



RIVERCREST ACADEMY REGISTRATION FORMS

2023-2024 SCHOOL YEAR

STUDENT INFORMATION

1. Legal Last Name: _____ 2. Legal First Name _____

3. Legal Middle Name: _____ 4. Preferred First Name _____

5. Preferred Gender Pronouns: (please circle) He/Him She/Her They/Them Other _____

I am: (circle all that apply) African American Asian Caucasian Hawaiian

Hispanic/Latino Native American Pacific Islander

Other _____

Birthdate: _____ Age: _____ Grade Level: _____

Current Address: _____ Apt or Space#: _____

City: _____ State: _____ Zip Code: _____

Cell#: _____ Email: _____

Parent/Guardian Information

Name: _____ Relationship: _____ Cell# _____

Home#: _____ Email: _____

Name: _____ Relationship: _____ Cell# _____

Home#: _____ Email: _____

EMERGENCY CONTACT: Who should we contact in case of illness or injury?

Name: _____ Relationship: _____ Cell#: _____

Name: _____ Relationship: _____ Cell#: _____

PLEASE LIST SCHOOLS YOU PREVIOUSLY ATTENDED

What is the LAST school you attended?

Name of School: _____ City: _____ State ____

What year or years did you attend this school: _____

What other schools have you attended?

Name: _____ City: _____ State: _____ Years: _____

Name: _____ City: _____ State: _____ Years: _____

ARE YOU CURRENTLY on Parole? Yes ____ No ____ Probation? Yes ____ No ____

Officers Name: _____ Phone#: _____

DHS Workers Name: _____ Phone#: _____

Other Names _____ Phone #: _____

SPECIAL EDUCATION / ENGLISH LANGUAGE LEARNER

Are you ELL (English Language Learner) eligible? Yes _____ No _____

Are you SPED eligible? Yes _____ No _____

If you are on an IEP, what eligibility do you qualify for?:

Learning Disability _____ Communciation _____
Emotional Distrubance _____

Other Health Impairment (Please describe)

FEDERAL TITLE PROGRAM QUESTIONS

Title VI-A Program, Indian Education - This information establishes the district's eligibility for a federal grant under the Title VI-A of the Every Student Succeeds Act. You will receive more information if you mark "Yes".

Is the student a parent, or a grandparent, a member of the U.S. federally recognized/State recognized American Indian Tribe or Alaska Native?

Yes _____ No _____

If Yes, what Tribe, Natio, or Village? _____

Oregon Title 1-C Migrant Education Program - This program helps children and young adults ages 3-21 who move frequently (on their own or with their parents) in order to seek or obtain temporary or seasonal work in agriculture, forestry and/or fishing activities. A person in my family has worked in or has planned to work in agriculture, forestry and or fishing. This can include work on farms, ranches, canneries, nurseries, trees or fishing.

Yes _____ No _____

Title X

McKinney-Vento Program - This program guarantees that students, no matter their living situation, have access to public education, including transportation to and from school.

_____ You are staying in a motel, car or campsite until you can find affordable housing

_____ Student is not living with or being supported by their parents or guardian. Student living on their own or may be staying temporarily with someone else.

_____ You are temporarily with another family due to the loss of your own housing or economic hardship.

_____ You are living in a shelter, transitional housing program or moving from place to place.

_____ Your housing is substandard: for example the utilities are off, there is severe mold, it is extremely overcrowded or it is a space not meant for human habitation.

LANGUAGE USE SURVEY

The purpose of this survey is to determine if your child's current language exposure and use might make your child eligible to receive support in academic English instruction.

Student Name: _____ Grade Level: _____

School: _____ Date of Birth _____

1 What language(s) does your child hear or use regularly in your household (i.e. spoken, media, music, literature, eel.)?

