



# OREGON EAGLE LEARNING CENTER

\_\_\_\_ Wall 2 Wall  
\_\_\_\_ ELC  
\_\_\_\_ Transcripts/State Test to counselor

Start Date \_\_\_\_\_

SSID# \_\_\_\_\_

ELC# \_\_\_\_\_

Faxed Records request \_\_\_\_\_

GRAD/WD \_\_\_\_\_

MAP \_\_\_\_\_ Student Status \_\_\_\_\_

## INTAKE & CENSUS INFORMATION

Date \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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

\_\_\_\_\_  
Address City Zip Code Home Phone

\_\_\_\_\_  
Student E-Mail Address/Student's Cell Phone Parent/Guardian Name/Cell Phone

\_\_\_\_\_  
Birth Date Place of Birth (City)

Race: \_\_\_\_\_ White/Non-Hispanic \_\_\_\_\_ Black/Non-Hispanic \_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Hispanic \_\_\_\_\_ Multiracial \_\_\_\_\_ Asian or Pacific Islander

**Parent/Student MUST provide copies of the following documents:**

**Office Use Only**

\_\_\_\_ Birth Certificate *PROOF OF RESIDENCY MUST BE ONE OF THE FOLLOWING:*  
\_\_\_\_ Proof of Residence *Lease or Rental Agreement, or*  
\_\_\_\_ Immunizations/Shot Records *Bills: Telephone, Electric, Gas, Cable, Water/Sewage **Dates must be current***  
\_\_\_\_ Custody Paperwork \_\_\_\_\_

IRN#:

How did you hear about Eagle Learning Center?

\_\_\_\_ T.V. \_\_\_\_ Radio \_\_\_\_ Metro Press \_\_\_\_ Town Saver Other \_\_\_\_\_

Have you ever been an ELC student (circle)? Yes No

Home School District: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

List All High Schools Attended: \_\_\_\_\_ Year enrolled: \_\_\_\_\_

\_\_\_\_\_  
Year enrolled: \_\_\_\_\_

Are you / were you in Special Education support (circle)? Yes No

If you are *under 18* and live with a *guardian*, where does your *custodial* parent live? \_\_\_\_\_

Mother's name and address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's email address \_\_\_\_\_ Work phone \_\_\_\_\_

Father's name and address \_\_\_\_\_ Phone \_\_\_\_\_

Father's email address \_\_\_\_\_ Work phone \_\_\_\_\_

Guardian's name and address \_\_\_\_\_ Phone \_\_\_\_\_

Guardian's email address \_\_\_\_\_



## **Eagle Learning Center**

3220 Navarre Ave

Oregon, OH 43616

(419)720-2003

Fax (419)720-2007

### **TYPES OF ACCEPTABLE PROOF OF RESIDENCY INFORMATIONAL SHEET**

**Type of Proof:** At least **one** (1) type of proof must be submitted. All items submitted must include name and full address of residential parent(s) and must be current (i.e., no older than 60 days). *Documents with post office box only will not be accepted. (per ODE) \*\*If the student is 18 or older, an additional proof of residency must be provided verifying the name and address of the student.*

#### **Acceptable Documents for Proof of Residency:**

Lease or Rental Agreement- Check dates! Month to Month leases need to provide monthly receipts in addition to other proofs of residency

Mortgage Papers

Mortgage Payment Coupon Book

Utility bill (Electricity, gas, water/sewer, residence phone, cable/satellite TV)

Cell Phone Bill

Real Estate tax bill

Bank statement

Rent receipt- formal receipt with company contact information

Car Insurance information

Credit Card Bills

Written confirmation of the parent's current address or student's address (if student is 18 or older) from the Department of Jobs and Family Services

Written confirmation of the parent's current address or student's address (if student is 18 or older) from a Local Law Enforcement Agency or Court

Written confirmation of the parent's current address or student's address (if student is 18 or older) from the Social Security Administration

Voter Registration

#### **Post Office "Forward/New Address" Stickers are not acceptable**

**Temporary Residency Application: MUST BE NOTARIZED**

2 proofs, of residency from the Parent or Guardian of the student

2 proofs of residency from the resident



# OREGON EAGLE LEARNING CENTER

## RELEASE OF RECORDS PARENT/GUARDIAN CONSENT

TO: \_\_\_\_\_  
Name of Last School Attended

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone/fax

I am the parent/legal guardian of \_\_\_\_\_  
Name of Student

whose age is \_\_\_\_\_ years and whose date of birth is \_\_\_\_\_.

