND THE PROGRAM BY COMING TO THE GRIZZLY DISCOVERY CENTER OFFICE MONDAY - FRIDAY BETWEEN JULY 8 – AUGUST 2, 2019, between 8:00 AM – 12:00 PM.**

_____ **If your student does not complete his/her course by August 27, 2019, you will be assessed a \$100 fee.**

_____ If, for some reason, my child is unable to continue participating, I agree to notify the Program Director or Class Instructor immediately.

_____ I give permission for my student to be photographed/videoed for the purpose of presentations, program materials (including website) and promoting the program.

_____ It is expected that all students will follow school rules during this program. Students will be given verbal warnings and lose privileges if discipline problems occur. Corrective behavior steps will follow the policy outlined in the Grizzly Discovery Center Handbook

_____ I have read and understand Newport School District's 21st Century Community Learning Center program's Permissions and Corrective Behavior Policy.

Parent/Guardian Name (print): _____

Parent/Guardian signature: _____ Date: _____

STUDENT AGREEMENT

Please initial each line and sign below

_____ I understand that coming to the 21st Century program is a privilege and a safe place for me to spend time during the summer. I will follow the school district's and program's rules and expectations.

_____ I understand that I need to attend the program **MONDAY - FRIDAY** from 8:00 AM – 12:00 PM between July 8-August 2, 2019, or until my course is complete, which ever date is earlier.

_____ **I understand that if I do not complete my course by August 27, 2019, my family will be assessed a \$100 fee for the cost of the course.**

Student Name (print): _____ Grade: _____

Student Signature: _____ Date: _____

Newport School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) has been designated to handle questions and complaints of alleged discrimination: District Superintendent, Dave Smith (509.447.3167 x4500).