Hear _____ Use (i.e., American Sign Language(ASL)). _____

2. Describe the language(s) your child understands.

No English _____

Mostly another language and a little English _____

English and another language equally _____

Mostly English and a little of another language _____

Tribal/Heritage/Native Language (i.e. languages spoken by American Indian/Alaska, Native Hawaiians, and citizens of U.S. Territories. _____

Only English _____

3. What language(s) do adults most frequently use when speaking/conversing to your child?

Parent/Guardian: _____ Parent/Guardian: _____

Other Adults in the Home. _____ Child-care Providers: _____

4. What language(s) does your child CURRENTLY speak/express most frequently *outside of school*?

5. Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (for example: once/week, 2 times/week, Once a month, etc.)

6. Is there anything else you think the school should know about your child's language use (i.e., what language did your child speak/express from ages 0-4: did your child have speech classes: did your child attend a bilingual pre-school, ect.)?

MILITARY CONNECTED STUDENT FLAG

Category	Additional Information
Field Name	MltryCnctFg
Description	Indicates that the student has a parent or guardian who was a member of the Armed Forces on active duty or full-time National Guard.
Special Help	Mark this flag Y if, at any time during the school year, the student had a parent or guardian who was a member of the Armed Forces on active duty or full-time national guard. This flag is required for all records with an ADM Enroll Date of July 1, 2017 or later. It will not be required on ADM Program Type Code 14 records for events occurring before July 1, 2017.
References	Military Connected Student Flag Additional Guidance

Field Name

Description

—

Special Help:

Yes

No:

—

Parent Questions: In what language(s) do you want do you want to receive information from the school (if available)?

Parent/Guardian

Oral, _____ Written _____ American Sign Language _____

Parent/Guardian

Oral, _____ Written _____ American Sign Language _____

Parent or Guardian Signature: _____ Date _____

What is your relationship to the student? _____ (i.e., parent, grandparent, eel.)

The Rivercrest Foundation

To help students make progress along the path of recovery, Rivercrest identifies itself as an abstinence-based program. Abstinence means to practice restraint from indulgence, and that's what we are asking from you here at Rivercrest. In order to build a strong communal foundation, there are a few things that we ask of you to demonstrate to protect yourself, support your fellow classmates, and maintain the integrity of what we together are trying to do here at Rivercrest Academy.

Rivercrest Academy is a school of choice. In order for the best possible outcomes, effort must be made in the form of active participation in our program. A community is people working together for shared causes, and here that shared cause is recovery from substances, working on addressing your mental health, and allowing yourself personal growth in the process. Positive communities are groups that inspire their members in ways that promote a sense of self-discovery and group connection, encourage each member to express their beliefs and values in a respectful manner, and develop healthy relationships with others. A positive community is the essential foundation of Rivercrest Academy. In order to build and maintain this you must agree to:

1. Refrain from using any and all mind and mood altering substances.
2. Hold your peers accountable through accountability, positive feedback and non-judgmental support (if you see something say something).
3. Participate in all drug screenings as directed.
4. Keep your peers safe by not glamorizing substances through stories or bragging.
5. Protect the integrity and safety of Rivercrest Academy by not bringing substances on or around campus, or providing your peers with any and all substances.
6. Not engage in physical or verbal harm directed at staff or peers. This means not bringing any weapons on or near campus, and using respectful and safe language.
7. Continue to make progress in your recovery by working with recovery staff on your plans.
8. Be present by showing up and being on time to each class.

There are 4 pillars of recovery; Health, Home, Purpose, and Community. Let's work on these things together today to become stronger for tomorrow!

Student Signature: _____ Date: _____

Welcome to Rivercrest Academy!

RIVERCREST ACADEMY SAFETY & RESPECT AGREEMENT



All staff, students, and guests at Rivercrest Academy will treat each other with RESPECT. On school grounds and in the neighborhood you are, first and foremost, a student. Your words and actions are expected to contribute to a peaceful, positive, and productive learning environment.

I agree to resolve concerns and conflicts using Rivercrest Academy Conflict Resolution Procedure.

Therefore, I agree to refrain from:

- Any physical, written, or spoken act of intimidation, threatening or bullying behavior.
- Any use of put-downs, name-calling, racial slurs, homophobic, derogatory, or demeaning terms.
- Making remarks of a personally destructive nature toward any other person.
- Any gang-related talk or behavior. Rivercrest and the surrounding neighborhood are neutral territory.
- Any screaming, yelling, or aggressive "in your face" behavior.
- Any rude, disruptive, or overt act of defiance toward a staff member. Any type of "horseplay".