The above stated school is authorized to release the following records:

- ❖ Birth certificate (copy)
- ❖ Health and immunization records, medical evaluations
- ❖ Proof of custody
- ❖ Transcript of all middle and high school grades
- ❖ Grades earned (this school year) up to time of withdrawal
- ❖ Ohio Graduation Test/End of Course test results
- ❖ Psychological evaluations
- ❖ Special education Testing, IEP Plan (if applicable) and ETR.

Reason for request: \_\_\_\_\_ transfer to the Eagle Learning Center

Send the above listed records to:

Eagle Learning Center  
3220 Navarre Ave.  
Oregon, Ohio 43616  
(419) 720-2003  
(419) 720-2007 FAX

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

**Office Use Only**

ENROLLMENT DATE \_\_\_\_\_



# OREGON EAGLE LEARNING CENTER

## TECHNOLOGY USE POLICY CONDITIONS, RULES AND ACCEPTABLE USE AGREEMENT

### Acceptable Use

1. Network Etiquette – Use of the Network has great potential to enhance the educational process. However, the network can also be abused and a user will be held accountable for their use or misuse of the Network. The network should be used only for educational purposes. The use of the network should never affect or interfere with other network users.
2. Sending or receiving of material that is copyrighted, non-school licensed, threatening or obscene is not acceptable.
3. 5<sup>th</sup> grade thru Adult Users are assigned an id and password. A registered user is not to share passwords. If you feel your account is compromised you may change your password. K– 4 will use their 5-digit student id as the user ID without a password. When walking away from the PC, it is your responsibility to log off your id before leaving the premises. If you leave the PC and another user sits down you are liable for what is done on that PC or email account.
4. Only appropriate language will be used. Do not use profanity, obscenities, or other language, which may be offensive to other users.
5. Equipment is to be used in a proper manner. No equipment should leave the premise or room, or be damaged in any way. Software titles may not be added or removed from any PC or network connection.
6. Downloading or saving of images or music clips are prohibited unless used for a specific reason with teacher/staff approval.
7. Email accounts are given to staff and students if the AUP form is signed. Email should be used for school and educational purposes. It should never be used for chain letters, mass emails or spam mail. You should never send or receive any type of harassing, threatening, abusive, defamatory, obscene, vulgar messages or materials. **IF** you do receive this type of mail, it is your responsibility to contact the person to stop the messages and delete the message from your account.
8. Internet browsing is provided to staff and students if the AUP form is signed. The Eagle Learning Center does use a filter that blocks the offensive sites. The network is designed so you may not access the Internet without the filter in place. If you find an offensive site, please let your teacher or the help desk know. We will clear the history on your PC and submit the site to be filtered.

The Eagle Learning Center makes no warranties of any kind, expressed or implied, that the functions or the services provided by or through the Eagle Learning Center system will be error-free or without defect. The Eagle Learning Center will not be responsible for any damage users may suffer, including but not limited to, loss of data or interruptions of service. The Eagle Learning Center is not responsible for the accuracy or quality of the information obtained through or stored on the system. The Eagle Learning Center will not be responsible for financial obligations arising through the unauthorized use of the system.

The Eagle Learning Center does reserve the right to monitor, inspect, copy, review and store at any time and without prior notice all usage of the networks and PCs. System administrators may review files and intercept communications for any reason.

**EAGLE LEARNING CENTER  
TECHNOLOGY USE POLICY**

**STUDENT/STAFF:** I understand and will abide by the acceptable use policy.

I understand that if I do not abide by these rules my access privileges may be revoked and disciplinary action may be taken.

DATE: \_\_\_\_\_

BUILDING ATTENDING: Eagle Learning Center

USER'S NAME PRINTED: \_\_\_\_\_

USER'S SIGNATURE: \_\_\_\_\_

**ANY STUDENT UNDER THE AGE OF 18 MUST HAVE PARENT PERMISSION**

As a parent / guardian of this student, I understand the acceptable use policy.

DATE: \_\_\_\_\_

PARENT/GUARDIAN'S NAME PRINTED: \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_  
(or student signature if over 18)

\_\_\_\_\_ **YES**, I allow my child to have access to on-line resources through the Internet.

\_\_\_\_\_ **NO**, I DO NOT allow my child to have access to online resources though the Internet.