These rules will be enforced whether you believe your actions are intentional or unintentional, whether or not you feel that you are "just kidding around," or whether or not these behaviors are directed toward a friend. If a staff member determines that your behavior is out of alignment with our agreements, then the staff member's opinion stands.

Signed: _____ Date: _____

Rivercrest Academy
Agreement for Cell Phones/ Electronic Devices

Cell phones and/or electronic devices must be relinquished upon entry to the school building. You can check your device out for use at lunchtime but then you must turn the device back in when lunch is over. You can get your phone/device back when you leave school for the day.

Q & A

Why can't we carry our own phone and device?

Because most students, even though they try, break the rules and use their phones/devices during class time. Teachers have become frustrated dealing with this AND we lose valuable instructional time. We have tried and tried to stop phone use during class but we have failed. So, if you don't have it, you won't use it!

Will my phone/device be kept safe?

Yes, your phone/device will be labeled as yours and kept in a locked safe. NO ONE except the "phone monitor" will touch your phone!

Why are we only allowed to use electronic devices during lunch?

The use of cell phones and electronic devices causes many distractions (i.e. staff need to repeat directions; other students are sidetracked; classes are interrupted by phones ringing, talking in the hall, knocking on the door to be let back in, etc.) Please tell family and friends, PO's, etc. that you cannot answer/text during class time.

What is an electronic device?

Cell phones, music players, MP3 player, /Pod, /Phone, etc.

What if I'm expecting an emergency call?

Please give your family and friends the Rivercrest office number, 503-255-1841.. The office staff will contact you if an emergency call comes in.

What is an emergency call?

"Emergency" calls to your cell phone should be an exception. These are calls that are made to you regarding family emergencies, medical issues, and other calls of this nature.

Can I listen to music while I'm working in the classroom?

No

What if I don't give up my phone/device at the door or after lunch?

Then you cannot come into school and/or will have to leave for the day.

Rivercrest Academy Computer Use

Credit may be earned for teacher-approved activities.

No food or drinks at the computer.

Appropriate material only. Content of sexual or gang-related nature is not allowed.

Public and school computers are not confidential. Close any inappropriate pop-ups immediately.

Headphones must be used for any computer audio sound.

No video/music streaming or social networking sites (Facebook, YouTube, Pandora).

You may NOT listen to music during on-line learning and instructional time.

Student: _____ Date: _____

Child Abuse and Neglect Reporting

Statement of Understanding

I understand that, by law, all school personnel must report any suspected incidents of abuse and/or neglect to the proper authorities.

Student Signature: _____ Date: _____

Parent Signature:

_____ Date: _____

(if student is under 18 years of age)

Photography Release

I agree that Rivercrest Academy may use my (or my child's) photograph with or without my name for such purposes as publicity, advertising, and web content.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(if student is under 18 years of age)

Information for the School Nurse

Name: _____ Birthdate: _____ Age: _____

Male_ Female Other_

Email: _____ Cell: _____ Text ok? _____

ORS 109.640 Allows Minor to consent and sign for Dental and Medical Treatment if you are 15 years or older.

If you are under 15, who is your legal guardian? _____ Phone _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code _____

Do you have health insurance? _____

Please provide a copy of the insurance card if applicable for students to access Dental and Medical Services who visit the school.

When was your last doctor's appt.? _____

Doctor's Name: _____ Phone: _____

Immunization up to date? _____

Please provide updated immunization records to the School Nurse by November 1st, 2023.

Known Allergies: _____ Please List: _____

Have you ever been given an EPIPEN for your allergies? _____

Have you ever been told you had Asthma? _____ Do you currently have an inhaler? _____

When was the last time you used an inhaler? _____

Please list and explain with dates any medical concerns/conditions/injuries/hospitalization

Do you take any medications? _____

Name: _____ Dose: _____ How Often: _____

Name: _____, Dose: _____ How Often: _____ Are you

pregnant or a parent? _____

Due Date or Child's Age: _____

Are there any medical needs with your pregnancy or with your child?: _____

Is your child coming to school with you? _____

Have you ever been diagnosed with Depression, PTSD, Anxiety?: _____

Have you seen a therapist?: _____ Are you still involved in therapy? _____

Do you participate in self-harming behavior such as cutting or burning? _____

When was your last Dentist visit?: _____

Is there anything you would like the nurse to know about you?

Parent/Guardian Guide for Student Medication at School

The school medication law is designed to protect students and school staff from harm. In order to administer medication to students the following requirements must be met:

1. Medication must be brought into the school office by a parent/guardian.


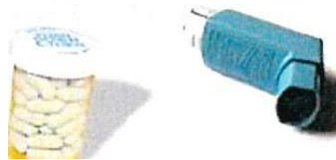
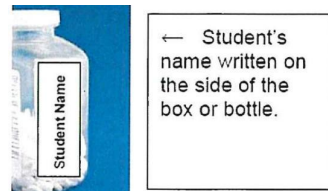
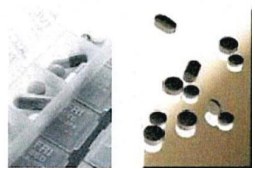
- a. Please do not send medication on the bus or with your child unless specific arrangements have been pre-authorized with Rivercrest Staff.

2. Medication must be in the original prescription (non-expired) container.

- a. If medication needs to be split/cut, it is to be done by the parent/guardian.
- b. If medication needs to be crushed, the parent/guardian needs to send/supply the pill crusher.
- c. If medication needs to be measured, the parent/guardian needs to send/supply the correct tool (such as a measuring teaspoon).

3. Medication form(s) must be filled out and signed before ANY medication can be administered or brought on-site.

- a. *Permission for Staff to Administer Medication* Form must be signed by parent/guardian for prescription or non-prescription medications that are to be kept in the main office.
- b. Because all of our students are in recovery from substance use, **all prescription medications MUST be kept in the Rivercrest Main Office.** Please let our office staff know if you have any questions.

Accepted	Not Accepted
<p>Prescription medication in original container with pharmacy label. If the student has an inhaler, make sure pharmacy label is on the container or is on the box sent with the inhaler.</p> 	<p>Prescription medication in a baggie or a medication container without a pharmacy label. Medication in the wrong bottle or in a dose different than it says on the label.</p> 
<p>Over-the-counter medication in original container with the student's name written on it.</p> 	<p>Over-the-counter medication in a baggie or container other than the original bottle. Dosages not recommended by the manufacturer.</p> 
<p>Medications for current conditions that the student needs to take to be able to participate at school.</p>	<p>Medications "just in case" the student may become ill, vitamins, herbal extracts, etc.</p>

Multnomah Education Service District
School District Nurse Phone (Student Services Office):
971-601-4221

Authorization for School Personnel to Administer Medications

Student Name:

Date of Birth:

Grade:

Medication Name:	
Medication Dose:	
Expiration Date:	
Method of Administration (by mouth, in the eye, on the skin, etc.):	
Time(s) to be given at school:	
Duration (specific range of dates, or all school year):	
Reason for Medication:	
Possible Side Effects:	
Physician/clinic:	

Parent/Guardian Request/Approval

I hereby request and give my permission for the above-named student to receive the specified medication as stated in the above instruction. I understand that the school administration will designate specific staff to administer medication, train staff, assure proper identification and safekeeping of medication, and maintain records of such administration of medication.

I understand I am responsible to provide this medication and maintain the supply as needed, and that I am responsible to notify the school in writing of any changes. Parents are required to pick up all unused medication by the last day of school. All medication left at the school will be discarded.

I further understand that school personnel who provide assistance (administration of specified medication so noted) or employer of such staff are not liable in any way civil or criminal, for any adverse reaction suffered by my child as a result of taking the medication so indicated and discontinuing the administration of the medication in keeping with the procedure outlined above. This also authorizes an exchange of information, as necessary, between the school nurse, appropriate school personnel, and/or my child's health provider.