Mr. Joe Wasserman, Director  
3220 Navarre Ave., Oregon OH 43616 Phone: 419-720-2003

## Student Photo & Video Use Policy & Release

During the year, the Oregon Eagle Learning Center often has the opportunity to photograph and/or video tape our students in a variety of school-related activities. As such, these photographs and/or videotape footage may be used in district communication tools, displays, power point presentations, advertisements or any other public release as part of the Eagle Learning Center. Highlighting the achievements and celebrating the successes in our school is an integral part of responsible reporting to our community as well as a way of sharing in the success of our school and students. However, it is our goal to respect your privacy as well. Therefore, parents/guardians are requested to indicate their wishes regarding the district's use of student photographs, videotapes or images.

\*Photographs, videotapes, or images including four or more students in a picture are exempt from this policy, (i.e. group photos). **Permission can only be revoked by written request.**

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### CHOOSE AND SIGN ONLY ONE RELEASE BELOW!

#### CONSENT TO STUDENT PHOTO USE POLICY FOR PARENTAL RELEASE

I, the parent/guardian of (student name, please print) \_\_\_\_\_  
Have read and therefore understand the Student Photo Use Policy and Agreement, and **DO PERMIT** the Eagle Learning Center to use photographs, videotapes and/or images of my child under these and conditions.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
(or student signature if over 18)

#### REFUSAL OF STUDENT PHOTO USE POLICY FOR PARENTAL RELEASE

I, the parent/guardian of (student name, please print) \_\_\_\_\_  
Have read and therefore understand the Student Photo Use Policy and Agreement, and **DO NOT PERMIT** the Eagle Learning Center to use photographs, videotapes and/or images of my child under these and conditions.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
(or student signature if over 18)

## ELC Participation Agreement

Students in the ELC are young adults and have control over their education. This means that it is **your** responsibility to earn **your** diploma! The importance of a high school diploma means better employment, higher salaries, and educational opportunities. The staff at ELC wants you to succeed, and believe that you can succeed. If you attend, complete the course work, and pass the state mandated tests, you will not fail. The staff at ELC is here to help you reach your goal.

### What you have to do....

1. Attend school according to the state and district guidelines. ELC requires 5 hours day of attendance on site.
2. Complete the course work on GradPoint and other work as assigned.
3. Fulfill all of your graduation requirements- 21 credits and pass the State Graduation Tests in all five areas or earn enough points in seven areas of End of Course tests as applicable.

### Getting started...

1. Have an Intake meeting to complete all paper work (an IEP meeting for all special education students). You must bring proof of residence, your birth certificate, shot records, any applicable custody paperwork and your IEP (for special education students) to complete enrollment.
2. **Important:** GradPoint is Internet-based, so you can do work at home, as well as in school. To receive credit for the class, you must pass the course/test with 70% mastery.
3. If you **Do Not Pass the Test**, a teacher will allow a retry upon completion of any necessary reviews of the chapter material.
4. You will receive a diploma from Eagle Learning Center.
5. Grade level will be determined by the first school year you entered into high school.
6. School tuition is free.
7. You will have on-boarding and student orientation to the school on the first day you start classes and are here for a full day of attendance.

### Rules (few as possible)

1. **Adhere to the ELC Code of Conduct and the ELC Technology Use policy.**
2. Be quiet in the learning labs- talking interferes with others learning. You may listen to music, but only by headphones.
3. No downloading or streaming video or music from the Internet or the installation of software not purchased by the school.
4. No smoking on school property. Do not go in front of ELC or any other business. Do not throw your cigarette butts on the ground.
5. Once you arrive at ELC, stay on the school property.
6. Restrooms are available at the school. Do not litter and use these areas properly.
7. Students will be responsible for their own transportation to ELC.

### Withdrawal...

1. If you violate the school district's policy concerning attendance you may be withdrawn if you are 18 years old or over. Letters and/or personal contact will be made concerning unexcused absences. If you are under 18 and not meeting the attendance requirements, truancy charges may be filed.
2. You may meet with the staff to see if it is possible to re-enroll if you have an attendance problem and have been withdrawn, but your position may be given to another student.