Parent/Guardian Signature _____ Date _____

Community Outing Permission Form

Dear Parent or Guardian,

Below you will find the current field trip permission form required for all Rivercrest Academy students participating in school-sponsored field trips. In order to ensure consistency the form is prerequisite for all field trips regardless of the trip's destination or duration.

Though the form requests information that the school may have already collected on your child, we are asking you to provide it on this form to ensure that the updated information is available to the chaperones should it be needed in an emergency.

We appreciate your cooperation in completing this form.

Parent of Guardian: please provide the following information.

Student's Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Parent/Guardian's

Name: _____

Parent/Guardian Phone: _____ Medications: _____

Known Allergies: _____

Pertinent medical information, Name and phone number of students

Doctor: _____

Name & phone number of person to call in the event parent can not be reached: _____

Parent/Guardian Signature: _____ Date: _____

**My signature above signifies my giving permission and authority to the field trip chaperone to seek medical attention to my child in the event of an emergency. Furthermore, I agree to release Rivercrest Academy and its employees and volunteers from any and against any and all liability, loss, damage, claims, or actions, in accordance with the current local, state and federal law, which I and/or my child may have arising out of my child's participation in this trip. Also, I understand that my child is expected to follow all school rules and act in a safe manner at all times of this trip, and is expected to follow at/ reasonable requests of the chaperonW*

Drug Screening Consent

Rivercrest Academy will facilitate random urine analysis screenings on all students that attend. These will take place on random days about twice a month, with the ability for students to earn less frequent testing the longer that they are able to maintain sobriety. Rivercrest Academy requires frequent and ongoing drug testing of all students as part of our Mission and accountability for the school. Drug and alcohol testing will be performed at the school site by trained staff and/or the professionals at the lab that Rivercrest Academy contracts with. Students must comply with all procedures and protocols established by the school. A student's failure to submit to a drug test or to comply with all procedures and protocols is a violation of this Policy and may result in discipline, up to and including expulsion. It is important to remember that a positive test result does NOT automatically identify a student as a user. The staff will determine whether any legitimate alternative medical explanation could account for the positive result. When a student is notified by Rivercrest Academy staff to consent to a specimen collection and/or alcohol test, they will be allotted thirty minutes to provide the sample. If the student cannot provide the sample in the allotted time, reasonable disciplinary action may be taken if there is suspicion of "avoiding" or "withholding." Any positive drug test results will be communicated to parents/guardians.

Parent/Guardian:

- 1. I give my consent for my student to participate in random drug screenings, and I have read and understand the policy and procedure in place at Rivercrest Academy as outlined above.***
- 2. I understand that random drug screenings are a requirement for my student's attendance and participation at Rivercrest Academy, and refusal to do so can result in my student not being able to attend Rivercrest Academy, or removal from the program if already enrolled.***

Parent/Guardian Signature: _____ Date: _____

Student:

- 1. I agree to participate in random drug screening, and I have read and understand the policy and procedure in place at Rivercrest Academy as outlined above.***
- 2. I understand that random drug screenings are a requirement for my attendance and participation at Rivercrest Academy, and refusal to do so can result in not being able to attend Rivercrest Academy, or removal from the program if already enrolled.***

Student Signature: _____ Date: _____



Consent to Obtain/Release Information

I, _____(student's name), authorize Rivercrest Academy to release and/or receive the following information from my records (check all that apply):

_Alcohol and Drug Screening Results/Program Participation

_Social, Emotional, and Behavioral Information

_Academic Progress

_Recovery-Related Information

_Information about treatment, counseling, etc.

_Information about 504's and IEP's if applicable

_Other

The purpose of this form is to create strong support for students through collaboration between the school and Treatment Provider.

Name of Provider: _____

Role: _____ Phone Number: _____

I understand that my records are protected and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I authorize the use or disclosure of my individually identifiable information as described above and this authorization is voluntary. I understand that I may revoke this consent at any time except to the extent that action has been taken with reliance on it, and that in any event this consent expires 2 years from date of initial signature. If a student is 15 years of age or older, they may sign releases of information for health/wellness and medical related purposes.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____