Student Signature\_\_\_\_\_ Date\_\_\_\_\_

Parent Signature\_\_\_\_\_ Date\_\_\_\_\_

(or student signature if over 18)

## Eagle Learning Center

### Emergency Medical Authorization Form

☐ Please check if there is a change of address or other information

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

#### MOTHER CONTACT INFORMATION

#### FATHER CONTACT INFORMATION

#### EMERGENCY CONTACT

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

CALL 1<sup>ST</sup>: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

PAGER: \_\_\_\_\_

PAGER: \_\_\_\_\_

CALL 2<sup>ND</sup>: \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

Please indicate custodial parent:

☐ Mother & Father      ☐ Mother      ☐ Father      ☐ Guardian

Please list anyone who is NOT PERMITTED to visit/pick up your student from school:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

\* OVER \*

**COMPLETE EITHER PART 1 OR PART 2 BUT NOT BOTH**

STUDENT NAME: \_\_\_\_\_

**PART 1: I grant consent for treatment to medical care providers and local hospital (PLEASE PROVIDE NAME AND PHONE NUMBER)**

PHYSICIAN: \_\_\_\_\_ DENTIST: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD HEALTH CONDITIONS:

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LIST ALL MEDICATIONS YOUR CHILD TAKES

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LIST ALL ALLERGIES THAT YOUR CHILD HAS

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IN THE EVENT WE ARE UNABLE TO CONTACT A PARENT IN AN EMERGENCY, THE SCHOOL WILL HAVE YOUR CHILD TRANSPORTED BY LOCAL EMS TO THE NEAREST HOSPITAL.

\_\_\_\_\_  
Parent / Guardian Signature

I give my permission for \_\_\_\_\_'s health information to be shared with school staff and emergency care personnel as needed. ☐ YES ☐ NO

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**PART 2: Refusal to consent for treatment to Medical Care Providers and Local Hospital.**

I **DO NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the school authorities to take **ONLY** the following action:

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\_\_\_\_\_  
Parent / Guardian Signature

## **Oregon Eagle Learning Center**

Eagle Learning Center follows Oregon City Schools for cancellation/delays for bad weather. Dates in session are based on the Eagle Learning Center calendar.

Break Procedures, each student may receive one supervised 10-minute break during the session. Vending machines will be within the facility. Students are not permitted to get into a vehicle while on break. If you wish your student to be able to leave the building for 10 minutes then you will need to give us signed permission.

\*\*\*\*\*

Yes, I give my permission for \_\_\_\_\_ to leave the building for a 10-minute break.

Parent Signature \_\_\_\_\_

(or student signature if over 18)

## **Parent Right to Know**

Any parent or guardian may request information on professional qualifications of each classroom teacher.

## **STUDENT HANDBOOK**

I have received a copy of the STUDENT HANDBOOK and agree to abide by the rules and regulations.

DATE: \_\_\_\_\_

STUDENT NAME PRINTED: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

Handbook has been reviewed with student and/or guardian

Staff Initials/Date

## Approval of Student Success Plan

The Student Success Plan is a student -focused process that addresses academic and career goals and resources, of individual students, to assist in planning and preparing for their post-high school future. The plan is designed to be a living document that is modified or adjusted as the student transitions through high school and considers post-high school opportunities. Plans are unique to the student, parent/guardian, and school guidance staff.

If at any time a student, parent or guardian would like a copy of the Student's Success Plan or would like to further discuss or make changes to the Student's Success Plan, you may contact the Employability and Work Study Coordinator at Eagle Learning Center for assistance.

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Student Signature

Date

---

Parent/Guardian Signature

Date

---

Teacher/Counselor Signature

Date

## **FAMILY INCOME FORM**

**Dear Parent or Guardian:**

### **Why should you complete the family income form if your child does not eat school meals?**

The amount of federal funds your school building receives depends on the return of this completed form. These funds pay for additional educational services for students who are failing or at risk of failing to meet the same high standards as everyone else in the school.

These federal funds for additional educational services are known as Title I funds. Our district provides additional tutoring in reading and mathematics. The Title I law requires that funds be given to schools based on the number of children from low-income families who live in the public-school building attendance area.

While the amount of money each school receives depends on the number of children from low-income families, the tutoring services are based on the academic need of the students, regardless of income level.

### **What happens if you fill out this form?**

- Your name will not be given out. Your name and your child's name are NOT required on the form.
- Your school building may be able to get more money.
- That money may be used to provide additional intervention services to eligible students and buy materials.
- Your child or other children may get extra help with reading and mathematics.

**So, please fill out this form and return it to:**

Eagle Learning Center  
3220 Navarre Ave.  
Oregon, OH 43616

Eagle Learning Center  
3220 Navarre Ave. Ste 2 & 3  
Oregon, OH 43616  
419-720-2003

## HOUSEHOLD INFORMATION SURVEY

Eagle Learning Center will participate in the Community Eligibility Provision (CEP) under the National School Lunch Program (NSLP). Under this option, all children in the school receive a breakfast/lunch at no charge regardless if they complete this form. However, to determine eligibility for various additional state and federal program benefits that your child's school may qualify for, please complete, sign and return this application to your school building if your income falls within or below the guidelines listed in the following chart.

### INCOME GUIDELINES

Guidelines to be effective from July 1, 2019 through June 30, 2020

| Number of persons in family or household size | Annual   | Monthly | Twice per month | Every two weeks | Weekly |
|-----------------------------------------------|----------|---------|-----------------|-----------------|--------|
| 1                                             | \$23,107 | \$1,926 | \$963           | \$889           | \$445  |
| 2                                             | 31,284   | 2,607   | 1,304           | 1,204           | 602    |
| 3                                             | 39,461   | 3,289   | 1,645           | 1,518           | 759    |
| 4                                             | 47,638   | 3,970   | 1,985           | 1,833           | 917    |
| 5                                             | 55,815   | 4,652   | 2,326           | 2,147           | 1,074  |
| 6                                             | 63,992   | 5,333   | 2,667           | 2,462           | 1,231  |
| 7                                             | 72,169   | 6,015   | 3,008           | 2,776           | 1,388  |
| 8                                             | 80,346   | 6,696   | 3,348           | 3,091           | 1,546  |
| Each additional member add                    | +8,177   | +682    | +341            | +315            | +158   |

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps) or Ohio Works First (OWF) benefits, provide the name and 7 or 10-digit case number for the person who receives the benefits then proceed to Section 4. If no one receives these benefits, start with Section 1.

Name: \_\_\_\_\_ 7 or 10-digit Case Number: \_\_\_\_\_

**INSTRUCTIONS:** Complete this survey and return to your child's school or mail to the following address: Eagle Learning Center 3220 Navarre Ave. Ste 2 & 3, Oregon OH 43616.

**The following selections must be completed by the Head of Household or Designee:**

1. **SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children: \_\_\_\_\_
2. **STUDENT INFORMATION** - Complete for each student Pre-K through grade 12.

| Last Name | First Name | School |
|-----------|------------|--------|
| 1.        |            |        |
| 2.        |            |        |
| 3.        |            |        |
| 4.        |            |        |
| 5.        |            |        |
| 6.        |            |        |
| 7.        |            |        |
| 8.        |            |        |

For additional lines, please attach a second sheet to this survey or attach a copy of this survey clearly marked as Page 2.

3. **TOTAL MONTHLY HOUSEHOLD INCOME** – Report income for all members of household excluding foster children. If you have reported a case number above, please do not complete this section. Proceed to section 4.

| Type of Income                                                 | Income | Circle if No Income |
|----------------------------------------------------------------|--------|---------------------|
| 1. Gross Monthly Earnings: Wages, Salary, Commissions          | \$     | None                |
| 2. Monthly Welfare Payments, Child Support, Alimony            | \$     | None                |
| 3. Monthly Payments from Pensions, Retirement, Social Security | \$     | None                |
| 4. Monthly Dividends or Interest on Savings                    | \$     | None                |
| 5. Monthly Worker's Compensation, Unemployment, Strike Benefit | \$     | None                |
| 6. Other Monthly Income (SSI, VA, Disability, Farm, other)     | \$     | None                |
| <b>Total Monthly Household Income</b> (Add lines 1-6)          | \$     |                     |

4. **SIGNATURE** - If income section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security number or check the "I do not have a Social Security number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X \_\_\_\_\_ Print Name: \_\_\_\_\_  
Date \_\_\_\_\_

Last Four (4) Digits of Social Security Number: XXX-XX- \_\_\_\_\_ ☐ I do not have a Social Security Number

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

|            |            |               |
|------------|------------|---------------|
| Home Phone | Work Phone | Email Address |
|------------|------------|---------------|

By providing your email address, you may be contact via email by the district.

**For Internal Office Use Only:**

Please circle one option.

QUALIFIES

DOES NOT QUALIFY

Last Updated 7/15/2020